ysiciar	1. Decedant's Name (First, M		Wor	ertificate of		2. Data of Death	g. No.	Year 3. 7	Ima of Daeth
Aedica amine	4e. Facility Name (If not Institu	ution, give street and number		7	4b. City, Town, or L		4c. County		
eral	3726 Dianna 5. Social Security Number		Age (In yrs. last birthda	ران) If Under 1 Yea	Suitland  If Undar 24 Hrs.	-		ce Georg	es State or Foreign
ctor	577-34-9652	1 M 2 □ F	86 Yrs.	Months Deys	Hours Min.	8. Date of Birth Nov 1,	1909	Hong K	
	Usual Rasidance of Decedent 10a. State 10b. Cou		10c. City, Town or	Location				10d. ins	ilda City Limita
Chario	Maryland Pri	nce Georges	Suit1	and, Mary	land			10	Yas 2□No
è	10e. Street and Number 3726 Dianna	Road		10f. Zip Coda	20746	10	-	What Country?	s
Financial	11. Marital Status	12. Was Dacader Armed Forca		3. Was Decedent of	Hispanic Origin? (Sp ben, Maxican, Puerto	pecify Yes or No-		ce - American Ind	ian,
1	3 □ Widowad 4 □ Divor	If Vas Giva		1 □ Yas 2 No			100000	Chines	e
poto	15. Dece (Specify only hig	dant's Education ghest grada completed)	16e. Dao	edant's Usual Occu	ipation	kino 1	6b. Kind of Bu	usinass/Industry	
Completed	Elamantary/Sacondary (0-1		(3+)	DO NOT usa retire	a during most of work ed)	9	Priva	ate	
Re	17. Fethar's Name (First, Midd					na (First, Middle, Mi	aldan Sumem	ne)	
F	Kung Pan Lee		1 405 14		Wong S				
	Younger Wong				tend Number or Ru Road Suit			Stata, Zip Code;	
	20a. Mathod of Disposition	on 3 Ramoval from Stat	20b. Place of Dis cematary, cr	position (Name of emetory or other pla	aca)	Deta 2	Oc. Location -	City or Town, St	
	4 Donation 5 Othar	(Specify)	Lincoln	Cemetery	i	5/22	Suit1a	and, Mar	yland
	V Nos/	· Pase (	n.		S. Pope boro Pike				
er	disease or condition resulting In death)  Sequentially list conditions, if any, leading to immediate	6	Dua to (or as a cons	equance of):	/ mence				
edical	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that Initiated events rasulting in daeth) Last	C	Dua to (or as a conse	equance of):					
3		d						1	
8		ittone contributing to death	but not resulting in the					ntribute to the ca	use of death?
hysiciar	Part II. Other eignificant cond	ictoris contributing to death		undariying causa gi	van in Part f.				/
by Physician	Part II. Other eignificant cond	mons contributing to death		undariying causa gi	van in Part f.			3 Probably	4 Unknown
npleted by Physician/M	Part II. Other eignificant cond	Notes contributing to death		undarfying causa gi	van in Part f.		2 □ No eutopsy	24b. Wara aut	opsy findings
Completed by				undarfying causa gr		1 Ves	eutopsy ed?	24b. Wara aut available completio	opsy findings prior to n of cause
Be Completed by	Part II. Other eignificant cond  25. Was casa raferred to mediexemine??  12 ∨ No			0	26. Place of Deat	1 Vee	eutopsy ed?	24b. Wara aut available completic of death?	opsy findings prior to n of cause
To Be Completed by	25. Was casa raferred to mediexemine??  12 Yes 2 No  27. Manner of Death  14 Neturel 5 Pen 2 Accident Inva	Hospitel: 1 Inpat    Hospitel: 1 Inpat   28a. Data of fn   (Month, D	iiant 2□ER/Outpatk ury 28b, Tima	ent 3□ DOA Othor	_26. Place of Deat her: 4 □ Nursing Ho	1 Ves	eutopsy ed?  2 No  2 No  Co 6 Othi	24b. Wara aut available completic of death?	opsy findings prior to n of cause
Certification: To Be Completed by	25. Was casa raferred to mediexemine??  No 27. Manner of Death  1 Neturel 5 Pen  2 Accident Inva  3 Suicida 6 Coudate  4 Homicide	ical  Hospitel: 1 Inpat  ding stigation Id not ba trmined  Hospitel: 1 Inpat  28a. Data of in (Month, D 28a. Place of In building, a	isiant 2 ER/Outpatiliury 28b. Tima Injury At homa, farm, sitc. (Specify)	ent 3 DOA Oto	26. Place of Deat her: 4 □ Nursing Ho ry at rk? ] Yes 2 □ No	24a. Was an performed 1 Yes th (Check only ona) ona 5 Residen 28d. Dascribe how 28f. Location (Stree City or Town,	eutopsy ed?  2 No  outopsy ed?  2 No  outopsy ed?	24b. Wara aut available completic of death?  1  Yes  ar (Specify)  red	opsy findings prior to n of cause
edical Certification: To Be Completed by	25. Was case referred to mediexemine??  1 Yes 2 No  27. Manner of Death  1 Neturel 5 Pen Inva  2 Accidant Inva  3 Suicida 6 Cou data  4 Homicide  29a. Certifier 1 Certifi	Hospitei: 1 ☐ Inpat    January   Inpat   January   Janu	iant 2 ER/Outpatk  ury ay Year) 28b. Tima Injury  njury - At homa, farm, s  tof my knowledga, daa of axamination endor i	ent 3 DOA Othor 28c. fnju Wo M 1 creet, factory, offica	26. Place of Deather: 4 Nursing Horry at rk?  Yes 2 No	24a. Was an performed a series of the Check only ona; 5th Residen 28d. Dascribe how 28f. Location (Stree City or Town,	eutopsy ed?  2 No  2 No  Coe 6 Other injury occurr	24b. Wara aut available completic of death?  1  Yes  ar (Specify)  red	opsy findings prior to n of cause
Certification: To Be Completed by	25. Was casa raterred to mediexemine??  12 Yes 2 No  27. Manner of Death  12 Accidant Inva  3 Suicida 6 Coudata  4 Homicide  29a. Certifier 1 Certific (Check only 2 Madde	Hospitel: 1 Inpat ding 28a. Data of fri (Month, D) stigation Id not ba irmined 28e. Place of Ir building, a  ying Physician: To tha best al Examiner: On the basis and mennar s	iant 2 ER/Outpatk  ury ay Year) 28b. Tima Injury  njury - At homa, farm, s  tof my knowledga, daa of axamination endor i	ent 3 DOA Other of 28c. Inju Wo M 1 contract, factory, offication occurred at that invastigation, in my of	26. Place of Deather: 4 Nursing Horry at rk?  Yes 2 No	24a. Was an performed at the Check only one; one 5. Residen 28d. Dascribe how 28f. Location (Stree City or Town, and due to the caured at the time, date	eutopsy ed?  2 No  2 No  ce 6 Other injury occurr  pat and Numb State)	24b. Wara aut available completic of death?  1  Yes  ar (Specify)  red	opsy findings prior to n of cause  2 \( \sum \text{No} \)  Number,  use(s)
edical Certification: To Be Completed by	25. Was casa raferred to mediexemine for the Yes 2 No  27. Manny of Death  1 Neturel 5 Pen  2 Accidant Inva  3 Suicida 6 Cou  4 Homicide  29a. Certifier (Check only one)  29b. Signature end titla of certifier (Check only one)	Hospitel: 1 Inpat  ding stigation ld not ba armined 28e. Place of Ir building, a la Examiner: On the basis and mennar stigar.	iant 2 ER/Outpatk  ury ay Year) 28b. Tima Injury  njury - At homa, farm, s  tof my knowledga, daa of axamination endor i	ent 3 DOA Other of 28c. fnju Wo M 1 contract, factory, offication, in my of 29c. Licans	26. Place of Deather: 4 Nursing Hory at rk?  Yes 2 No	24a. Was an performed at the Check only one; one 5. Residen 28d. Dascribe how 28f. Location (Stree City or Town, and due to the caured at the time, date	eutopsy ed?  2 No  2 No  ce 6 Other injury occurr  pat and Numb State)	24b. Wara aut available completic of death?  1  Yes  ar (Specify)  red  eer or Rurel Route annar as stated. and dua to the ca	opsy findings prior to n of cause  2 \( \sum \text{No} \)  Number,  use(s)

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DHMH-16 Rev 1/89

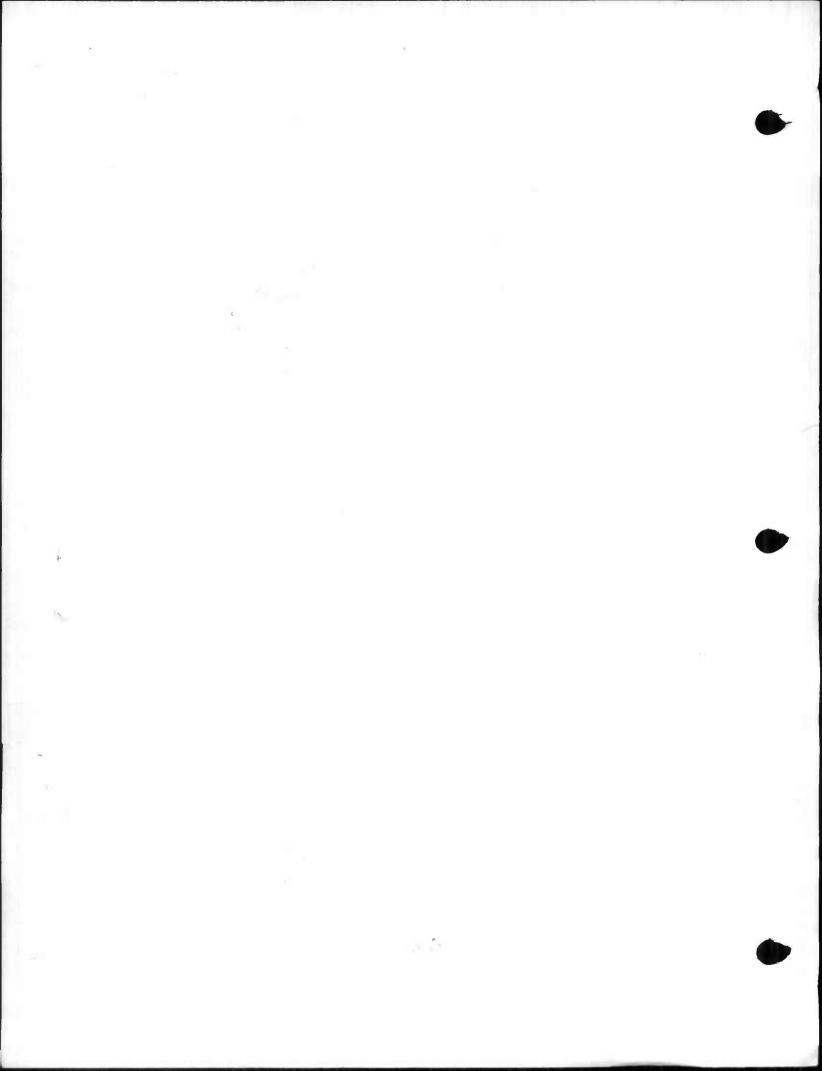
F VITAL RECORDS, P.O. BOX 68760 BALTIMORE, MARYLAND 21215-0020	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
RECORDS, P.O. BOX 687	v requires that the death certificate be execute	been signed by the attending physician and co t. of Health and Mental Hygiene prior to burial	shows any injury, or other traumatic
DIVISION OF VITAL	THE HOSPITAL OR ATTENDING PHYSICIAN: The law	THE FUNERAL DIRECTOR: After this certificate has I filed within 72 hours after death with the State Dept	IPORTANT: If Item 28 is marked, or Item 23

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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grane"

	FOR STATE REGISTRAR	STATE OF MAR		MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.		
	1. OECEDENT'S NAME (First, Middle, Last)	3.7.0V DW			2. DATE OF OEATH MONTH DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	DICK DI		MONG	May 30,	19 96	11:58 A M
				F UNDER 1 YEAR F UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	Countr	
	9a. FACILITY NAME (If not institution, give stre	* -	78 YRS.	Pb. CITY, TOWN OR LOCATION OF D			hina
E	CARRIAGE HILL.			BETHESDA	EATH	9c. COUNTY OF D	
DIRECTOR	RESIDENCE OF DECEDENT	- 52 1112 5 5 7				MONTG	UMERY
1 1 1 1	Many and Mants	2000011		TOWN OR LOCATION			10d. INSIDE CITY LIMITS?
	Maryland Monto	gomery	HOC	kville		10g. CITIZEN OF V	1 YES 2 NO
FUNERAL	11801 Rockville Pi	ike. #1606		20852		United :	
Z			ER IN U.S. ARMEO	13. WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Yea or		- American Indian,
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES?	OR DATES	If yes, specify Cuban, Maxic		Speci	ty:
	15. DECEDENT'S EDUCA	ATION	16a. DECEDENT'S U		The state of the s		inese
	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wo	rk done during most of working	16b. KIND OF BUSIN	ESS/INDUSTRY	
P	12	4	Unkno	wn	U. S. G	overnme	nt
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N.	AME (First, Middle, Malden Su	mame)	
BE	H. L. Wong			Unava:			
2	190. INFORMANT'S NAME (Type/Print) Christopher Wong			DDRESS (Street and Number or Rural			210
	20a. METHOD OF OISPOSITION  1 Burlel 2 A Cremetton 3 Ramov		20b. PLACE AND DATE OF	arkman Avenue,		TION — City or To	213
	1 Donation 5 Other (Specify)	ral from State	Chesapeake	Crematory	5-31 Belt		
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		Rapp Funeral S			
	> Eller 1	W. Ka	pp	933 Gist Avenu			MD 20910
	23. PART i. Enter the disease, or co	implications that cou	used the death. Do no	t enter the mode of dying, au	ch as cerdiec or respirat	tory arrest,	Approximate
	shock, or heert failure. Li IMMEDIATE CAUSE (Finel	st only bne cause o	on each line.	$\sim D +$			Onset end Death
	disease or condition resulting in death) a.	Cari	noma 1	) (rosta	le		
_		DUE TO (OR	AS A CONSEQUENCE OF):	10 com			
5	Sequentially list conditions, if any, leading to immediate	DUE, TO (OR	AS A CONSEQUENCE OF	1) cecu	0-1-1	-	-
3	ceuse, Enter UNDERLYING CAUSE (Disease or Injury	ma	esine	Mekatri	pulada	ses	
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO 198	AS A CONSEQUENCE OF	0/0	1	,	
CER		- an	armin	Concin	melon		1
A	PART II Other elapificant conditions						1
	TAIT II. Other aigniticant conditions	contributing to deel	th but not resulting in	the underlying ceuse given in	Part 1. 24s. WAS AN AU		WERE AUTOPSY FINDINGS
000	Sepres	0	th but not resulting in	the underlying ceuse given in	Part 1. 24s. WAS AN AU PERFORME 1  YES 2 X	ED?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDIC	Seren	e at	structu	i Plat. De	PERFORME  1 TYES 2 X	ED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	DID TOBACCO USE CONTRI	e at	pluis structure OF DEATH YES	Dest. DA	PERFORME  1 TYES 2 X	ED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	BUTE TO CAUSE	OF DEATH YES  26. PLACE OF DEATH	NO UNCERTAI	PERFORME  1   YES 2 X	ED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	BUTE TO CAUSE HOSPITAL: 1   Inpettent 2   ERA	OF DEATH YES  26. PLACE OF DEATH Outpetient 3 DOA 4	Check opy one)  Check opy one)  Check opy one)  Chursing Home 5   Residence  DF   28c. INJURY AT	PERFORME  1   YES 2 X	NO NO	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN:	DID TOBACCO USE CONTRI  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	IBUTE TO CAUSE HOSPITAL: 1   Inpetient 2   ERM	OF DEATH YES  26. PLACE OF DEATH Outpetient 3 DOA 4	NO UNCERTAL (Check oply one) THER: (Nursing Home 5 Residence) Teles 28c. INJURY AT	PERFORME  1   YES 2 )  N	NO NO	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN:	DID TOBACCO USE CONTRI  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 YNO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be	BUTE TO CAUSE HOSPITAL: 1   Inpetient 2   ERVI 28a. DATE OF INJU (Month, Day, Ye.	OF DEATH YES  26. PLACE OF DEATH Outpatient 3 DOA 4  RY 26b. TIME (INJURY — At home, term, stre	NO UNCERTAL (Check oply one)  OTHER: (Working Home 5   Residence WORK?  M 1 YES 2   NO	PERFORME  1   YES 2 )  N	JRY OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 N NO
ETED BY PHYSICIAN:	DID TOBACCO USE CONTRI  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	BUTE TO CAUSE  HOSPITAL: 1   Inpettent 2   ERV  28e. DATE OF INJU (Month, Day, Ye.)  28e. PLACE OF INJ building, etc. (	OF DEATH YES  26. PLACE OF DEATH Outpatient 3 DOA 4  RRY 26b. TIME (INJURY — At home, tarm, street)	NO UNCERTAI (Check oply one)  OTHER: (Nursing Home 5   Residence  OF 28c. INJURY AT WORK?  M 1   YES 2   NO  set, factory, office	8 Other (Specify)  28d, DESCRIBE HOW INJU  28t, LOCATION (Street and City or Yown, State)	JRY OCCURED  Number or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 N NO
ETED BY PHYSICIAN:	DID TOBACCO USE CONTRI  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	BUTE TO CAUSE  HOSPITAL: 1   Inpartent 2   ERV  28a. DATE OF INJU (Month, Day, Ye)  28a. PLACE OF INJ building, atc. (	COF DEATH YES  26. PLACE OF DEATH Outpatient 3 DOA 4  RY 26b. TIME (INJURY)  URY — At home, tarm, stresspecify)  nowledge, death occurred	NO UNCERTAI (Check oply one) OTHER: (Nursing Home 5   Residence OF 28c. INJURY AT WORK? M 1 YES 2 NO ret, tactory, office	PERFORME  1   YES 2 X  8   Other (Specify)  28d, DESCRIBE HOW INJU  28t, LOCATION (Street and City or Town, State)	JRY OCCURED  Number or Rural R	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
ED BY PHYSICIAN:	DID TOBACCO USE CONTRI  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	BUTE TO CAUSE  HOSPITAL: 1   Inpartent 2   ERV  28a. DATE OF INJU (Month, Day, Ye)  28a. PLACE OF INJ building, atc. (	COF DEATH YES  26. PLACE OF DEATH Outpatient 3 DOA 4  RY 26b. TIME (INJURY)  URY — At home, tarm, stresspecify)  nowledge, death occurred	NO UNCERTAL  (Check oply one)  THER:  Nursing Home 5 Residence  Nursing Home 5 Residence  OF 28c. INJURY AT  WORK?  1 YES 2 NO  ret, tactory, office  at the time, date and place, and durin my opinion, death occured at the	8 Other (Specify) 28d. DESCRIBE HOW INJU 28t. LOCATION (Street and City or Town, State) to the cause(a) and manner time, data and place, and di	JRY OCCURED  Number or Rural R  r as stated, lus to the cause(s)	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  Double Mumber,
BE COMPLETED BY PHYSICIAN:	DID TOBACCO USE CONTRI  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	BUTE TO CAUSE  HOSPITAL: 1   Inpartent 2   ERV  28a. DATE OF INJU (Month, Day, Ye)  28a. PLACE OF INJ building, atc. (	COF DEATH YES  26. PLACE OF DEATH Outpatient 3 DOA 4  RY 26b. TIME (INJURY)  URY — At home, tarm, stresspecify)  nowledge, death occurred	NO UNCERTAI (Check oply one) OTHER: (Nursing Home 5   Residence OF 28c. INJURY AT WORK? M 1 YES 2 NO ret, tactory, office	8 Other (Specify) 28d. DESCRIBE HOW INJU 28t. LOCATION (Street and City or Town, State) to the cause(a) and manner time, data and place, and di	JRY OCCURED  Number or Rural R	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  Double Mumber,
E COMPLETED BY PHYSICIAN:	DID TOBACCO USE CONTRI  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	BUTE TO CAUSE HOSPITAL: 1 Inpettent 2 ERA 28a. DATE OF INJU (Month, Day, Va 28a. PLACE OF INJ building, stc. ( AN: To the best of my k c On the basis of examin	E OF DEATH YES  26. PLACE OF DEATH Outpatient 3 DOA 4  RY 26b. TIME (INJUF At home, tarm, street, specify)  ROWLESSPECIFY  ROW	Check oply one)  THER:  NO UNCERTAL  (Check oply one)  THER:  Nursing Home 5 Residence  OF 28c. INJURY AT  WORK?  1 YES 2 NO  ret, tactory, office  at the time, date and place, and dur  in my opinion, death occured at the	8 Other (Specify) 28d. DESCRIBE HOW INJU 28t. LOCATION (Street and City or Town, State) to the cause(a) and manner time, data and place, and di	JRY OCCURED  Number or Rural R  r as stated, lus to the cause(s)	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  Double Mumber,
BE COMPLETED BY PHYSICIAN:	DID TOBACCO USE CONTRI  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending   Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:  29b. SIGNATURE AND TITLE OF CERTIFIER	BUTE TO CAUSE HOSPITAL: 1 Inpettent 2 ERA 28a. DATE OF INJU (Month, Day, Va 28a. PLACE OF INJ building, stc. ( AN: To the best of my k c On the basis of examin	E OF DEATH YES  26. PLACE OF DEATH Outpatient 3 DOA 4  RY 26b. TIME (INJUF At home, tarm, street, specify)  ROWLESSPECIFY  ROW	Check oply one)  THER:  NO UNCERTAL  (Check oply one)  THER:  Nursing Home 5 Residence  OF 28c. INJURY AT  WORK?  1 YES 2 NO  ret, tactory, office  at the time, date and place, and dur  in my opinion, death occured at the	8 Other (Specify) 28d. DESCRIBE HOW INJU 28t. LOCATION (Street and City or Town, State) to the cause(a) and manner time, data and place, and di	JRY OCCURED  Number or Rural R  r as stated, lus to the cause(s)	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  Double Mumber,



State of Maryland / Department of Health and Mental Hygiene

96 1750

					Cert	rificate of	Death		Reg. No.	70	1/503
			1. Decedent'a Nama (First, Middle, Last,					2. Data of De	ath		3. Time of Death
	Physic /Medi		DANIEL	K. MA	TSON	, III		Month	2 (a	1996	10:49 AT
3	Exami		4a. Facility Name (If not Institution, give	street and number)			4b. City, Town, or I				10 1711
e			SHADY GROVE ADV	ENTIST HOS	PTTAL		ROCKVILI	LE.	MONT	GOME	ERY
	Funeral		5. Social Security Number 6. Sa.	7. Age (In yrs.		If Under 1 Year	If Under 24 Hrs.				lace (Stete or Foreign
	Director		577-14-9606	M 2□F 86	Yrs.	Months Days	Hours Min.	Oct. 2			nsylvania
	land		10a. State 10b. County	10c. Ci	ty, Town or Loca	ation				10	0d. Inside City Limits
	Mary Fed a	Į	MD Montgon	nerv	Rockvil	1e					1 ☐ Yas 2 ☐ No
	28a	9	10e. Street and Number		TOOK VIII	10f. Zip Code	ī .		10g. Citizen of V	What Coun	itry?
	3a o	0	15514 Avery Road			20	0850		United		
	death	Funeral Director		12. Was Decedant Evar in U	J,S. 13. W		Hispanic Orlgin? (S ban, Mexican, Puart	pecify Yas or No		e - Americ	an Indian,
20	s 1 and 2 should be filed within 72 hours after death with the Maryland I Health end Mental Hygiene. If Health and Mental Hygiene. Item 27 is marked other then "natural", or items 23s or 28s-f show other traumatic avent, or Medical Expressed must be notified at	by Fur	1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces?  1 ⊠ Yas 2 □ No If Yes, Give 19		Yas, specify Cub □ Yes 2 🎇 No		o Rican, etc.)	Bia (	ck, White, o	etc. nite
21215-0020	hour			Yaar or Datas: 19		nt's Usual Occu	ti		40h Kind of B		4
15	in 72	Completed	15. Decedent's Edu (Specify only highest grad	e completed)	(Give k	ind of work done  NOT use retire	during most of wor	rking	16b. Kind of B	usiness/ind	lustry
77	filed with Hygiene. other than	E	Elementary/Secondary (0-12)	College (1-4or 5+)			Tennis Pl	aver	Spor	rts	
	Hyg other	BeC	17. Father's Name (First, Middle, Last)		1		18. Mother's Nan				
lar	lenta ked fc sv	To B	Daniel K. Watson,	Jr.			Mary S	hakland			
Maryland	shou ond N	-	19a. Informent'a Name/Relationship (Ty	pe, Print)	19b. Mailing	Address (Stree	t end Number or Ru		er, City or Town,	Stete, Zip	Code)
	1 and 2 s Health er em 27 is		Eleanore Hoke / Da	ughter	3108 E	llicott	Road, Be	eltsvill	e. Marv	land	20705
ore,	of Hee		20a. Method of Disposition		Place of Disposi			Date	20c. Location -		
Ĕ	Peges nent of h int: If ite ury or of		1 ☐ Burial 2 ☑ Cremation 3 ☐ R 4 ☐ Donation 5 ☐ Other (Specify)	emoval from State		oln Crem		5/30/96	Brentwo	od. M	Maryland
altimore,	-555		21. Signature of Funeral Seprice Licens				ess of Facility Hir				
m	Deperminant Important International Internat		N MAIN C	41000n		1800 Ne	w Hampsh: Spring, Ma	ire Aven			
	_		Part1. Enter the diseese, or complishock, or heart failure. List only or	ications that caused the deal	th. Do not enter	the mode of dy	Ing, such as cardiac	or raspiratory a	20904 rrast,		Approximate
	Physician		snock, or neart failure. List only or	ne cause on each line.						1	interval Between Onset and Death
	/Medical		Immediete Ceuse (Final disaasa or condition	Ra	· Luca	alia				i	10.
_	Examiner		resulting in death)	Due to (	or as a consequ	sdice ence of):			. 1		1 100 .
	D 5	ner		800A	T	cha	nical	diase	Centro	n	1 800.
	certificate be executed nding physician and use as the buriel-transit	Examiner	Sequentially list conditions,	Due to (	or es a consequi	ence of):	mine	N march	, - 0,-0		,
ő	e exe		Sequentially list conditions, if any, leading to immediate causa. Entar Underlying							1	
68760,	hysic the b	edicai	Cause (Disease or injury that initiated events resulting in death) Last	Due to (c	or as a conseque	ence of):				i	
9 X	ing p e as	Σ								ļ	
80	death certifical ettending pl	lan								1	
0	The law requires that the death ite has been signed by the etter bage 2 should be deteched for u	Physician/	Part fl. Other significant conditions con	tributing to death but not res	ulting in the und	lerlying cause gi	iven in Part I.	23b. Dld	tobacco use co	ntribute to	the cause of death?
<u> </u>	hat the de by		Cho	embo cy	tis			10	Yes 2 No	3 Prob	oably 4 Unknow
ds,	signe d be	d by	1-0		1					045 W	an Automore findings
Record	been s	Completed	The	ombo cui	toppe	nia.			an autopsy ormad?	ava	ere autopsy findings aliabia prior to mpletion of causa
360	has t	idu	2+	0 000	100	1			. /		death?
			al	ual feb	rella	leon		10	Yes 2 No	10	]Yes 2□ No
Vital	ysician: The is certificate director, pag	Be	25. Was case refarred to medical examiner?	Inemital: VA			26. Place of Dea	ath (Check only	one)		
	hysic this o	2	155 50 NO		ER/Outpatient	3LI DOA		loma 5 ☐ Resid			1)
u C	ng f	lon	27. Manner of Death  Neturel 5 Pending	28a. Date of Injury (Month, Dey Year)	28b. Time of Injury		ork?	28d. Describe	how injury occur	red	
S	death death tor:	Icat	2 Accident investigation 3 Suicide 6 Could not be	One Discontinuo Ass			Yes 2 No	ORI Location /	Character and Mr h		I Down Markey
Division of	or Attending Fafter death. Director: After	Certification:	4 ☐ Homicide determined	28e. Piace of Injury - At h building, etc. (Specil	y) y)	et, rectory, office		City or To	Strøet end Numb wn, Stete)	er or Hura	House Number,
	ours ours derail	- 1	29a, Certifier 1□ Certifying Phys	Iclan: To the best of my kno	wladae daeth -	occurred at the 4	ime date and sissa	and due to the	rausa(a) and	nnar na ch	bota
	To the Hospital or within 24 hours after To the Funeral Dirt compietely filled in	edical		ner: On the basis of examine and mannar stated.	tion end/or inve	stigetion, in my	opinion, deeth occu	rred at the time,	date and place,	and due to	the cause(s)
	vithin ro th	Me	29b. Signature and title of century	- 0		29c. Lican	se number		29d. Date signe	d (Month, L	Day, Year)
	->-0		XTTALILL	FAR L	X	D	0 101	0	71111	2/	1991
	XI		30. Name and addrass of person who co	mpieted cause of death (Item	n 23a) (Typa Pi	rint)	0 114	0	may	46,	1110
1	10			or death (ito)	/ . Abust 1.				11	2/11	4.0

. 10717-STANMORE DRIVE

State Registrar

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

							C	ertif	icate	e of I	Death		F	leg. No.		
п	Dhuala		1. Decedent's Name (Fi	irst, Middle, La	st)								2. Data of Dee Month	th Day	Yeer	3. Time of Death
	Physic /Medi		WELLINGTO	N WAT	TERS								MAY	27, 199		1:06 a.m.
7	Exami		4a. Facility Nama (If not	institution, giv	a street and nu	m <i>ber</i> )				4	b. City, To	wn, or L	ocation of Death	4c. County		
			Washingto	on Adve	ntist H	lospita	a1				Tako	ma P	ark	Mont	gomer	cy
	Funeral		5. Sociel Security Numb			7. Age (In y	rs. last birtha		Undar	1 Yeer Days	If Under Hours	24 Hrs. Min.	8. Data of Birth	Year)	9. Birthp	place (Stata or Foreign rel, DE.
и	Director		154 16 385	70	M 2□F		73 Yrs		OTILLIO	Duys	110013	IVIII.	Feb. 15	,1923	Laui	řěl,DE.
	pu .		Usuel Residence of Dec 10a. Stata 10t	b. County		100	City, Town o	Loopiu							T.	
	sho	5	77.233	•		100.			011						'	10d. Insida City Limits 1 ☑ Yes 2 ☐ No
	Ne N	Directo	Virginia Pi		lilliam		Manas		of 71-	0.4.						
	with %							'	Of, Zlp				"	l0g. Citizan of		•
	be filed within 72 hours after death with the Maryland tial Hygiane.  dother than "naturel", or flems 23a or 23a-1 show event, the Modical Examiner must be notified at	Funeral	8839 0al	K HOTTO	12. Was Dec	adent Sver in	ule I	2 Was		2110		nin? (Sn	ecify Yas or No-	Unite		ates can Indian.
	ter d	5	1 Navar Married	2□ Married	Armed Fo	rcas?	7 0,3.	It Ye	s, spec	ify Cuba	in, Maxicar	n, Puarto	Rican, etc.)		ck, White,	
220	as al	by	3 □ Widowad 47□		If Yas, Gi	va latas: WW2	2	1 🗆	Yas 2	□ No	Specify:			Specif		a a la
21215-0020	2 hou	8		Decedant's Ed	ducetion	11112	16a. De	cedent'	's Usua	1 Occupa	ation			16b. Kind of B	Bla usinass/in	
7	n n	Completed	(Specify of Elementary/Secondar		de completed)  Collega (	1-40r 5 r)	(G	iva kina	of wor	k dona d a retired	during mos	t of work	ring			,
7	d with	E	12	y (0-12)	4	1-401 5+/		0cea	anog	rapl	her			U.S. G	overr	nment
g	off of the	Be	17. Fathar's Nama (First	t, Middle, Last,	)						18. Mothe	ar's Nam	a (First, Middla,			SALE PARTY
<u>a</u>	should be filed nd Mantal Hygi marked other imatic event, II	To	Dar	niel Ge	orge Wa	ters							Beatri	ce V. P	rathe	er
e e	2 should I and Man is marked aumetic	-	19a. Intormant's Name/	Ralationship (	Type, Print)		19b. M	alling A	ddress	(Streat	and Numbe	ar or Au	al Routa Numba	r, City or Town,	Stete, Zip	Code)
	s 1 and 2 should f Health and Mar tem 27 is marke other traumatic		Vivian Wa	aters			717	She	erid	lan S	St.,H	yatt	sville,	Maryla	nd 20	)783
ore	of He		20a. Mathod of Dispositi		1p		. Place of Di	spositio	n (Nem	a of thar plac	e)	I	Data	20c. Location	City or To	own, Stata
Ĕ	Pages nent of l mrt. If its ary or o		1 □XBurial 2 □ Cri 4 □ Donationy 5 □				. Lin	colr	Ce	mete	ery	5/3	1/96	Brentw	ood.	MD.
Baltimore,	permit. Pages 1 and Department of Health Important: If item 27 any injury or other tr once.		21. Signature of Euneral	Service Liber	See (See	./	- 20	22. Na	me end	d Addras	ss of Facilit	ly				
m	88188		1011/4	Cycle	: 8	Face	1						ervice .W.,Was		2001	2
	90.83		23 Part1. En of the di shoot of heart teil	seasa, or com	plications that o	eused tha da	aath. Do not	antar th	a mode	ot dyln	g, such es	cerdiac	or raspiratory ar	est,	2001	Approximata
Κ,	Physician	١.	SHOO OVIIGAN TOI	igra. List only	one ceusa on a	ach ina.									1	Intarval Between Onset and Death
9	/Medical		Immediate Cause (Final disease or condition)	t.	- 41	1016	2	C 4	11/	0 1	=R					3 MONTHS
	Examiner		resulting in death)		1- 1-6	Due to	o (or es a cor	sequan	ce of):	66	- /					3 1 1010 1 113
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	70 W	ner		0.44	BR	AIN	MI	= 7	40	TA	751	5				
	and and Frans	Examine	Sequentially list condition	ons,	B. 101	A/N Dua to	(or as a con	sequan	ce of):							
20,			Sequentially list condition if any, leading to immed cause. Enter Underlying Cause (Disease or injury)	9	EC	RON	ARV	A	PT	FR	VI	110	EASE			
68760,	1 Fe	edical	that initiated events resulting in death) Last	1		Dua to	(or as a con	sequand	ce of):		1				1	
X 6	Sing p	/Me		·	d											
Bo	eath o entern for ut				X2-											
o	to a to	Physician	Pert II. Other eignificant	t conditions o	ontributing to da	aath but not r	asulting In th	e undar	tying ca	usa giv	an in Part I		23b. Dld t	obacco use co	ntribute to	the causs of death?
a.	that the deby destac												101	es 2 No	3 Prol	bably 4 Unknown
Records,	requires that een signed t hould be det	d by											Ode Wee	a autono.	24h W	ara autopsy tindings
ò		Completed											24a. Was a perfor	med?	av	allabla prior to implation of causa
ž	量 並以	E E													of	déath?
=	an: The L												1 □ Y	as 2 No	10	☐ Yas 2☐ No
Vital	iclan cartiff recto	Be	25. Was case referred to examiner?	o medical	Hospital:	/				Oth		ot Deat	h (Check only or	na)		
ō	Phys min o	To.	1 ☐ Yes 2 ☐ No 27. Manger of Death		1347		☐ ER/Outpa		3 DO		4 LI NU	irsing Ho	oma 5 Resid			у)
5	Ahor Ahor funse	Certification:	1 MNatural 5	Pending		th, Dey Year)	28b. Tim Inju	У	M	Bc. Injun		Ala	28d. Dascribe h	ow injury occur	red	
S	Attend or death ector; by the	Ical	2 ☐ Acoldent 3 ☐ Suicide 6	investigation Gould not b		of Initial As	hans fam.				Yas 2	NO	20t Location /6	treat and Alimit		J Paula Alimbas
Division	affer A Direction of the control	T .	4 ☐ Homicide	determined	buildi	of Injury - At ng, atc. (Spa	cify)	straat,	tactory	OTTICE			City or Tow		er or mure	el Routa Number,
-	Hospital 24 hours Funeral etsky filled	0	29a. Cartifiar 1□	Cortificing Db	veioles. To the	host at mu k		oth co		a show allow		d alasa	and due to the			Antad
	to the Hospital or Attending Physician: while 24 hours after death or the Confic ompletely filled in by the funerist director,	edical		Madicai Exan	ninar: On the be	asis ot axami	ination and/o	Invasti	gation,	In my of	oinion, daa	th occur	and due to the d red at tha tima, o	lata and piece,	and dua to	tha cause(s)
	To the Ho within 24 I To the Fu completel	Me	29b. Signature and titla	of certitiar	ario man	nor otatao.			29c.	Licanse	a number		1	9d. Data signe	d (Month,	Day, Year)
	- 5 - 0		Toms	o ka	ma,	Aca4	Lan		1	) - !	MAC	6.	2 /	MAY 28	13 1	996
,	10		30 Nama and address of					ne Drine	1)	, 0	700	00		/	-	
	1		30. Nama and address of	INNAK	KAT. N	11). 9	201	5	St	51	1 1/5	ER S	PRINK	MAP	1 Anli	200910
	Sta	te	31. Date tiled (Month, De	ay, raar)	32. R	egistrar's Sig	nature	-	-	01	LVL	.,/	רטייורן,	14111/	11112	30110
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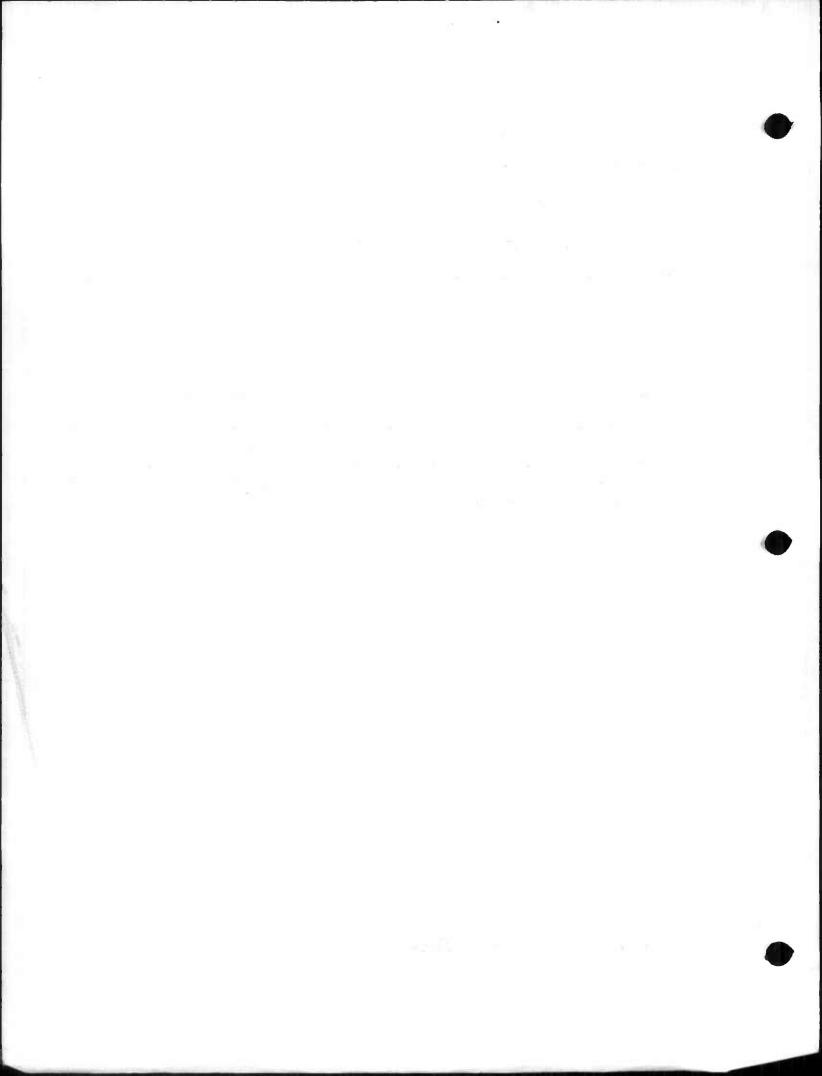
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	1 - STATE REGISTRAR	STATE OF	MARYLAND /			OF HEALI		MENT	AL HYGIEN	E		
- 1	1. DECEDENT'S NAME (First, Mick			1	,	01 02	MIII		E OF DEATH		3	. TIME OF DEATH
1	PRISCIL	LA BARI	UES \	Wil	LIA.	MSOI	N	MON			EAR 6	800 P. M
	4. SOCIAL SECURITY NUMBER	5. 9EX	6. AGE (In yrs. les	t birthday)	IF UNDER 1	YEAR IF UN	DER 24 HRS.		E OF BIRTN rith, Day, Year)		BIRTNPL	ACE (Stete or Foreign
	006-05-4446	1 M 2 X F	85	YRS.	MONTHS	DAYS HOUR	S MIN.	07	-06-	10	Country) Main	e
-	90. FACILITY NAME (If not instituti	ion, give street end number)			9b. CITY,	TOWN OR LOC	ATION OF DE			9c. COUNT	Y OF DEA	TN
5	7505 Democra	cy Boulevard	1		Bet	hesda				Mont	gome:	ry
E C		COUNTY		10c. CIT	Y, TOWN OF	LOCATION					T 10	Dd. INSIDE CITY
DIRECTOR	Marvland	Montgomery		Bet	hesda							LIMITS?
	10s. STREET AND NUMBER	101104011017		1 200	iic b do	10f. ZIP C	ODE	-		10g. CITIZE		AT COUNTRY?
E	7505 Democrac	y Boulevard,	#316A			2081	.7			Unit	ed S	tates
FUNERAL	11. MARITAL STATUS		NT EVER IN U.S. AR	RMED					IN? (Specify Yes		RACE -	- American Indian, White, etc.
ВУ	1 Never Married 2 Merr 3 X Widowed 4 Divorced	HE VEC ONE	WAR OR DATES	***	1	yes, specify Co	iDen, Maxicai IO Specify	n, Puerto /:	Rican, etc.)		Specify:	White, etc.
		NT'S EDUCATION	Two pr	CEDENTIO	1101111 00							White
COMPLETED	(Specify only high Elementary/Secondary (0-12)	hest grade completed)	(G	ive kind of Do NOT u	USUAL OCI work done di se retired.)	ring most of wo	orking	10	Sb. KIND OF BUS	iness/indus	TRY	
립	Elementary/Secondary (0-12)	College (1-4 or 5		Iomem	aker				Own H	lome		
S	17. FATHER'S NAME (First, Middle,			Onton	unc1	16. M	OTNER'S NAI	ME (First,	, Middle, Maiden			
BE	Calman David	d Barnes				Ge	rtrud	e Ma	abel Ro	llins		
9	19a, INFORMANT'S NAME (Type/P	Print)							mber, City or Town			
-	Patricia W. S		1	.0910	Old	Coach	Road,	Po	tomac,	Maryl	and	20854
	20a. METNOD OF DISPOSITION 1 □ Burlai 2 \(\tilde{\Delta}\) Cremetion 3	☐ Removal from State	20b. PLACE A	AND DATE	OF DISPOSIT	ION (May	28, 1	998	TE 20c. LO	CATION — CIT	y or Town	, State
	4 Domitton 5 Other (Spec	city)	Monto	jomer	y Cre	matori	um, I	nc.	Beth	esda,	Mar	yland
	21. SIGNATURE OF FUNERAL SEI	RVICE LICENSEE			22. N	AME AND ADD	RESS OF FAC	Che	Robert vy Chas	A. Pu	mphr	ey Funeral 7557
	Maril	E. Jesse	1 . M	10080	3 Wis	consir	Aven	ue.	Bethes	da. M	arvla	
	23. PART I. Enter the disees	ses, or complications the	st caused the de	eth. Do r	not enter t	he mode of	dying, suct	1 88 Ce	rdiec or respi	ratory srres	t,	Approximate
	IMMEDIATE CAUSE (Final	10.00	napo on coch imo									Onset and Death
	disease or condition resulting in death)	a/·	15C1	VH	D							INS.
		DUE TO	O (OR AS A CONSEC	DUENCE O	F):							
CERTIFICATION	Sequentially list conditions,		O (OR AS A CONSEC	DUENCE O	Ð.							
Ä	if any, leading to immediate cause. Enter UNDERLYING		(**************************************		· <i>y</i> ·							İ
F	CAUSE (Disease or Injury that initiated events	DUE TO	OR AS A CONSEC	QUENCE O	F):							
H	resulting in death) LAST	d										
	PART II. Other significent co	onditions contributing to	death but not r	enulting	In the und	ariving caus	e gluen in l	Dart I	24s. WAS AN	ALITODOV	T	
CAL			o doon but not r	ooditing	in the und	enying caus	e given in i	Part I.	PERFOR		AV	MALABLE PRIOR TO
EDI	*								1 TYES 2	NO		OMPLETION OF CAUSE F DEATH?
Σ											1	YES 2 NO
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO ME	DICAL				26. PLACE OF	DEATN (Che	ck only a	nne)		<u></u>	
SIC	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHER:	1	Residence					
¥	27. MANNER OF OEATH	26e. DATE O	F INJURY	26b. TIM	E OF 2	Bc. INJURY AT	Hesioence		SCRIBE NOW IN	JURY OCCUP	RED	
ВУР	1 Natural 5 Pendi 2 Accident Invest	ing (Month, stigation	Day, Year)	INJ	M	WORK?	□ NO					
	3 Suicide 6 Could	26e. PLACE	OF INJURY — At ho	me, farm, :	street, factor	y, affice		261. LO	CATION (Street a	nd Number or	Rural Rout	te Number,
	4 Nomicide detarr	mined	, ever (opcory)					Cin	y or Town, State)			
COMPLETED	29a. CERTIFIER (Check only	O PNYSICIAN: To the best of	if my knowledge, da	ath occum	ed at the tim	e, date end ple	ce, end due	to the co	euse(a) and men	ner se stated.		
ŏ.		EXAMINER: On the basis of									euse(e) er	nd manner as stated.
ш	296. SIGNATURE AND TITLE OF C	CERTUFIER	· 1			29c. L	ICENSE NUM	BER		29d. DATE S	IGNED (M	onth, Day, Year)
	Victor	of ruch.	m.5-				DO	19	1.8	D 5	- 2	5-96
٥	30. NAME AND ADDRESS OF PER	ISON WHO COMPLETED CAL	JSE OF DEATH (ITEM	M 27) (Type,	Print)				/ -		9.00	- /
	VICTORI	H. ESCH	M. B	-1	071	2-57	ann	ine	Driv	1 10	one	re, Told:
	31. DATE FILED (Month, Day, Year) MAY 281	OOG A REGISTR	ARY SIGNATURE	. 12	1							20054
	MAI LOI	JJU FRUM DU	Contract Application	-								200-



State of Maryland / Department of Health and Mental Hygiene 96 17506

						Cert	ificate of	Death		Reg. No.	0	17000
	p		1. Decedent's Neme (First, Middle, La	ist)					2. Dele of De Month	eeth	Vana	3. Tima of Death
	Physic /Medi			Angela	Hores	W	illiams		May 27	. 1996	Yaar	7:10 PM
}	Exami		4a. Facility Name (If not Institution, giv	<del>-</del>				4b. City, Town, or I			y of Death	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			Althea Woodland No			الدواد الماد الماد	If Undar 1 Yaar	Silver Sp		Montgo		
	Funeral			sex /.Aga 1□M 2√⊒ F	(In yrs. last bi		Months Deys	Hours Min.	(Month, D		Coun	
	Director		233-01-0076 Usual Residence of Decedent	A	95				Dec. 2	1,1900	West	Virginia
	s 1 and 2 should be filed within 72 hours after deeth with the Meryland f Heelth and Mental Hyglene. Item 27 is marked other than "natural", or items 23a or 28e-f show other treumstic event, if a Medical Examines must be notified at	L	10a. Stete 10b. County		10c. City, Tov	m or Loca	ition				1	10d. Inside City Limits
	N N	cto	Maryland Montgome	ery	Silv	er S	pring					1£ Yas 2 No
	₩ 20 H	Director	10e. Street and Number				10f. Zlp Coda			10g. Citizen of	What Cour	ntry?
	23a		8211 Cedar Street				2091	1.0		U.	.S.A.	
	9 6	Funeral	11. Meritel Status	12. Wes Decedent E Armed Forcas?	ver in U,S.	13. W	as Decedent of H	Ilspanic Origin? (S an, Mexican, Puert	pecify Yes or N	o- 14. Rac	ce - Americ	
	or in	F	1 ☐ Nevar Marriad 2 ☐ Married	1 ☐ Yes 2 🔀 No If Yas, Giva	0	1	JYas 2⊠ No					010.
	ours Fig.	1 by	3 XWidowed 4 ☐ Divorced	Yaar or Detes:			2140	Opecny.		Specif	Whi	ite
	72 h	Completed	15. Decedent's Ed (Specify only highest gra	ducation	188	. Decede	nt's Usuei Occup	pation	kina	16b. Kind of B	usiness/in	dustry
	the of	ğ	Elementery/Secondery (0-12)	Collega (1-4or 54	+)	life. DO	NOT use retired	during most of word)	KHIY			
	y e d	000	12		Ad	mini	strative	Assista	nt	Wheelin	ng St	eel
	# fe fe	Be	17. Father's Name (First, Middle, Last,	)				18. Mother's Nen	ne (First, Middle	e, Meidan Sumer	ne)	
	2 should be filed with! and Mental Hygiene. Is marked other than eumatic event, tre M	To	Christian Hores					Margar	et Ecke	r		
	ods and		19e. informent's Neme/Raiationship (	Type, Print)	191	o. Mailing	Addrass (Street	end Number or Ru	ral Route Numb	ber, City or Town	, State, Zip	Code)
	Heelth a tem 27 is other tre		Lois Ann Falcine	111	82	11 C	edar Str	eet Sil	ver Spr	ing.Mary	vland	20910
	of Heelth Hem 27		20e. Method of Disposition		20b. Piece o	of Disposit	ion (Neme of tory or other plea		Dete	20c. Location		
	Pages nant of h ant: If its		1 ☑ Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specif						120106		~ .	
,	2555		21. Signeture of Funerel Service Licer		Gate		eaven Ce Neme end Addre		/30/96	Silver S	sprin;	g,Maryland
	Department of the services once.		1. 11	en	, 4	Fr	ancis J.	Collins	Funera	1 Home,	Inc.	
			Limothy	y camp	bul	500	O Univer	sity Blv	d.,W. S	il.Spr.,	MD	20901
		1	23a. Pert1. Enter tha disaase, or om shock, or haart fellure. List only	one couse on each line	tha death. Do a.	not enter	the mode of dylr	ng, such as cardiac	or respiretory	arrest,	- 1	Approximeta Intarval Between
	Physician		THE STREET								†	Onset and Death
	/Medical Examiner		immediate Cause (Final disaase or condition	a Alzheime	r's Di	seas	2				1	5 yrs.
	- Xaiiiiiei		resulting in deeth)		Due to (or es e							7.720
	70 Æ	ne		Anorexia	1							2 mo
	nd	Examiner	Sequentially list conditions, if any, leeding to immediate	D	Due to (or es a	conseque	ence of):					Z mo
•	an a		if any, leeding to immediate cause. Enter Undarlying Cause (Disease or injury	c Stroke							i	E
	the deeth certificate be executed by the attending physician and ached for use as the bunal-transit	Medical	thet initiated evants rasulting in death) Lest		ue to (or as a	conseque	ince of):					5 yrs.
	ng ph as t	Per	rasulting in death) cost								i	
	attendin for use			d								
	deet d for	Cig	Pert II. Other aignificent conditions of	ontributing to death but	not resulting i	n the und	erlying cause air	ven in Part I	23h Did	I tobacco use co	ontribute to	o the cause of death?
	that the de ned by the a detached	Physician/		ombung to doubt but	The resulting i	ii tiio uiid	onying oddoo giv	CATTER CATE 1.		Yee 2□ No		bably 42 Unknow
	than ned	by P							1	20140	30,710	Jacky 430 Olikilow
	requires that been signed be should be deta								24a. Wes	s an autopsy	24b. W	ara autopsy findings
	been si should	ete								ormed?	ava	allabla prior to implation of cause
	9 5 6	Completed									of	death?
	The Tree he	ပိ							1 🗆	Yes 28 No	1[	☐ Yes 2☐ No
	Physician: this certificanal director, I	Be	25. Wes case referred to medical examinar?					28. Place of Dee	th (Check only	ona)		
	nis c	<sup>2</sup>	1 ☐ Yas 2 🛣 No	Hospitel: 1 ☐ Inpatien	2 □ ER/O	ulpallent	3□ DOA Oth	er: 4⊠ Nursing H	oma 5□ Ras	idence 6 DOth	ner (Specif	y)
			27. Menner of Death 1 XNatural 5 ☐ Pending	28a. Dete of injury (Month, Dey	Year) 28b.	Time of Injury	28c. injur Wor	y et rk?	28d. Describe	how Injury occur	rred	
	Attending ir deeth. actor: After by the fune	Certification:	2 Accident Investigation			jury		Yas 2□No				
		Ific	3 ☐ Suicide 6 ☐ Could not be datarmined	286. Place of Injur	y - At home, fr	arm, stree	t, fectory, office			(Street end Numi	ber or Rura	al Routa Number,
	d of of	ě	4 D Homicide	building, etc.	(Specify)				City or 10	wn, Stete)		
	To the Hospital or within 24 hours afte within 24 hours afte To the Funeral Dir completely filled in		29a. Cartifier 1⊠ Certifying Ph	yelclan: To the best of	my knowledge	e, deeth o	ccurred et tha tin	ma, data and plece	, end due to the	cause(s) end m	anner as e	tated.
	n 24 n 24 n E	edicai	(Check only 2 Medical Examone)	niner: On the basis of a and menner stet	ed.	nd/or Inve	stigation, in my o	pinion, deeth occu	rred et tha tima,	, data and place,	and due to	) the causa(s)
	To the Within 2 To the comple	ž	29b. Signature and title of certifier				29c. Licens	e number		29d. Deta signe	ed (Month,	Dey, Year)
			1 /1. J.C.	deso	_		D 010	100		24 - 22	100	
	0 10		30 Name and address of	nomelate d	-th (tr 00 '	(T. co. 5	D 219	UU		May 28,	1996	5
	20		30. Name and eddress of person who									
			Smith S. Ho, M.D.  31. Date filed (Month, Day, Yeer)	20 Depleter	de Olementure			'akoma Pa	rk, Mar	yland 2	20912	
	Sta		LIAV C . 1	32. Registrar	s Signatura	Cal	et.					
1	Registr	-70	MAT 30	ייייול סבבו	A MARKET	-	N.					
HIS	H 16 Bay 6/0	5										

DHMH 16 Rev 6/95

 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 72 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyghere prior to burial, certaindin, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must ha maritial at many and injury, or other traumatic event, the medical examiner must ha maritial at many and injury or other traumatic event.

29b. SIGNATURE AND TITLE OF CERTIFIED

John Barr, M.D.
31. DATE FILED (Month, Day, Year)

MAY 281996

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

10810

32. REGISTRAR'S SIGNATURE

Connecticut Avenue,

TO BE

	FOR	CTATE OF I	MARVI AND /	DEDAG	T-45117 01				96		7507	
	1 - STATE REGISTRAR	STATE UF I			ICATE O			MENTAL HYGIEN REG. NO	_			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH			3. TIME OF DEATN	
	PATRICK McKINL	EY WILLIA	MS					монтн Мау 21, 1	996	YEAR	4:45 P M	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las	t birthday)	IF UNDER 1 YEA	R IF UNDER	R 24 HRS.	7 DATE OF BIRTH	,,,	0. BIRTNPI	ACE (State or Foreign	
	239-16-3995	1X M 2 □ F	75	YRS.	MONTHS DAY		MIN.	(Month Day Mont	1920	Nort	h Carolina	
	9a. FACILITY NAME (If not institution, give				9b. CITY, TOW	N OR LOCAT	ION OF DE	EATN	9c. COU	NTY OF DEA	NTN	
E	MED Bridge Nurs	sing Reha	bilitati	on	WHEAT	ON			MON	TGOME	RY	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT											
2		•			Y, TOWN OR LO					13	Od. INSIDE CITY LIMITS?	
	N/A N	/ A		Was	hingto	n, D.C	3.			1	YES 2 NO	
₹	10e. STREET AND NUMBER					10f. ZIP COD	E		10g. CIT	ZEN OF WH	AT COUNTRY?	
ΙÜ	1512 Portal Driv	re, N.W.				2001	. 2		Uni	ted S	tates	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. WAS (	ECENDENT (	OF NISPAN	IIC ORIGIN? (Specify Ye	s or No-	14. RACE -	- American Indian, White, atc.	
BY F	1 Never Married 2 A Married 3 Widowed 4 Divorced	IF YES, GIVE V	YES 2 NAR OR DATES	Ю		ES 2 NO		n, Puerto Rican, atc.)		Specify:		
	3   Widowed 4   Divorced	1944-19	46							Blac		
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DE	CEDENT'S	USUAL OCCUP	ATION	0.7	16b. KIND OF BU	SINESS/INC	DUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5	Side.	Do NOT u	se retired.)	THOSE OF WORK	''N					
- A		5+	Pha	rmac	ist/Own	ner		Woodbri	ldge	Pharm	acy	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NA	ME (First, Middle, Maiden	Sumame)			
BE												
	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS (Stre	et and Numbe	r or Rural I	Route Number, City or Tow	n, State, Zir	Code)		
٤	Melvin Lowry		1	719	D Stree	ets, S	.E.,	Washingto	on. D	. C.	20003	
	20s. METHOD OF DISPOSITION		20b. PLACE A	NDDATE	OF DISPOSITION	_				City or Town		
	1 ☐XBuriet 2 ☐ Cremation 3 ☐ Ram 4 ☐ Donation 5 ☐ Other (Specify)	ioval from Stata	George	matory or o	ther place) hingtor	Ceme	terv	5/28 Ade				
	21. SIGNATURE OF UNERAL SERVICE LI	CENSEE			22, NAME	AND ADDRE	SS OF FA	al Service	TPILL	, mar		
	Alexand 1	0/1	11.	)							20012	
	July 0	· della	pure		7400	Geor	gia	Ave. N.W.,	was	ningt	on, D.C.	
	PART Enter the diseases, or shock, or leart fellure.	List only one cau	t caused the dealer in the caused	ath. Do i	not enter the	mode of dy	ing, suci	h aa cardiac or resp	iratory an	rest,	Approximats interval Between	
	IMMEDIATE CAUSE (Final disease or condition										Onset and Death	
	reaulting in desth)	. Meta	static P	rost	ate Car	ncer					one year	
		DUE TO	(OR AS A CONSEC	UENCE O	F):							
N	Sequentially list conditions,	b										
CERTIFICATION	if sny, lesding to immediate	DUE TO	(OR AS A CONSEC	UENCE O	F):							
2	CAUSE (Disesse or injury	c	1200-00-0									
	that initisted events resulting in death) LAST	DUE TO	(OR AS A CONSEC	UENCE O	F):							
1 15		d										
	PART II. Other significant condition	ns contributing to	death but not re	sultina	In the underly	ing cause	alven in	Part I. 24a. WAS AN	AUTODOV	245 W	ERE AUTOPSY FINDINGS	
MEDICA								PERFOR	RMED?	A	WAILABLE PRIOR TO OMPLETION OF CAUSE	
								1 YES 2	NO NO		F DEATN?	
Σ	DID TODA CCO LICE COA									1	YES 2 NO	
PHYSICIAN:	DID TOBACCO USE CONT	RIBUTE TO CA					ERTAIN	N D				
宣	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLAC	E OF DEAT	H (Check only or							
XS	1 YES 2 A NO	1 🗆 inpatient 2 🗆	ER/Outpatient 3	□ DOA	Nursing N	ome 5 🗆 Re	sidence	6 Other (Specify)				
표	27. MANNER OF DEATN  1 Netural 5 Pending	28a. DATE OF (Month, D	INJURY ay, Year)	28b. TIM INJ	E OF 28c.	NJURY AT		28d. DESCRIBE NOW	NJURY OC	CURED		
B	1 Natural 5 Pending 2 Accident Investigation					YES 2	NO					
	3 Suicide 8 Could not be	28e. PLACE O building,	F INJURY — At hor atc. (Specify)	ne, farm, s	street, factory, or	fice		281. LOCATION (Street a City or Town, State)	and Number	or Rural Rou	te Number,	
COMPLETE	29a. CERTIFIER (Check only 1 CERTIFYING PNYS	CIAN: To the beat of	my knowledge, das	th occum	ed at the time, d	ate and place	, and due	to the cause(s) and mar	ner se atat	ed.		
O	one) 2 MEDICAL EXAMINE										nd menner as stated.	
UU		, ,										

29c. LICENSE NUMBER

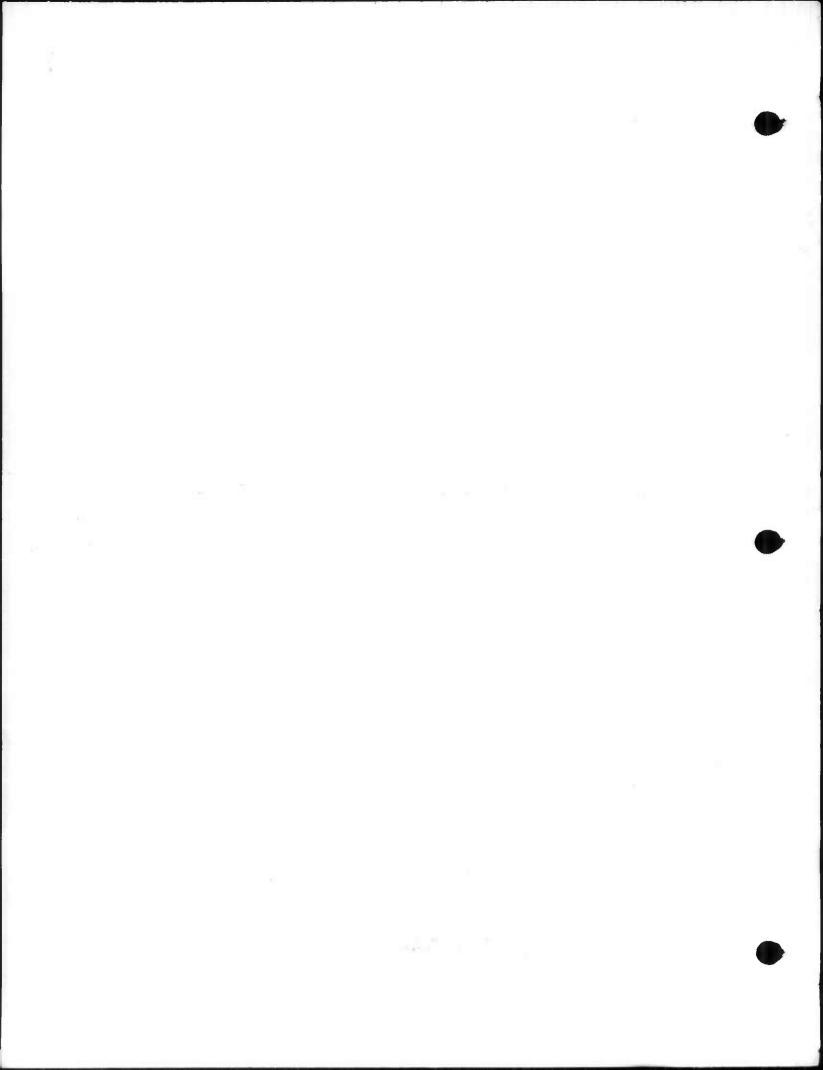
Kensington, MD

D21611

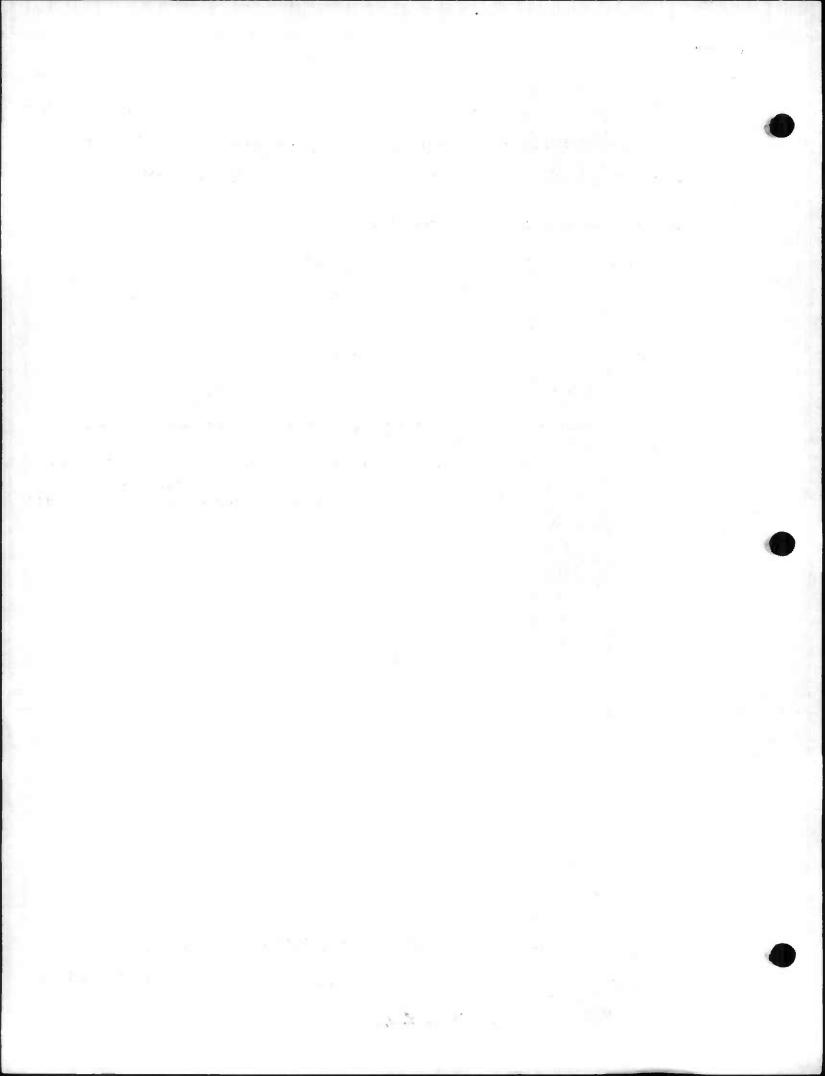
DNMN-16 Rev 1/89

29d. DATE SIONED (Month, Day, Ybar)

May 24, 1996



Ž	Amende	d	#1, 5/28/96, MR	State of Marylar T, Montg. C	nd / Depar ty · <i>Certi</i>	tment of I	Health and Death		iene 96	1	7508
	Physic /Medi	cal	Decedent's Nama (First, Middle, Las     And And And And And And And And And	Sook	Yu	Yu	4h City Town o	2. Dala of Deal Month Mouy or Localion of Seeth	Dey	96 (	3. Tima of Death
	Examir Funeral Director	ner	SHADY GROVE ADV 5. Sociel Security Number 6. So	ENTIST HOSE	1	If Undar 1 Yaar Vonths Deya	ROCKVI	T.T.E.	MONTG	OMER	ce (State or Foreign
		or	Usuel Residence of Decedent  10e. Stete 10b. County  Maryland Montgome	10c. Ci	ty, Town or Loca			Sury 25	, 1)25		. Inside City Limits 1⊠ Yes 2□ No
	or 28a	Director	10e. Sireel and Number	Ty I	OCKVIII	10f. Zip Code		1	0g. Citizen of W	hat Country	?
	eath w	eral	3 Kettle Pond Co	urt 12. Was Decedent Evar in U	15 12 We	208		(Specify Ves or No	Kore	a - Amarican	Indian
020	72 hours after death with the Maryland natural', or items 23a or 28a-1 show first Experient must be northed at	by Funeral	1 □ Nevar Married 2 □ Married 3 ☑ Widowed 4 □ Divorced	Armed Forces? 1 ☐ Yas 2 ☒ No If Yes, Give Yaar or Dates:		as, specify Cub		(Specify Yas or No- erto Rican, atc.)		, Whita, ato	
21215-0020	- 30	Completed	15. Decedent's Ed (Specify only highast grad Elementery/Secondery (0-12)	ucation de completed) Coilege (1-4or 5+)	(Give kir life. DO	nt's Usuel Occup nd of work done NOT use retire	during most of w d)	vorking	16b. Kind of Bus	me	itry
Maryland 2	wild be filed Mental Hygi irked other	To Be Co	17. Father's Neme (First, Middle, Last) Unknow	n		ousewil.		ame (First, Middle, I	Meiden Sumema		
Mar	d 2 sho th end i		19a. Informent'a Neme/Reletionship (7					Rural Route Number			
Baltimore,	8== 5		June Kim/ Daught  20a. Method of Disposition  1 (\$\sum_{\text{Burlel}}\$ 2 \( \text{Crametion} \) 3 \( \text{Under Specify} \)  4 \( \text{Donation} \) 5 \( \text{Othar} \( \text{Specify} \)	20b. I Ramovai from Slala	17501 Place of Disposit cometery, creme te of He	ion (Nema of tory or other ple	ce)		20c. Location - C	City or Town	
Baltin	permit. Pa Departmen Important: eny Injury once.		21. Signature of Funerel Service Licent		22. N	lema and Addre	ess of Fecility	DeVol Fu	neral Ho	ome	
	Physician		23a. Pert1. Entar tha diseesa, or comp shock, or heert feilura. List only of	oilcations that caused the dea	th. Do not enter	E.Deer	Park Dr. ng, such as cardi	, Gaither ac or respiratory arm	est,	A	pproximeta ptarvai Between enset end Deeth
	/Medical Examiner	_	Immediata Ceuse (Finel disaese or condition resulting in death)	a. Hypoxic Due to (	braca or es a conseque	Injur	y				24h Zyean
	ate be executed hysician and the burial-transit	Examiner	Sequentieily list conditions, if eny, laading to immedieta causa. Enter Underlying Ceuse, (Disease or Injury	b. Cerebello	or es a conseque	enerat nce of):	(on				years
Box 68760,	D 8	edical	Causa. Enter Underlying Causa (Disease or Injury that initiated events resulting in deeth) Lest	Due to (c	or es a consequa	nce of):					
	that the death cered by the attendin	Physician/M	Pert II. Other significant conditions co	ntributing to death but not ras	sulting in the unde	erlying causa gh	ven in Pert I.	23b. Dfd to	bacco use cont	ribute to th	ne cause of death?
ls, P.O	8 6 8	by				4		1 🗆 Y	os 2⊡•No	3 Probet	bly 4 ☐ Unknown
Records,	e faw requires has been sign je 2 should be	Completed						24a. Was a perfori	n autopsy med?	availa	autopsy findings abla prior to eletion of cause eth?
Vital	E 5 8	Be Co	25. Waa case referred to medical				26 Place of D	1 ☐ Ye		1 🗆 Y	res 2 No
of Vi	D 00 Z	To B	examiner? 1 Yea 2 No	Hospitei: 1 Inpatient 2	ER/Outpatient	3□ DOA Oti	nor	Home 5 Realde		(Specify)	
Division o	After fune	Certification:	27. Menner of Death  1 Naturel 5 Pending 2 Accidant investigation 3 Sulcide 6 Could not be	28e. Deta of Injury (Month, Dey Year)	28b. Time of Injury		ryal rk? IYes 2 □ No	28d. Describe ho			
Div	To the Hospital or Attent within 24 hours after death To the Funeral Director: completely filled in by the		4 Homicida determined	28e. Plece of Injury - At h building, atc. (Special contents of the best of my known in the best of my	fy)		me data and nice	28f. Location (St City or Town	n, State)		
	To the Hospital within 24 hours To the Funeral completely filled	edical	(Check only 2 Medical Examone)	iner: On the besis of axamina and menner sleted.	ation end/or inves	itigetion, in my	opinion, deeth oc	curred et the time, d	ete end plece, a	nd dua to th	e cause(s)
	To the within 2 To the comple	2	29b. Signeture and title of certifier	Hole in	0	29c. Licans	67791		9d. Dete signed		
	4			Iden mo	809 L			, Rockel	ile Mi	0 2	0851
	Sta Registr		31. Dete filed (Month, Dey, Year)  MAY 2 8 10	32. Registrar's Signo		•					



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 17509

						C	ertific	ate of	Death		Reg. N	No.			
		_	1. Decedant's Nama (First, Middla, Las	st)						2. Data of De	ath		, L'EU	3. Time of	Death
•	siciar edica	_	James Henry Yo	umans						Month May	12	1996	(aar	11:34	A.M
	mine	_	4a. Facility Nama (If not Institution, give	straat and number)	)				4b. City, Town, or	Location of Deat	h 4	4c. County of	Death		
			Doctors' Communi	ty Hospit	al				Lanham			Prince	Geo	orge's	3
Fune Direct			5. Social Security Number 6. St 155 18 1922  Usual Rasidance of Decedant	8x 7. Ag	ga (In yrs. 69	last birthda Yrs.	y) If Un Mont	dar 1 Yaar hs Days	if Under 24 Hr. Hours Mir		th	9	9. Birthple Count	aca (Stata c	or Foreign
dand dand	1	-	10a. Stata 10b. County		10c. Cit	y, Town or	Location						10	Od. Insida Ci	Ity Limits
he Man 28a-f eh	potor		Maryland Prince	George's	Boy	vie	1							★ Yas	2 □ No
23a or 2	Filneral Director	5	10e. Street and Number 12419 Melling La	ne			10t.	Zip Coda 20715			10g. C	Unite			
72 hours after death with the Maryland naturel, or items 23a or 28s-f show	Av Fina	2	11. Marital Status  1 □ Nevar Married 2 ☑ Married  3 □ Widowed 4 □ Divorced	12. Was Decedant Armed Forces? 1 ⊠Xes 2 ☐ If Yas, Giva Yaar or Datas:	No			cedent of Hispecify Cubi	lispanic Origin? ( an, Maxican, Pua Specify:	Specify Yas or No rto Rican, atc.)	)-	14. Race - Black, Specify:	Amarica Whita, a	atc.	
d within 72 hours af giene. or than "naturel", or	1		15. Decedent's Ed	ucation		16a. Dec	edant's U	suai Occup	ation	. 2 11 .	16b.	Kind of Bush	nass/Ind	ustry	
within ene. than	Completed		(Specify only highast grad	Collaga (1-4or	5+)			work dona Tusa retired Analy	during most of wo	orking		nivers arylan		of	
d 2 should be filed th and Mentel Hygi 7 le marked other traumatic event.	0		17. Fathar's Nama (First, Middla, Last)			1108	51 am	inaly		ma (First, Middla	_				
should be filed nd Mentel Hygi marked other	To Be		Bradford Youmans						Julia			100			
d 2 should be f th and Mentel F 7 le marked of traumatic eve	-		19a. informant's Name/Ralationship (7	Type, Print)		19b. Ma	llina Addr	ass (Street		iural Routa Numb	er. City	v or Town. St	tata. Zio	Code)	
75.0			Blanche Youmans	Wife						Bowie Maj			0715		
s 1 enc of Healt item 27		2	20a. Mathod of Disposition		20b. P	Place of Dis	position (	Nama of or other place	Talle I	Data		Location - Ci			
			1 ☐ Burial 文 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Othar (Specify						matory 5	/16/96		Alexa	ndri	a Vir	oini:
permit. Page Department of Important: If any injury or	SDC6		21. Signature of Funaral Sarvice Licenters & Company & C	Evans	Pri	2	Rober	t E.	nolie Re	uneral H	Mar				
Physicia /Medic Examin	al	1	23a. Part1. Enter tha disaasa, or comp shock, or haart failura. List only of immediate Causa (Final disaasa or condition rasulting in death)			Respi			itres 5	ig he	eriasi,			Approximat Interval Battonsat and I	ween
	<u> </u>	ш	tasuning in coanny	Po	Dua to (o	or as e cons	equence	of):		<i>D</i>			1	10 da	
cate be executed physician and sthe buriel-transit	Examiner		Sequentially list conditions, if any, laading to immediate cause. Enter Underlying	D	Dua to (o	r as e cons	equance	of):							8
E 0 8	3		causa. Enter Undarlying Causa (Disaase or Injury that Initiated avants rasulting in daath) Last	d	Dua to (or	r as a cons	equance (	of):							
attendin	clan														
hat the od by th detache	Physician/		Part II. Other eignificant conditions co			_	undarlyin	g causa giv	an in Part I.			2 No 3		the cause of ably 4 -	
requi bould	eted					_				24a. Was	an aut ormed?		ava	re autopsy f illable prior t inpletion of c sath?	10
The law ate hes b	E 0									10	Yas	2 10 No	1 🗆	Yas 2□	No
ician: The certificate rector, pag	Be C	1 2	25. Was casa rafarred to medical						28. Place of De	ath (Check only					
Physician: this certific ral director,	0		axaminar?	Hospital:	ant 2	ER/Outpat	ent 3	DOA Oth	ar.	Homa 5 ☐ Rasi		6 Othar	(Specify	·)	
			27. Mannar of Death  1 ☐ Natural 5 ☐ Panding 2 ☐ Accidant invastigation	28a. Data of inju (Month, Da		28b. Tima injury		28c. Injur Wor 1 🗆		28d. Describe				,	
al or Attending s efter deeth. il Director: After ed in by the fune	Certification:		3 Sulcida 6 Could not be datarmined	28a. Place of Inj building, at	ury - At ho c. (Specif)	oma, farm, :	straat, fac	tory, office	- 1	28f. Location ( City or To	Street ( wn, Sta	and Number ita)	or Rural	Routa Num	ber,
To the Hospital or At within 24 hours effer of To the Funeral Direct completely filled in by	edical		29a. Cartifiar 1 ☐ Certifying Phy (Check only one) 2 ☐ Medical Exam	rsician: To the best inar: On the basis of and mannar st	faxaminat	wledge, dad tion and/or	eth occurr Invastigat	ed at tha tin ion, in my o	ne, dete end plec plnion, deeth occ	e, and dua to the urred at tha tima,	causa( data a	(s) end menn nd place, and	ner as ste d dua to	eted. the cause(s	;)
To the Within 2 To the comple	M		29b. Signature and title of certifiar	191 (9)				29c. Licans	a number		29d. D	Data signed (i	Month, E	Jay, Year)	
mi	1)		144	My	~0				35820			5/15/	196		
11/1	Va	\\	O. Nama and addrass of person who co		leath (Itam	23a) (Typ	e, Print)	by La	ue #11	0 30	w,`e	e Mo	) ;	20715	-
D	State	3	31. Data filed (Month, Day, Year)	32. Registr											

DHMH 16 Ray 6/95

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hydiene 17510

					State of Ivid	aryiai		tificate of	Death	Mental Hy	Reg. No.		010
	Physic /Medi		1. Decedent's Neme (First, Mi	iddle, La	SI)	ÆR.	Ash	Kena	کو	2. Deta of De Month JUNE	Day	Year 1996	3. Time of Death
	Examir		4a. Fecility Neme (If not institu	ition, giv	a street and number)	-			4b. City, Town, or				
			LEVINDALE NU	-		. //	to and to be determined.	If Undar 1 Yaar	BALTIM If Under 24 Hrs		N/A		
	Funeral Director		5. Social Security Number 051–26–7927		M 2 X	8,5	lest birthdey) Yrs.	Months Deys			ay, Year)	9. Birthp Coun UKRA	lece (State or Foreign try) INE
	puel *		Usuel Residence of Decedent 10a. Stete 10b. Cou			10c. Cit	y, Town or Loc	ation				1	0d. Inside City Limits
	Marylen H ahow	tor	MD	N/A		_	BALTIMOR	ישר					1  Yes 2 No
	h the	Director	10e. Street and Number	IN/ IN			MULTINO	10f. Zip Code			10g. Citizen of	What Coun	try?
	th wit		2434 W. BELVE	DERE	AVE.			2	21215		USA		
21215-0020	within 72 hours effer death with the Marylend iene. 'Than "natural', or ferms 23a or 28a-f ahow the Modical Exparince roust be notified at	by Funeral	11. Marital Status 1 □ Never Married 2 □ N 3 ☑ Widowed 4 □ Divore		12. Was Decedant Armed Forces? 1  Yes 2 N If Yes, Give Yeer or Dates:			as Decedant of l Yes, specify Cub ☐ Yes 2 No	Hispanic Origin? (Spen, Maxican, Puer Specify:	Specify Yas or No to Rican, etc.)	14. Rec Bla Specif	ce - Amaric ck, White,	
2-0	72 ho	Completed	15. Deced (Specify only hig	dent's Ed	lucation		16a. Decede	ent's Usual Occu	pation	artin -	16b. Kind of B	usiness/Inc	lustry
21	within riene.	nple	Elementery/Secondery (0-1:		College (1-4or 5	+)	life. Do	O NOT use retire	during most of wo	rking			
121	filed within Hygiene. ther than ent, tre Mo		12				LEGA	AL SECRE			LAW OF		
Maryland	S a S S	Be	17. Fether's Neme (First, Midd BARUCH	He, Last)		CT NO	מספט			me (First, Middle	, Melden Suman		
17	2 should be end Mental ia marked o	10	19e. Informent's Neme/Reletion	onshin /	Type Print)	GLAI		Address (Stree	BERT		er City or Town		OR Code)
	~ 0 0 6		EVELYN BUFF -					FENCE P		COLUMBI		21044	
re,			20e. Method of Disposition			20b. F	lace of Disposi			Data	20c. Location		wn, Stete
E			15 Burial 2 ☐ Crametic 4 ☐ Donation 5 ☐ Other	on 3 X	Removel from State		-		AI ZION)	6/11/96	PINELA	WN. I	NEW YORK ONG ISLAND
Baltimore,	Porte Print		21. Signature of Funerei Serv	ge Liger	100	1		Neme end Addr					
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4	/Medical Examiner		Immediete Ceusa (Finel diseesa or condition resulting in deeth)		e	NEI	MOWI	A				1	24AC O
		e.				Due to (c	r es e consequ	ence of):				1	
	od ansit	Examiner	Convention, list on dates		b	Due to /o	rss a consequ	ence of):				i	
o,	an an		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disesse or Injury			0) 0) 00 000	i sa a consequ	ence or).					
68760,	ficete be executed physician and as the bunal-transit	edical	Cause (Disesse or Injury thet initieted events rasulting in deeth) Last	5	c	Due to (o	r es e conseque	ence of):					
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	res that the de igned by the e be deteched t	ysic	Pert II. Other significant cond	litions o	ontributing to death bu	it not res	uiting In the und	derlying cause gi	van in Part I.	23b. Did	tobacco use co	entribute to	the cause of death?
P.0	that the detection detection		SENILE D	EM	HILLSI	OF	ALZH	EIMER	3 Typ? 2	10	Yes 2 No	3 Prot	pably 4 Unknown
Division of Vital Records,	law requires that the death certies been signed by the ettending a 2 should be deteched for use a	d by	15							24e. Wes	an sutopsy	24b. We	ere autopsy findings
CO	w require been si should I	Completed	(EMD STAG	r E	)					perf	omed?	COI	sliable prior to mpletion of cause death?
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ital	certificate rector, pag	BeC	25. Wes case referred to med	ical					26. Plece of De	eth (Check only			7100 22110
> >	0 00	To	examiner? 1 ☐ Yes 2 ☑ No		Hospital: 1 Inpatie	nt 2	ER/Outpatient	3□ DOA Ot	her: 4 Nursing I	Home 5□ Res	Idence 6 Oth	ner (Specif)	)
n o	frer thunders		27. Manner of Deeth 1 A Neturel 5 □ Pen	ding	28a. Dete of Injur (Month, Day	Year)	28b. Time of Injury	28c. Inju Wo			how Injury occur		
Sio	i or Attending P i after death. I Director: After ti d in by the funera	Certification:	2 Accident Inve	stigetion					Yes 2 No				
Ν	or At Direct in by	ET.	4 ☐ Homicide dete	mined	28e. Pleca of Inju- building, etc	iry - At ho . (Specify	ome, ferm, stree v)	et, fectory, office			Street and Numl wn, State)	ber or Rure	: Route Number,
_	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral		29a. Certifier Certif	vina Ph	yalcisn: To the best o	f mv kno	wledge death	occurred at the ti	me date and plos	a end due to the	causals) and m	enner en ci	sted
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			SEI G	Jan				0 2	5610		JUNE	.10 -	1996
	4		30. Neme and eddress of pers	on who	completed cause of de	eeth (Item	23e) (Type, P	rint) S	ET HT	WAR	V. 10	. (0	, 10
	1		30. Name and address of perside V (N DALE)		2434 W.	BE	LVERDE	TRE A	REMUE	BALTIN	URSE	m	31312
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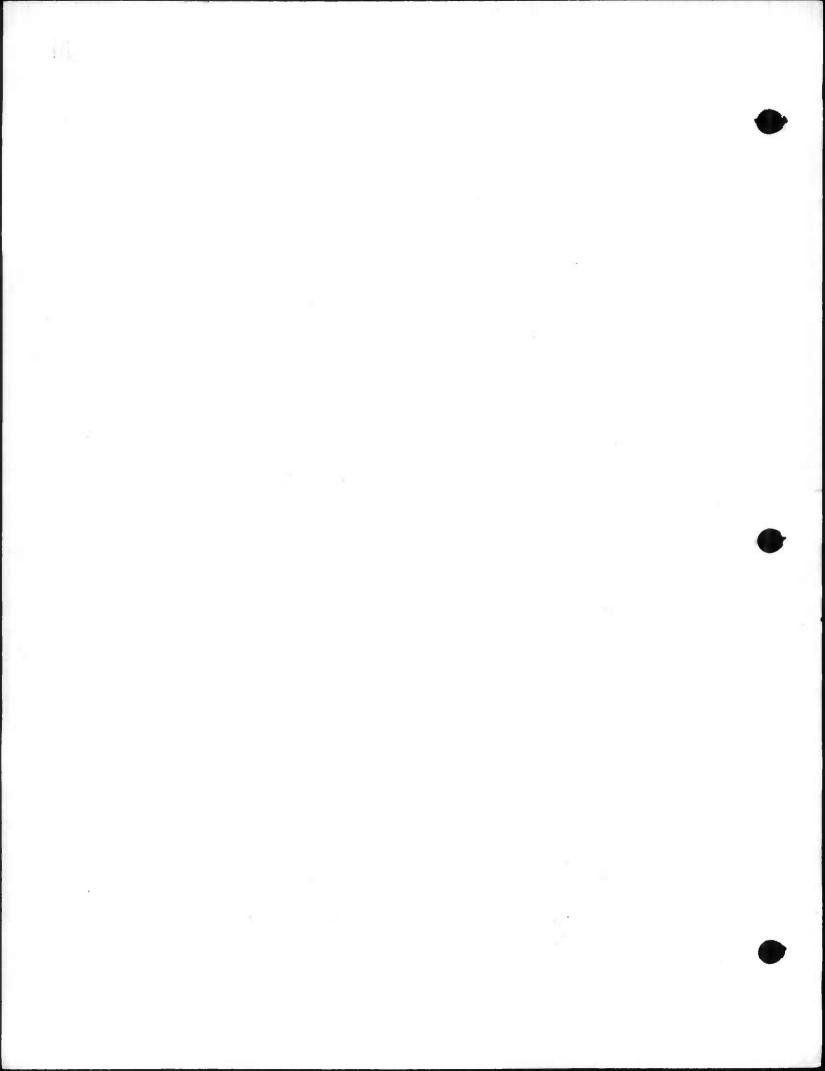
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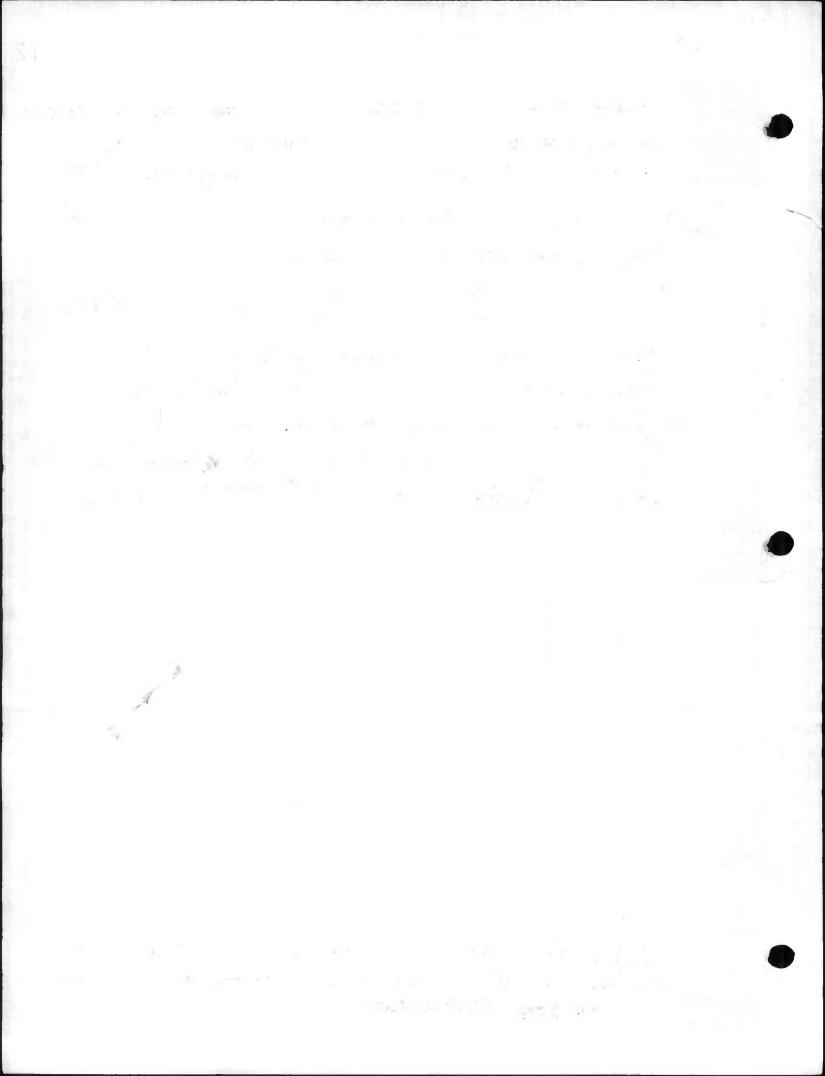
1 - FOR STATE REGISTRAR

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	- (	1. DECEDENT'S NAME (First, Middle, Last)					HEG. NO		
		Dane /-1	1	1. 6.					3. TIME OF DEATH
		4 SOCIAL SECURITY MIMBER	<i>1)</i> ,				Jun 11		2 222 LM
		2100 20 21/11					7. DATE OF BIRTH (Month, Day, Year)	8.1	BIRTHPLACE (State or Foreign Country)
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Tig.	EB	1534 Kennewi	ck Rd.				8	11	( n.
ician al-tra	3	11. MARITAL STATUS	12. WAS DECEDENT EVE		13, WAS (			or No.— 14	RACE — American Indian,
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Nust See	1	1 Buriel 2 □ Cremation 3 □ Rem	oval from State	cemetery, crematory of	of Disposition	(Name of	DATE 20c LO	CATION — City	or Town, State
£ 5	- 1			riea	actico	AND ADDRESS OF FA	16/14/96 100	cimon	P. 144
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certificate har state of the State of them	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1  YES 2 风 NO 27. MANNER OF DEATH	HOSPITAL:	26. PLACE OF DE	OTHER: 4 Nursing N ME OF 28c. I	ome 5 Residence NJURY AT NA	8 Other (Specify) 28d. DESCRIBE NOW II	NJURY OCCURE	50
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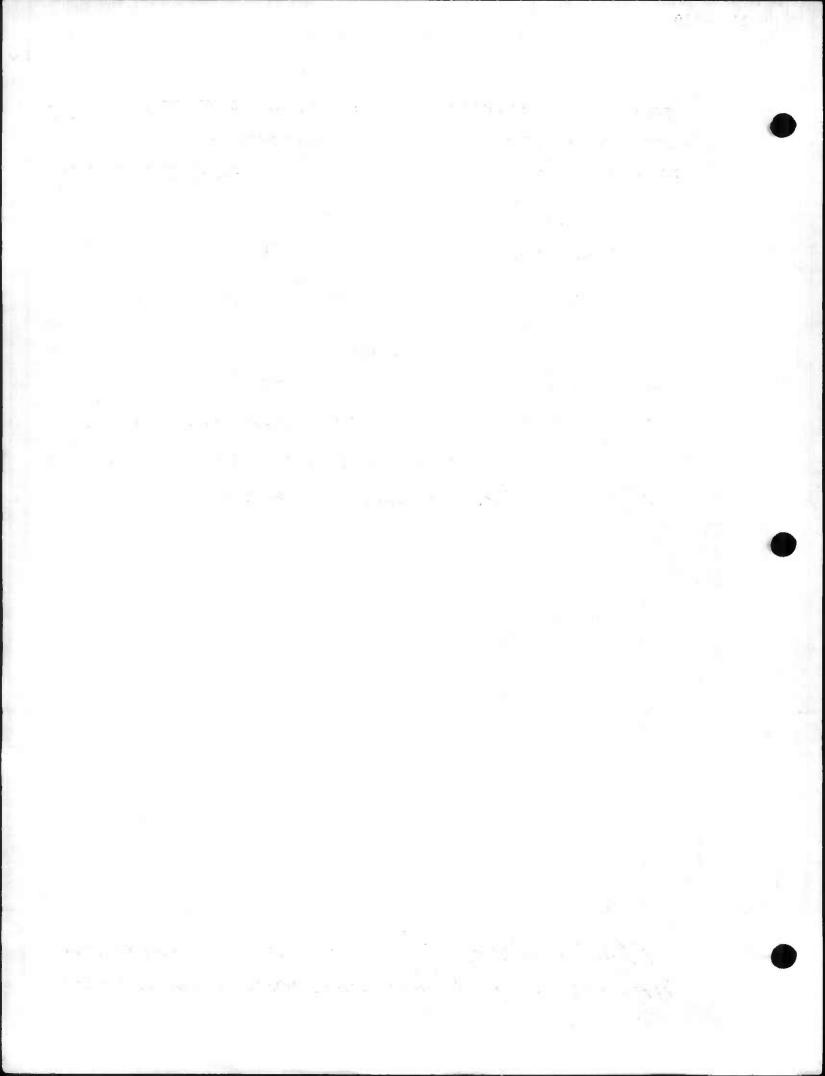
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huninian	Decedent's Name (First, Middle, Last)					M				2. Date of Death 3. Time of De					
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Examiner		a. Fecility Neme (If not Insti 1400 BLOCK							Balt	imor	e City		n/a		
ineral rector		Social Security Number 106-70-9499		x 2 № 2 □ F	7. Age (In	yrs. lest birtl		Under 1 Yes	er if Under s Hours	r 24 Hrs. Min.	8. Dete of Birth (Month, De) DEC 21	, Year) 1971	9. Birthple GEORG	CO (Sta ETOV GUY	
ž	-	Jsuel Residence of Deceder  Oa. Stete 10b. Co			100	c. City, Town	or Locatio	n					10		e City Limits
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g g		1. Marital Status  1 ☐ Never Merried 2 ☒  3 ☐ Widowed 4 ☐ Divo	•	12. Wes Dec Armed F 1  Yes If Yes, G Year or I	orcas?	in U,S.	if Yes	Decedent of s, specity Cu (es 2 1)	iben, Mexica	in, Puerto	ecify Yes or No- Rican, etc.)		ce - America ck, White, e	tc.	1,
To Be Completed by		15. Dec (Specify only h	ident's Edu	ication		16a. i	Decedent's	Usual Occ	upation	st of work	ina	16b. Kind of B	uainess/Ind	ustry	
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To Be	'	7. Fether's Name (First, Mic GORDON F	orde, Last)								BANCROF		ne)		
E ST		19a. Informant's Name/Rela URIEL BAN	tionship (T) CROFT		E		_	dress <i>(Stre</i>			al Route Numbe				
any injury or other tr	2	0a. Method of Disposition  1 ⊠ Surial 2 □ Creme  4 □ Donation 5 □ Othe	ion 3 □F	Removei from	State	Ob. Place of cemetery	r, cremetor	(Neme of y or other p	/ece)	TFRY	Dete Ship	20c. Location	City or Tov		
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should be detached for us leted by Physician/	P	Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part f.						f.	23b. Did tobacco use contribute to the cause of deal			se of death?			
N D.	-										24e. Was e perfor	en eutopsy med?	con	ilable pri	esy findings for to of cause
director, page 2											1)X1 Y	es 2 No	1	Yes :	2□ No
Be Be	2	5. Was case referred to me examiner?		de onite la				10			h (Check bnly or				
e funeral dire	2	7. Manner of Death 1 Natural 5 Pe		28a. Date	of Injury th, Dey Yea	*		28c. in		,	me 5 Resid			ΑΊ	SCENE
lical Certification:	2	4 Homicide de	uid not be termined ifying Physical Exami	Biclan: To the	of injury - ing, etc. (Si best of my asis of exam	At home, femorecify) knowledge,	m, street, f	urred at the	time, dete e	nd place.	28f. Location (S City or Tow end due to the cred at the time, or	Be Himan	for bla enner as ste	ated.	Musan
completely fi	2	9b. Signature and title of ce		and man	ner steted.		•	1	nse number			9d. Dete signe			
		Theod	al	M.	Ken	gn	9		.C.M	.E.		JUNE	09,1	996	
State		0. Name and address of per 1. Dete filed (Month, Dey, Y	G 14	KIT	1				t, Ba	ltin	nore, M	aryla	nd 21	L <b>2</b> 01	L

Applistrar's Signature

Registrar

State

JUN 1 3 1996



State of Maryland / Department of Health and Mental Hygiene 96 17514

					(	Certificate o	f Death	F	Reg. No.	17014		
	Diam'r.	•	1. Decedent's Neme (First, Middle, La	ist)				2. Dele of Dee Month		3. Time of Death		
	Physic /Medi		Gladys	Violetta		Baumgarti	rer	une	3 1996	7ear 2:18		
1	Exami		4e. Fecility Neme (If not institution, gh			a seeming or e c.	4b. City, Town, or L					
			5508 Strawbridge			(av) If Under 1 Yes	Sykesvil ar Hunder 24 Hrs.		Carro			
	Funeral Director			Sex 1□ M 2⊠ F 7. Age (In yrs	. last birtho	Months Day		8. Date of Birth (Month, Day May 21,		9. Birthplece (State or Foreign Country) Mary Land		
	yland		10e. Stele 10b. County	10c. C	ity, Town o	r Location				10d. Inside City Limits		
	the Ma	Funeral Director	Maryland Carroll 10e. Street and Number		Syuk	2SUILLE 101. Zip Code			10g. Citizen of Wh	1 ☐ Yes 2X No		
	th with	al Di	5508 Strawbridge	Terrace			21784		U.S.A.			
020	filed within 72 hours after death with the Maryland Hygiene. ther than "natural", or items 23a or 28e-f show ent, the Medical Examiner must be nootled	by	11. Maritel Status  1 Never Merried 2 Married  3 Widowed 4 Divorced	12. Wes Decedent Ever in the Armed Forces?  1 ☐ Yes 2 ☐ XNo if Yes, Give Yeer or Dates:	J,S.	13. Was Decedent of If Yes, specify Control of Yes 2 □ N	of Hispanic Origin? (Specify Yes or No Juben, Mexican, Puerto Rican, etc.) No Specify:		14. Race Bleck, Specify:	- American Indian, White, etc. White		
Maryland 21215-0020 d 2 should be filed within 72 hours af th and Mental Hygiene.	hin 72 hours b. In "natural", Medical Exa	Completed	15. Decedent's E (Specify only highest gro	ducetion ade completed)	16a. D	ecedent's Usuel Occ	upetion ne during most of work	kina	16b. Kind of Busi	iness/industry		
	within ene.	mple.	Elementary/Secondary (0-12)	College (1-4or 5+)	fi	e. DO NOT use reti	red)					
N	filed with Hygiene. ther than		12 th 17. Fether's Neme (First, Middle, Last	0	ACC	ounts Rece	civable Su		Oil Co			
/lan	a la b	To Be	Ernest Schloman	,			18. Mother's Nem	. "unkno				
	ts and		19e. Informent's Neme/Reletionship (	Type, Print)	19b. N	lelling Address (Stre	et end Number or Ru	ral Route Numbe	r, City or Town, S	tete, Zip Code)		
	Health Health Iom 27 I		Calvin Baumgartn	er	550	8 Strawby	idge Terri	ace-Suke	sville.	MD. 21784		
e F			20e. Method of Disposition  1 Burlel 2 Cremetion 3 4 Donetion 5 Other (Special	Removel from State (y)	Place of D	isposition (Neme of cremetory or other p	- 1	Dete	20c. Location - C	ity or Town, Stete		
gall	permit. Peges Department of Important: If i any Injury or		21. Signature of Fundrei Service Lice Ronald	S. Wade Dir.	,		iress of Fecility Litomy Board 2, Marylan			re Street		
f	Physician /Medical Examiner	ner	Immediate Cause (Final disease or complete Cause (Final disease or condition resulting in deeth)	e. Conses	tive					Approximate interval Between Onset and Death  3 weeks		
,	exacute n end ial-trans	Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury	Due to (	or es e cor	sequence of):						
x 68/6U,	n certificate be executed anding physician end use as the bunal-transit	Due to (or es e consequence of):										
Ď	- 2 -	Physician/	Pert II. Other significant conditions of	ontributing to death but not re-	sulting in th	e underlying cause	given In Pert I.	23b. Dld to	obacco use conti	ribute to the cause of death		
7	es that the death igned by the ette be deteched for							1 🗆 Y	108 2 PNo 3	B Probably 4 Unknow		
Spio	aw requires is been sign 2 should be	Completed by						24a. Wes e		24b. Were autopsy findings aveilable prior to completion of cause of deeth?		
	E ag	Con						1 🗆 Y	es 2 No	1 ☐ Yes 2 ☐ No		
7116	ysician: The second sec	Be	25. Wes case referred to medical examiner?				26. Place of Dee	th (Check only or	10)			
	a sign	2	1 Yes 2 No		ER/Outpa	Illent 3LI DOA			ence 6 Other			
	After fune fune	Certification:	27. Menner of Deeth  1 Natural 5 Pending 2 Accident Investigation		28b. Tim Inju	ry W	jury et fork? □ Yes 2 □ No	28d. Describe h	ow Injury occurred	d		
	タモスト	Sertifi	3 Suicide 6 Could not be determined	28e. Plece of Injury - At h building, etc. (Speci	ome, ferm fy)	, street, factory, offic	е	28f. Location (S City or Town		or Rural Route Number,		
	within 24 hours after To the Funeral Dir completely filled in	edicai	29a. Certifler (Check only one)	ysician: To the best of my knowniner: On the besis of exemine end menner steled.	owledge, detection end/o	eeth occurred et the r Investigation, in my	time, dete end plece, opinion, deeth occur	end due to the c red et the lime, d	euse(s) end mann lete end place, en	ner as stated. d due to the ceuse(s)		
	vithi To th	M	29b. Signeture end title of certifier	MD			134849	2	Ped. Date signed (	(Month, Dey, Year) 6 1996		
			30. Name and eddress of person who William Tan			pe, Print)	Road E	Idersb	urg mi	D 21784		
	Sta Registr		31. Dete filed (Month, Dey, Year)  JUN 13 1996	32. Registrer's Sign								

4.5

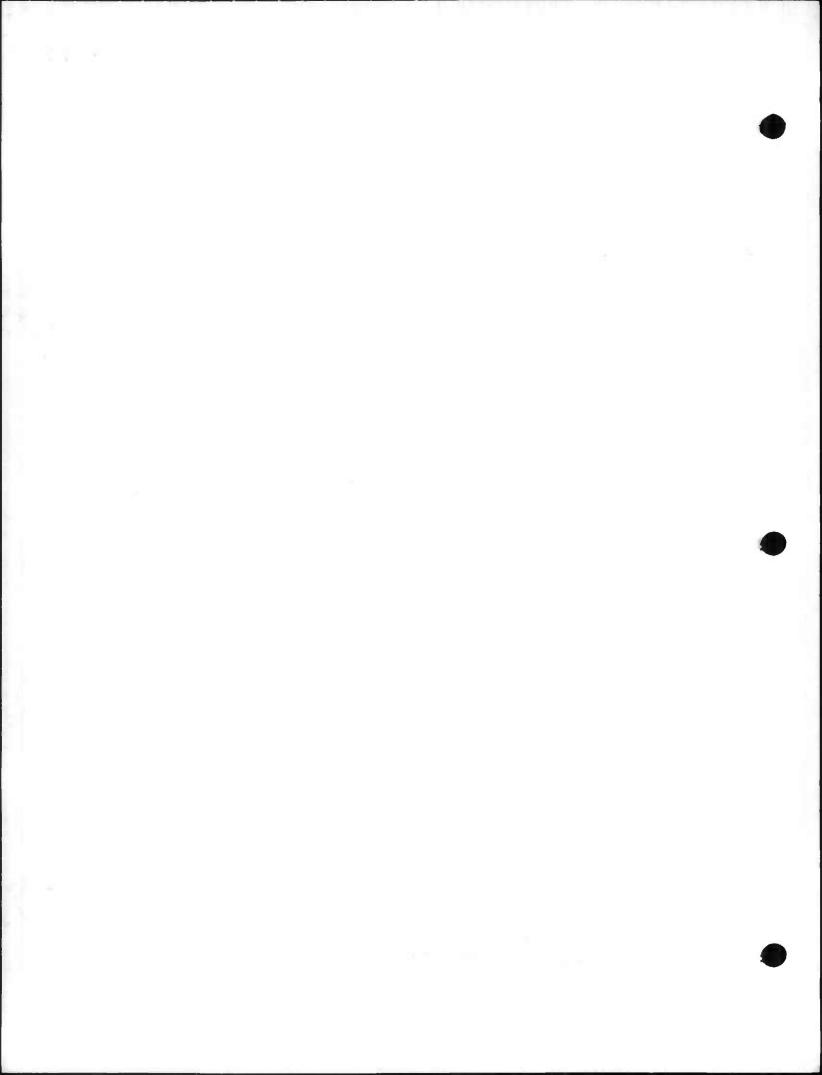
For a court freeze

er i i

DIVISION OF VITAL RECORDS, P.O. BOX 68760, 6/8 BALTIMORE, MARYLAND 21215-0020
TO THE HUSPITAL OR ALTENDIA PHYSICIAN: The law requires that the death centificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending projection.
TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnet through the page 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMBOGTANT History 28 is marked as Harn 22 shave one interes as other framewile assent the median assenting as assetted as assetted as assetted as

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / I	DEPARTMENT OF HE		AL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)	- OL	MINIORIE OF	2. DA	TE OF DEATH	3. TIME OF DEATH					
	Louise Wynne	e Braff		June		YEAR 996 8:10 a M					
		SEX 8. AGE (In yrs. last	MANTHE DAVE	F INDER 24 HRS 7 DAT	TE OF BIOTH	BIRTHPLACE (State or Foreign Country)					
		□ M 2 X F 89	YRS.		,	Maryland					
TOR	Pa. FACILITY NAME (If not institution, give street  Broadmead Retiremen  RESIDENCE OF DECEDENT		96. CITY, TOWN OR Cockeys	ville		Baltimore					
DIRECTOR	Maryland Baltim		10d. INSIDE CITY LIMITS?  1 YES 2 X NO								
ERAL	100. STREET AND NUMBER 13801 York Road		2000	ZIP CODE LO30	1	ted States					
BY FUNERAL	11. MARITAL STATUS 12. 1 Never Merried 2 Married 3 Widowed 4 Divorced	WAS DECEDENT EYER IN U.S. ARM FORCES? 1 YES 2 TO IF YES, GIVE WAR OR DATES	1 YES 2 XNO If yes, specify Cuban, Mexica			14. RACE — American Indian, Black, White, etc. Specify: White					
8	15. DECEDENT'S EDUCATE (Specify only highest grade com		EDENT'S USUAL OCCUPATION kind of work done during most	of working	66. KIND OF BUSINESS/INC	DUSTRY					
COMPLETED		oflege (1-4 or 5+)	emaker	or working	Own Home						
COM	17. FATHER'S NAME (First, Middle, Last)			the property of the same of	t, Middle, Maiden Surname)						
* I	John Henry West  19a, INFORMANT'S NAME (Type/Print)			Florence A							
TO BE	Anne Grieves		704 N. Charl								
examiner must b	20a, METHOD OF DISPOSITION  1  Burial 2 Cremation 3 Removal  4 Donation 6 Other (Specify)	from State cemetery, crem	ADDATE OF DISPOSITION (Name alony or other place)	-		City or Town, State					
9	21. SIGNATURE OF FUNERAL SERVICE LICENS		nount Cremato	ADDRESS OF FACILITY		re, Maryland					
E CENTRE	> steril, felto		6500 3	fork Road B	ld Home, In altimore, M	aryland 21212					
medical	23. PART I. Enter the diseases, or companies shock, or heart fallure. List	plications that caused the dea only one cause on each line.	th. Do not enter the mod	e of dying, such as co	ardiac or respiratory an	Interval Between					
	IMMEDIATE CAUSE (Final disease or condition	MOIN - P	11 Oneman	44 00	an a st	Onset and Death					
Mali.	resulting in death) a.C.	resulting in death)  a. ARDIO PULMONARY area Smin.  DUE TO (OR AS A CONSEQUENCE OF):									
Z Z	Sequentially list conditions.	equentially list conditions,									
ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OFF AS A CONSEDE	JENCE OF):								
FIG	CAUSE (Disease or Injury that initiated events	DUE TO (DR AS A CONSEDU	JENCE OF):								
ERT	resulting in death) LAST										
S	PART II. Other significant conditions co	ontributing to death but not re	sulting in the underlying	cause given in Part I.	24a. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS					
PHYSICIAN: MEDICAL	Sich De	rice Se	ndrance		PERFORMED?	AMULABLE PRIOR TO COMPLETION OF CAUSE					
MEL					1.0 1.0 1/3 10	OF DEATH? 1 □ YES 2 ☑ NO					
N. S.											
IC A		OSPITAL:	OTHER:	CE OF DEATH (Check only	one)						
TAS		Inpatient 2 ER/Outpatient 3 E	DOA   1 Nursing Home	5 Residence 6 Ot		OUDED.					
BY P	1 Netural 5 Pending 2 Accident Investigation	The state of the s									
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — AI hom building, etc. (Specify)	e, farm, street, factory, office	28f. LC	OCATION (Street and Number ty or Town, State)	or Rural Route Number,					
			Alexander a medicin	the second second							
MPLE		: To the best of my knowledge, deat in the basis of examination and/or in									
COMF	(Check only CERTIFYING PHYSICIAN	t: To the best of my knowledge, deal in the basis of examination and/or in	vestigation, in my opinion, des	ath occured at the time, do	ste and place, and due to the	ne cause(s) and manner as stated.					
TO BE COMPLE	(Check only 2 MEDICAL EXAMINER: One)		vestigation, in my opinion, des		ste and place, and due to the						

22. REGISTRAR'S SIGNATURE
Fishia Davidson-Randelle



DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - STATE REGISTRAR

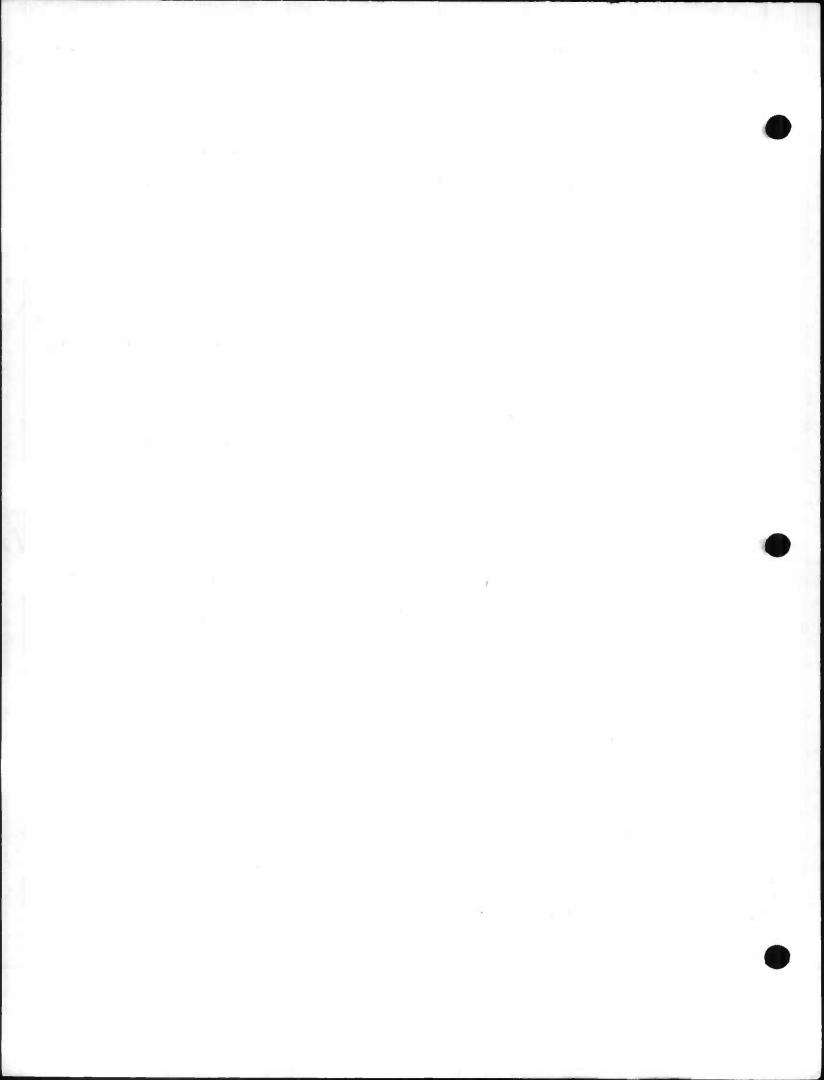
### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICALE	JE DEATH	REG. NO				
!	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		YEAR 3. TIME OF DEATH		
	Marion Aller			,		Ime !	1	99616:03 PM		
	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthday)	IF UNDER 1 YE	EAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	- 0	8. BIRTHPLACE (State or Foreign Country)		
	214- 54-6904	1 🔀 📜 F	45 YRS.		TOOKS WIN.	JUL 91,19	50	BALTIMORE, MD		
	9a. FACILITY NAME (If not institution, give a			9b. CITY, TO	WN OR LOCATION OF D	EATH	9c. COU	NTY OF DEATH		
OR	Union Memori	lal Hospit	al	Ba	ltimore	City		n/a		
DIRECTOR	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY		1 40. 00							
E			10c, Ci	TY, TOWN OR L	TIMORE			10d. INSIDE CITY  Y LIMITS?  1 YES 2 NO		
	MD n	/a		DAL						
FUNERAL		VENUE			101. ZIP CODE 2121:	3	UNITED ST			
5	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 Y	R IN U.S. ARMED		DECENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No-	14. RACE — American Indian, Black, White, atc.		
B⊀	1 Never Merried 2 X Xerried 3 Widowed 4 Divorced	IF YES, GIVE WAR OF	R DATES		YES 2 X YOO Speci		Specify: BLACK			
COMPLETED	15. DECEDENT'S EDUI		18a. DECEDENT'S	USUAL OCCU	PATION or most of working	16b. KIND OF BU	SINESS/INC	DUSTRY		
<u>-</u>	Elementary/Secondary (0-12)	College (1-4 or 5 +)			ng most of working					
MP	12 th	-	SANI	MOITAT.	DEPT.	CITY	of	BALTIMORE		
00	17. FATHER'S NAME (First, Middle, Last)  CHARLIE ALST	ON				AME (First, Middle, Meiden	Sumame) JMMER			
BE		UN			MA					
10	190. INFORMANT'S NAME (Type/Print) DORIS ALSTON		196. MAILIN			TREET, BALT				
	20e. METHOD OF DISPOSITION  1X XBurial 2 Cremation 3 Rem  4 Donation 5 Other (Specify)		20b. PLACE AND DATE	other place!				City or Town, Stata		
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE \	BALTIMOR		METERY ME AND ADDRESS OF F		YL I I IVI	ORE, MD		
	1 towns	XX	42	W W	1. C. MARCI	H FH1101	Ε.	NORTH AVENUE		
	23. PART I. Enter the diseases, or o	complications that cau	sed the deeth. Do	hal enter the	mode of dying, su	ch as cardiac or resp	Iratory an	reat, Approximate		
	shock, or heart fellure,  IMMEDIATE CAUSE (Finel	List only one ceuse of	n eech line.					Interval Between Onset and Death		
	disease or condition									
	resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):									
2	516mois volvalus 22Hes									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):									
8	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury CAUSE (Disease or Injury)  CAUSE (Disease or Injury)  C. Papiratry Faulure, Lier Failure. 43HRS									
Ē	thet initiated events	DUE TO OR	S A CONSEQUENCE	P:						
E	resulting in deeth) LAST	d								
	PADT II Other significant conditions contributing to death but get									
EDICAL	PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE									
ă	- FI Cerio	7 13 700 5				1 🗆 YES 2	- INO	OF DEATH?		
Σ	DID TODA CCO LICE CONT	DIDLITE TO CALLE	OF DEATH W		- IIII			1 TYES 2 NO		
AN	DID TOBACCO USE CONT	KIBUTE TO CAUSE	26. PLACE OF DE			IN IN				
0	EXAMINER?	HOSPITAL:		OTHER:						
PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH	1 Lupetient 2 ER/G	Outpatient 3 DOA		Home 5 Residence	6 Other (Specify)	N HARW OO	CURER		
	1 Natural 5 Pending	(Month, Day, Ye		JURY	WORK?	200. DESCRIBE NOW	INDUNT OC	CONED		
8	2 Accident Investigation 3 Suicide & Could not be	28a, PLACE OF INJ	URY — At home, term,			281 LOCATION (Street	and Numba	r or Rural Route Number,		
	4 Homicide 6 Could not be determined	building, atc. (	Specify)	and any		City or Town, State,	)	of February Waller		
COMPLET	29a. CERTIFIER									
MP	and and	ICIAN: To the best of my k						ted. he cause(a) and manner as stated.		
8			and a man property and	on, in my opin						
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NU	MBER	29d. DAT	TE SIGNED (Month, Day, Year)		
70	X L	0.00101-7			pt (	50946	6	11/96.		
	30. NAME AND ADDRESS OF ERSON WH	1	DEATH (ITEM 27) (Typ			- /		' (		
	21 DATE ELLED (Mooth On Mooth		um/	LN	can be	wee/	Ho	SPT.		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	IGNATURE /					′		
	JUN 1 3 1996	A King	0 00							

0020	physician.	e burial-transit permit. Pages 1, 2, 3 should	
DIVISION OF VITAL RECORDS, P.O. BOX 68760 MARALTIMORE, MARYLAND 21215-0020	YSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	iner must be notified at once.
30X 68760 W/BAL	ite be executed within 24 hours after death	rsician and completely filled in by the fune prior to burial, cremation, or removal.	traumatic event, the medical exam
VITAL RECORDS, P.O. E	IN: The law requires that the death certifica	is certificate has been signed by the attending physician and completely filled in by the fifth the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	id, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF V	TO THE HOSPITAL OR ATTENDING PHYSICIA	TO THE FUNERAL DIRECTOR: After this certil	IMPORTANT: If item 28 is marked, or
(		4	

	REGISTRAR	CERTIFIC	ATE OF	DEATH	REC	3. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)  Anne Aust				2. DATE OF DE MONTH	10,19					
	4. SOCIAL SECURITY NUMBER 2 15 - 50 - 8 4 5 8  1  M 2 F 4 YRS.  6. AGE (In yrs. last birthday) 4 4 YRS.  6. AGE (In yrs. last birthday) 4 4 YRS.  6. BIRTH Country MONTHS DAYS HOURS MIN.  1  M 2 F 4 4 YRS.										
DIRECTOR	98. FACILITY NAME University of Maryland Medical Baltimore 9c. COUNTY OF DEATH N/A										
EC	10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d.										
L DIF	MD Baltimore Catonsville  100. STREET AND NUMBER 100. CITIZEN OF WITH										
NERA	522 Academy Rd. 21228 U.S.A.										
BY FUNERAL	11. MARITAL STATUS  1  Never Married 2  Married  1  VES 2 NO  1  YES 2										
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use of	k done during mo etired.)	st of working	-51.100	of BUSINESS/INDU	rity Admin.				
MP	12 +4	Compute	r spec		\		rrcy namin.				
BE CO	17. FATHER'S NAME (First, Middle, Lest) Thomas I. Burbage			Caroly							
TO B	19e, INFORMANT'S NAME (Type/Print)					or Town, State, Zip (					
	Carolyn M. Burbage/Mother					ix, MD.					
	20b. PLACE AND DATE OF DISPOSITION  1 Green Burlet 2 Cremetton 3 Green Removed from State Cremetory 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of Completely Science Crematory 5 / 11 Beltsville, M										
	21. SIGNATURE DE FUNERAL SERVICE LICENSEE	New 11				uneral . Balto	Home, Inc. . MD. 21228				
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ehock, or heart feliure. List only one cause on each line.										
	iMMEDIATE CAUSE (Fine) disease or condition resulting in deeth)  DUE TO (OR AS A CONSEQUENCE OF):										
N	2 GLIOBLASTUMA ZWOEK										
SATIO	the arty, leading to immediate cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST  DUE TO (OR AS A CONSEQUENCE OF):										
	PART II. Other significent conditions contributing to deeth b	ut not reculting in	the underlyin	g cause given in		WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS				
EDICAL						YES 2 0 NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
Σ	DID TOBACCO USE CONTRIBUTE TO CAUSE C	E DEATH VEC	T NO F	LINICEDTAI			1 TYES 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH		ONCERIAII	, U ]						
SIC	EXAMINER?  I YES 2 NO HOSPITAL:  I Inpetient 2 ER/Out		OTHER:	e 5 🗆 Residence	8 Other (Sner	MAN					
PHYSICIAN:	27. MANNER OF DEATH 28s. DATE OF INJURY	28b. TIME (	OF 28c, IN,			HOW INJURY OCC	URED				
ВУ	1 Netural 5 Pending 2 Accident Investigation		M 1 🗆	YES 2 NO							
8	3 Suicide 6 Could not be 4 Homicide datarmined 28a. PLACE OF INJURY building, atc. (Spe	' — At home, larm, stre city)	eet, factory, offic	8	281. LOCATION City or Town		or Rural Route Number,				
COMPLET	29s. CERTIFIER (Check only orie)  2 MEDICAL EXAMINER: On the basis of examination										
C	296. SIGNATURE AND STILE OF CERTIFIER			29c. LICENSE NUI			SIGNED (Month, Day, Year)				
O BE	udtall mo			770		<b>P</b> 7	TUNE, 10, 1996				
۲	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, P		A 754 0 4	145 M	n 212					
	31. DATE FILED (Month, Day, Year) 32. MEGISTRAR'S SIGN		- 1,	10111010	00 111		•				
	1 1 0 1006 July drough	SKI NOW COME									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 6 | 75 | 8

						Certificate	of Death	,	Reg. No.		7010
	Physic	an	1. Decedent's Name (First, Middle, La		777			2. Data of Der		Year	3. Tima of Death
Ų	/Medi		William Calvi		7//			June	10,19	196	0145 Am
	Exami	ner	4e. Fecility Nema (If not institution, giv WASHINGTON COUNT	e street and number) Y HOSPITAL			4b. City, Town, or I		,		ON COUNTY
İ	Funeral Director		5. Sociel Security Number 8. S 216-48-9118	ex 7. Age (	In yrs. lest bii	thday) If Under 1 Y Yrs. Months Di			h y, Year)		place (State or Foreign
-			Usuel Rasidance ol Decedant  10a. Stata 10b. County					1 00 00			
	ne Maryla Sa-f shov	Director								1	0d. Inside City Limits 1 ☐ Yas 2 No
	ath with the 23s or 2		10e. Street and Number 6118 POTOMAC DRIV	/E						What Coun	
21215-0020	72 hours after death with the Maryland natural, or items 23s or 28s-f show fical Examiner must be notified at	by Funeral	11. Marital Status  1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Ever in U, Armed Forces? 1 ☐ Yas 2₹☐ No If Yas, Giva Yeer or Datas:		13. Was Decedent of Hispanic Origin? (Specify Yas or No- If Yas, specify Cuban, Maxican, Puerto Rican, atc.)  14. Race - At Black, WI  1 □ Yas 2 ☒ No Specify: Specify:				ck, Whita,	
5-0		Completed	15. Decedant's Ed (Specify only highest gra	lucation da completed)	16a.	Decedant's Usual Or (Giva kind of work de	ccupation ona during most of wor	king	16b. Kind of B	usinass/Ind	dustry
121	within then	mpi	Elemantary/Secondary (0-12)	College (1-4or 5+)		16a. Decedant's Usual Occupation (Give kind of work done during most of workin life. DO NOT use retired)  HIGHWAY ENGINEER			MARYLAND HIGHWAY A		
d 2	H Pyg		1 2 17. Fathar's Nama (First, Middla, Last)	3	HI	GHWAY ENGI	18. Mothar's Nan	na (First, Middla,			INIDIKATIO
/lar	Mental Mental Mrked o	To Be	WILLIAM	C.	BAK	ER, JR.	LEONA	s.		SLA	TTERY
Maryland	and and		19a. Informent's Neme/Ralationship (	Type, Print)(WIFE)	196	. Mailing Addrass (St	reet and Number or Ru	iral Routa Numbe	er, City or Town,	State, Zip	Code)
Baltimore, N	1 and Health em 27		CYNTHIA P.  20a. Method of Disposition	BAKER		O. BOX 41	9, SHARPSB				
	ages ent of rt: If h		1 ☑ Burlei 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Othar (Spacify	Ramovai from Stata	cemata	ry, crematory or othar	plece) 6	/15/96	DAYTON,		
altil	permit. Pa Departmen Important: any injury		21. Signeture of Funari Service Licen		DAYTON	MEMORIAL 22. Nema end A	deress of English	NGLETON			
m	20 5 5 6		1 Detate	5_		1 SECONI	AVENUE, S				_,
	death certificate be executed  Medical Examine and physician and dor use as the burial-transit.	Medical Examiner	23a. Part1. Entar tha diseese, or comshock, or haart failura. List only Immediate Causa (Finai disease or condition rasulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or injury that initiated evants rasulting in deeth) Last	. Mening	ed (  e to (or as a  e d   e to (or as e)	and braconsequence of):  Cutanta	in Carci	noma noma	tosis	ema.	Interval Between Onset and Death  Live Ks.  Live Ks.  Live Ks.  Live Ks.
P.O. Box	es that the death cei igned by the attendir be detached for use	Physician/	Part II. Other eignificant conditions or		ot rasulting in	n tha undarlying caus	a givan In Part I.	23b. Did t	V		o the cause of death?
Records,	requir been s should	Completed by						24a. Wes	an autopsy med?	col	ere autopsy lindings ailable prior to mplation ol cause
Re	8 9 CV	ошо						101	res 201No		death? □Yes 2□No
of Vital	an: T	BeC	25. Was casa refarred to medical				28. Place of Dea	ath (Check only o			J165 2010
> <	Physician: this certific ral director,	To	1 185 2 NO	Hospitei: 1 Inpatient	2□ER/Ou	·		lome 5 Resk	dence 8 🗆 Oth	ar (Specif	y)
<b>Division</b> of	To the Hospital or Attending Physician: The is with 24 hours after death.  To the Funeral Director: After this certificate he completely filled in by the funeral director, page	Certification:	27. Mannar of Deeth  1 Naturai 5 Panding 2 Accident Invastigation				Injury at Work? 1 ☐ Yes 2 ☐ No	28d. Dascribe t	now injury occur	red	
Divis	al or Ath	3 Suicide 8 Could not be datarmined 28a. Place of Injury - At home, ferm, street, lactory, office 28f. Location (Stree City or Town, S								per or Rura	d Routa Number,
_	Hospital 24 hours Funeral pletely filled	edical	29a. Cartifier (Check only one) 1 Certifying Phyone) 2 Medical Exam	ysician: To the best of m liner: On the basis of ax end mennar stated	amination an	, daath occurred at the	a tima, date and piece ny opinion, daath occu	, and due to the cred at tha tima,	cause(s) and ma data and placa,	annar as at and dua to	lated. tha cause(s)
*	i wo	X	29b. Signatura and title of certiliar	anda	~ 11	MD 29c. Lk	cansa number 46473	>	29d. Dete signe	d (Month,	Day, Year)
_			30. Nema and address of person who delined Hamdan	mD: 36:	3 S.	(Type, Print) Clayplay	rd Ave	Has	jerstoi	an. M	D 21740
	Sta Registr	200	31. Data filed (Month, Day, Year)	32 Registrar's	Signatura M	•			J		

DHMH 16 Rev 6/95

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					Ce	rtificate	e of	Death		R	eg. No.				
Dhuaiais		1. Decedent's Nema (First, Middla, L.	est)		ume					te of Deel	th Day	Year	3. Tin	ne of Death	
Physicia /Medic		Grace Mar	Ju			996	2:	40 pm							
Examin		4a. Facility Name (If not institution, gi		or)					m, or Location	of Death	4c. County				
		Stella Maris F	-			If Under	1 Van	Tows				ltimo			
Funeral Director			Sax 1 □ M 2 X F	Age (In yrs. ia:	Yrs.	Months	Days		Min. (Mi	te of Birth onth, Day, y 8,	Year) 1910		ieca (St try) ylai	ata o <i>r Foreig</i> n nd	
Mand		10a. Stata 10b. County		10c. City,	Town or Lo	ocation						10	0d. Insid	de City Limits	
Mary Med sh	ctor	Maryland Baltin	nore	T	lowson	1							1 🗆	Yes 2X No	
death with the Maryland me 23a or 28a-f show must be inorified at	Funeral Director	10e. Street and Number 2300 Dulaney Vall	ey Rd.			10f. Zip (					og. Citizan of V Inited				
urs arter al', or he Exercative	þ	11. Merital Status  1. Never Married 2 Merried 3 Widowed 4 Divorced	12. Was Decedar Armed Force 1  Yas 2  If Yes, Give Yeer or Datas	No		Was Decede If Yas, speci 1 ☐ Yes 2	ify Cut	oan, Mexicen,	ln? (Specify Ye Puerto Rican,	es or No- atc.)		ce · America ck, White, a v: Wh		in,	
netu	eted	15. Decedent's E (Specify only highast gr	ducation ada completad)		(Giva	dant's Usual kind of work	k dona	during most d	st of working 16b. Kind of Businass/Industry						
Hygiene. ther than ent, tre Mo	Completed	Elementary/Secondary (0-12)	College (1-4o 2 years	r 5+)	lifa.	DO NOT use	a <i>retire</i>	ed)							
Hygiene.	ပိ	17. Fathar's Nama (First, Middla, Las		r	xecut	ive v	P.S	1		etal Co. Sheet Metal Manufactu					
and Mentel to la marked of	o Be	Charles Henry Blume Aug								8. Mothar's Nama (First, Middla, Malden Surnama) Augusta Borneman					
M br	ဥ						Stata Zin	Code)							
permit. Peges 1 and 2 Department of Heelth a Important: If fem 27 is any Injury or other trai gncs.		19e. Informant's Name/Ralationship (Type, Print)  19b. Mailing Address (Street and Number or Rurel Routa Number, City  Mary Blume Fischbach/Sister  2028 Rolling Rd. Baltimore, MD										228	/		
		20a. Mathod of Disposition		20b. Pla	ce of Dispo	sition (Nam	a of		Date	1	20c. Location -		wn, Sta	ta	
		1 XBuriat 2 ☐ Cramation 3 E 4 ☐ Donation 5 ☐ Othar (Speci		a	-	-			em 6/1	13	Sweet	Air.	MD		
		21. Signature of Funarel Sarvice Lice  John O. Mitche	John O. 11	litchell				ass of Fecility		ll-Wi	edefel	-		Inc.	
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	Medical Examiner	Sequentially list conditions, if eny, leading to immediate couse. Entar Underlying Causa (Disassa or injury that initiated avants rasulting in death) Last	b	Dua to (or as a consequence of):  Due to (or es e consequence of):											
attending for use	an/M		d	_											
the att	scie	Part II. Other significant conditions	contributing to death	but not rasult	ing in tha u	ndarlying ca	usa gi	ivan in Part I.	2:	3b. Did to	bacco use co	ntribute to	the car	use of death?	
	by Physician/									1 🗆 Y	ss 2□No	3 Prob	ably	4 Unknown	
ate hes been signed b	Completed								24	a. Was a perform	n autopsy ned?	eva	ailable p	psy findings rior to n of cause	
page page	50									1□ Y	s 2 0 No	10	] Yes	2 No	
	Be	25. Was casa rafarred to medical axaminar?						28. Placa o	of Death (Chec	k only on	a)				
S 6	O 1 Yes 2 NO No Hospital: 1 I Innertiant 2 FER/Outpations 2 DOA Other: And No.							sing Home 5	Reside	ence 6 Oth	ar (Specify	1)			
To the Hospital or Attending Physician: within 24 hours effer death. To the Funeral Director: After this certific completely filled in by the funeral director, Medical Certification: To Be	Iffcation:	27. Mannar of Deeth  1 Natural 5 Panding 2 Accident Investigatio 3 Suicida 6 Could not to datamined	9 28s. Plage of I	1	8b. Time of Injury e, farm, str	М		iryat ″ ork? ]Yas 2∐Ni	o 28f. Lo	28d. Dascribe how injury occurred  28f. Location (Street and Number or Rural Routa Number,				Number,	
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the Fi	(Check only one)  2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, deeth occur and manner stated.									e time, d	ate end place,	and dua to	the cau	Ise(s)	
To T	29b. Signeture end titla of certifier  29c. Licensa num							sa number	4	2	9d. Deta signe		Day, Ye	ar)	
$\Omega()$	-	30. Nama and address of person who	completed cause of	death (Item 2	3a) (Type.	Print)									
1		Eddie Nakhuda		-			٧a	llev	Road.	Tow	son,	MD	212	04	
State	е	31. Date filed (Month, Day, Year)		trar's Signetui	ra .	2.00		-							

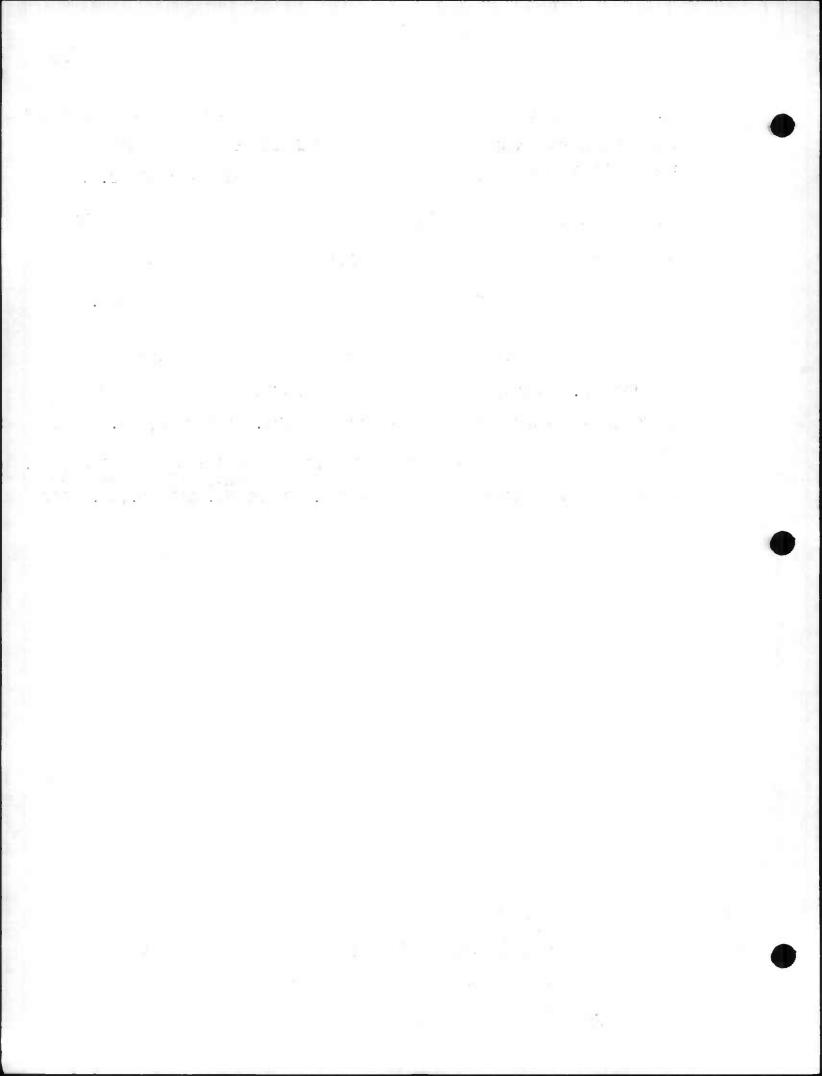
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 2. Deta of Deeth 1. Decedent's Nema (First, Middla, Last) 3. Time of Death Month Year **Physician** 1996 12 pm SAMUEL BURGESS JUNE /Medical 4e. Facility Neme (If not institution, giva straet and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** AVE BALTIMORE
If Under 24 Hrs. 8.1 WALBROOK N/A 5. Social Security Number 7. Aga (fn yrs. last birthday) If Undar 1 Yaar 8. Data of Birth (Month, Dey, Year) **Funeral**  Birthpiece (State or Foreign Country) Days X 2 F Months Hours Min 215 07 1555 Yrs. Director 99 03 16 1897 S.C Usuel Residence of Decedent Pages 1 and 2 should be filed within 72 hours after death with the Maryland next of Health and Mental Hyglene.
Intel if Item 27 is marked other than "natural", or items 23a or 28a-f ahow any or other traumatic event, it a secient Examiner man be notified at any or other traumatic event, it a secient Examiner man be notified at 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits Director MD XXYas 2 No N/A BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2725 WALBROOK Funeral AVENUE 21216 US 12. Was Dacedent Ever in U,S. Armed Forces? 1 ☐ Yas 2 ☑ No If Yes, Give 4 Year or Datas: Was Decedent of Hispenic Origin? (Specify Yas or No If Yes, specify Cuban, Mexicen, Puerto Rican, atc.) 14. Rece - American Indian, Black, Whita, atc. 1 ☐ Never Merried 2 ☐ Merried 21215-0020 1 ☐ Yes 2√2 No Specify: Be Completed by Specify: BLK. 3 Nidowed 4 Divorced 16a. Decedent's Ueuel Occupation (Give kind of work dona during most of working life. DO NOT use ratired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) WELDER STEEL Baltimore, Maryland 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) SAMUEL 2 L. BURGESS NANCY UNKNOWN 19e. informant's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) MARY GREEN (DAUGHTER) 4907 EDGEMERE AVE. BALTIMORE, MD. 21215 20e. Method of Disposition 20b. Place of Disposition (Nema of cemetery, cremetory or other place) 20c. Location - City or Town, Stata 1 ☑ Buriel 2 ☐ Crametion 3 ☐ Removal from State permit. Page Department of important: If any injury or once. 4 ☐ Donetion 5 ☐ Othar (Specify) GARDEN OF ETERNAL HOPE 6/15/96 DEER PARK, MD. 21. Signeture of Funerel Service Licensea 22. Nama and Address of Fecility PHILLIPS FUNERAL HOME CFSP #281 1721-27 N. MONROE ST. BALTIO., MD. 21217 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximata interval Between Onset and Death **Physician** CARCINOMA immediate Ceuse (Finel disaese or condition resulting in deeth) /Medical Examiner Due to (or es e consequence of) Examiner Attending Physician: The lew requires that the death certificate be executed Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last use as the burial-tran Due to (or es a consequence of): and Division of Vital Records, P.O. Box 68760, physician Physician/Medical Dua to (or as a consequance of). is certificate hes been signed by the e director, page 2 should be detached i Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Nonknown þ Completed 24b Were autopsy findings available prior to completion of cause of deeth? 24a. Was an autopsy performed? 1 ☐ Yes 2 ☑ No Be 25. Wes case referred to medical examiner? 26. Place of Death (Check only one) Hospitet: 1 ☐ Inpatient Other: 4 Nursing Home 2 1 Tes 2 ER/Outpatient 3 DOA 5 Pesidence 6 □Othar (Specity) epital or Attending Physical Street death. After this 27. Menney of Death Medical Certification: 28a. Dete of Injury (Month, Day Year) 26d. Describe how injury occurred 28b. Time of 5 Pending investigation 1 Natural 1 Yes 2 Accident 6 Oould not be 3 Suicide 28e. Plece of injury - At home, ferm, street, factory, office building, atc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide Hospital Achours a Funeral 29a. Certifier 🔁 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) and manner es stated. 2 Medical Examiner: Op the basis of axamination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) 29b. Signetura and title of certifiar 29c. Licanse number 29d. Dete signed (Month, Day, Year) 0660 30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print) Webor MD 5 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture State 3 JUN1 Registrar

DHMH 16 Rev 6/95



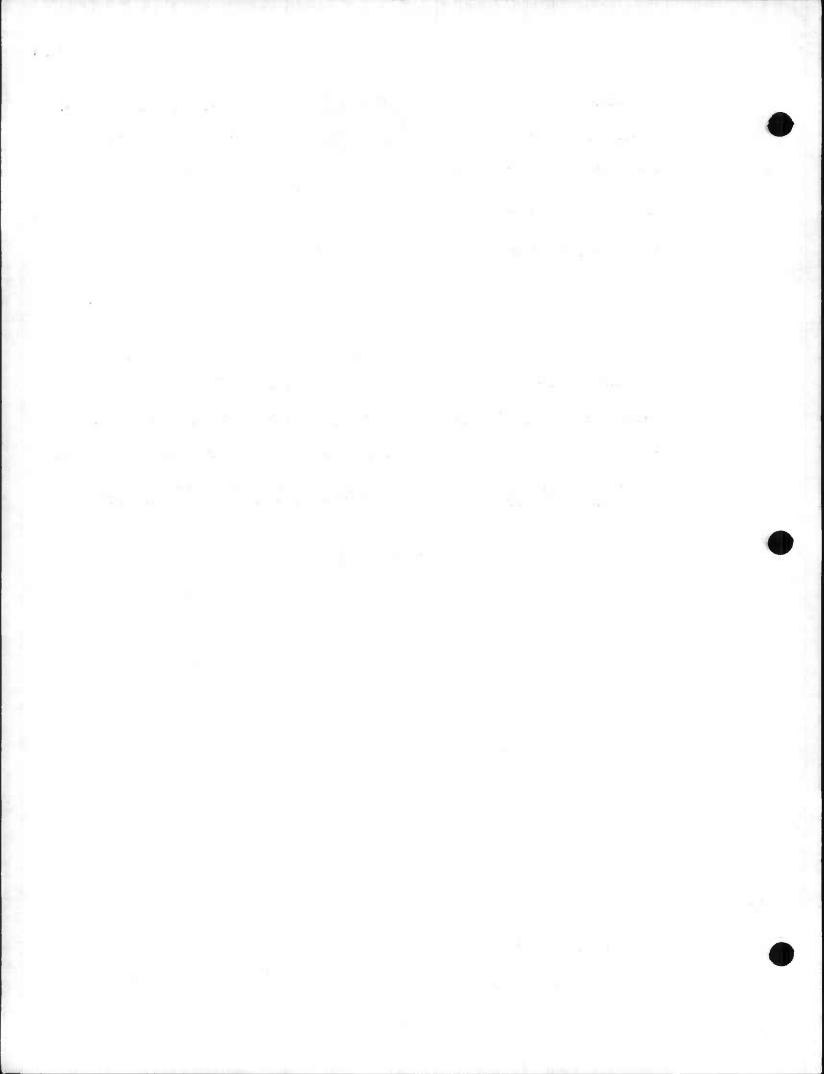
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent'a Name (First, Middla, Last) 2. Dete of Daath 3. Time of Courth June 9, 1996 Blanche **Physician** Μ. Costello MAG /Medical 4e. Facility Name (If not institution, give streat end number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** 8420 Rocky Mount Rd. Rosedale Baltimore If Under 1 Year | If Under 24 Hrs. | Months Days Hours Min. 5. Sociel Sacurity Number 7. Age (In yrs. lest birthday) 8. Data of Birth (Month, Dey, Year) 9-17-17 6. Sax Birthpieca (Steta or Foraign Country) **Funeral** 161-16-0141 1 M 2X F 78 Director Uaual Residence of Decedent filed within 72 hours efter death with the Maryland Hygiene. 10b. County 10c. City, Town or Location r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 10d. Inside City Limita McI Baltimore Rosedale 1 Yea 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 8420 Rocky Mount Rd. 21237 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-if Yas, specify Cuban, Maxican, Puerto Rican, atc.) 11. Meritel Stetus 14. Raca - American Indien. Bleck, Whita, atc. 1 ☐ Yas 2√ No If Yes, Give Year or Detes: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yea 2 XNo Specify: þ Specify: white 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highast grade completed) 16a. Decedant's Usual Occupetion 18b. Kind of Buaineas/Industry (Give kind of work done during most of working life. DO NOT use retired) Eiementary/Secondery (0-12) College (1-4or 5+) permit. Pages 1 and 2 should be filed will Department of Health and Mental Hygien Important: If itsm 27 is marked other that any injury or other traumatic event, I'mail once. 12 Homemaker Own Home 17. Fether'a Nema (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Patrick McAndrew Blanche Flynn 2 19e. informent'a Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Samuel J. Costello/ husband 8420 Rocky Mount Rd. Baltimore, MD 21237 20e. Method of Disposition 20b. Piece of Disposition (Neme of 20c. Location - City or Town, Stete Garnison Forest V.A. 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removel from Steta 6-13-96 Owings Mills, MD 4 ☐ Donation 5 ☐ Othar (Specify) 22. Nema and Address of Facility

Cvach/Rosedale Funeral Home 21. Signature of Funeral Service Liberal 1211 Chesaco Ave. Baltimore, 21237 23a. Pert1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory errast, shock, or haart failure. List only one ceuse on each line. Approximate Interval Between Onset and Deeth **Physician** 193 Immediete Cause (Finei disaasa or condition resulting in deeth) /Medical Examiner Due to (or es a conseduenca of) Physician/Medical Examiner ettending physician and for use as the burial-transit The law requires that the death certificate be executed Sequentially list conditions, if eny, leading to immadiate causa. Entar Underlying Cause (Diseese or injury that initiated events resulting in deeth) Last Division of Vital Records, P.O. Box 68760 Pert II. Other eignificant conditions contributing to death but not resulting in the underlying causa given in Pert i. 23b. Did tobacco use contribute to the cause of death? been signed by the should be detached 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes en eutopsy performed? Completed s certificate has b 1 Yes 2 1 No 1 ☐ Yas 2 ☐ No or Attending Physician: after deeth. Director: After this certifica director 25. Wes casa referred to medical axeminar? 8 26. Piece of Death (Check only one) Hospitel: Other: 4 Nursing Homa Certification: To 1 Yes 2 No 1 inpatiant 2 ER/Outpatient 3 DOA 5 Pasidence 8 □Other (Specify) funerel 27. Menner of Death 28e. Deta of Injury (Month, Day Year) 28c. Injury et Work? 28d. Describe how injury occurred 1 Neturei 5 Pending invastigation 2 Accident 1 Yes 2 No To the Hospital or Atter within 24 hours after dee To the Funeral Director completely filled in by th 6 Could not be datermined 3 Suicide 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 28e. Piece of Injury - At homa, farm, street, fectory, offica building, etc. (Specify) 4 Homicide 1 Certifying Phyelcian: To the best of my knowledga, deeth occurred at the time, dete end place, and dua to tha cause(s) end mannar es stated.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, daeth occurred at the time, date end place, and due to the cause(s) and mennar stated. 29a. Certifier (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Data, signed (Month, Day, Year) MID 30. Name and address of person who completed cause of daeth (itam 23a) (Type, Print) 3100 Nyman Helinski H.D Park Dnie 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture State JUN 1 3 1996 Registrar

DHMH 16 Rev 6/95



4c. County of Death

Baltimore

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9. Birthpiace (Stata or Foraign

White

Approximata Intarval Batween Onset and Death

10d. insida City Limits

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1/	Depa	artme	ent o	f Hea	Ith and	Mental	Hygiene	
	-							

Certificate of Death Reg. No. 1. Decedent'a Nama (First, Middla, Last) 2. Data of Death **Physician** Ernest S. Crawford. 06/07/1996 /Medical 4a. Facility Nama (If not institution, giva straat and number) 4b. City, Town, or Location of Death Examiner 1931 Rockwell Ave. Catonsville if Under 1 Year if Under 24 Hrs.
Months Days Hours Min. 8. Data of Birth (Month, Day, Year) 0 1 / 1 / 1 9 1 9 5. Social Sacurity Number 7. Aga (In yrs. last birthday) **Funeral** 1⊠M 2□ F Yrs

**Director** 

sician and burial-transit physician s the burial esn ed by the detached signed by ti peeu has certificate funeral director, 2 or Attending Plant death. Certification:

236-14-0875 death with the Meryland ir than "naturel", or items 23a or 28a-f show the Medical Examiner must be notified at Director MD. 10a. Street and Number Funeral 11 Maritai Status filed within 72 hours efter Baltimore, Maryland 21215-0020 p Completed permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If item 27 is marked other than any Injury or other traumatic event, the Na Be 2 20a. Mathod of Disposition **Physician** /Medical Immediata Causa (Final disaasa or condition rasulting in daath) Examiner Examiner Box 68760. Physician/Medicai Records, P.O. by Completed Division of Vital

Maryland Usual Rasidance of Decadant 10b. County 10c. City, Town or Location Baltimore Catonsville 10f. Zip Coda 10g. Citizen of What Country? U.S.A. 1931 Rockwell Ave. 21228 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 27 ☐ No If Yas, Giva Yaar or Datas: 13. Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian. Black, Whita, atc. 1 Nevar Marriad 2 Married 1 Yas 2 No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced Decedant'a Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decadant's Education
(Specify only highest grade completed) 16b. Kind of Businass/Industry Bethlehem Eiamantary/Secondary (0-12) Unknown Collega (1-4or 5+) Crain Operator Steel MFG. 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Sumama) Hilda Burke Frank Crawford 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 19a, Informant'a Name/Ralationship (Type, Print) Jennie C. Crawford / Wife 1931 Rockwell Ave. Catonsville, MD. 21228 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, Stata 1 Buriai 2 □ Cramation 3 □ Ramoval from Stata Druid Ridge Cemetery 6/11/96Pikesville, MD. 4 ☐ Donation 5 ☐ Othar (Spacify) 21. Signature of Funaral Sarvine 22. Nama and Addrass of Facility Sterling Ashton Funeral Home, 736 Edmondson Ave. Balto. MD. MODELL 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. comcer ovostate Dua to (or as a consequence of): Sequentially list conditions, if any, laading to immadiata causa. Enter Underlying Causa (Disaasa or injury that initiated evants rasulting in daath) Last Dua to (or as a consequence of): Dua to (or as a consequance of): Part ii. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 Yas 25. Was casa rafarrad to madical axaminar? 26. Placa of Daath (Check only ona) 1 Yas 2 No Other: 4 ☐ Nursing Homa 5 Pasidance 6 ☐ Othar (Specify) 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Data of injury (Month, Day Year) 27. Mannar of Death 28b. Time of 28c. Injury at Work? 28d. Dascribe how injury occurred 5 Panding invastigation Natural 2 Accidant 1 Yas 2 No 6 Could not be datarminad 3 ☐ Sulcida 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 28a. Placa of Injury - At homa, farm, streat, factory, offica building, atc. (Specify) 4 Homicida

State Registrar **DHMH 16 Rav 6/95** 

Medicai

29a. Cartifiar (Check only one)

30. Nama

29b. Signature on title of peptifier

and addrass of person who complated causa of daath (Itam 23a) (Type, Print)

Actifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated.

2 Madical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29d. Data signed (Month, Day, Year)

1 Yas

29c. Licansa number

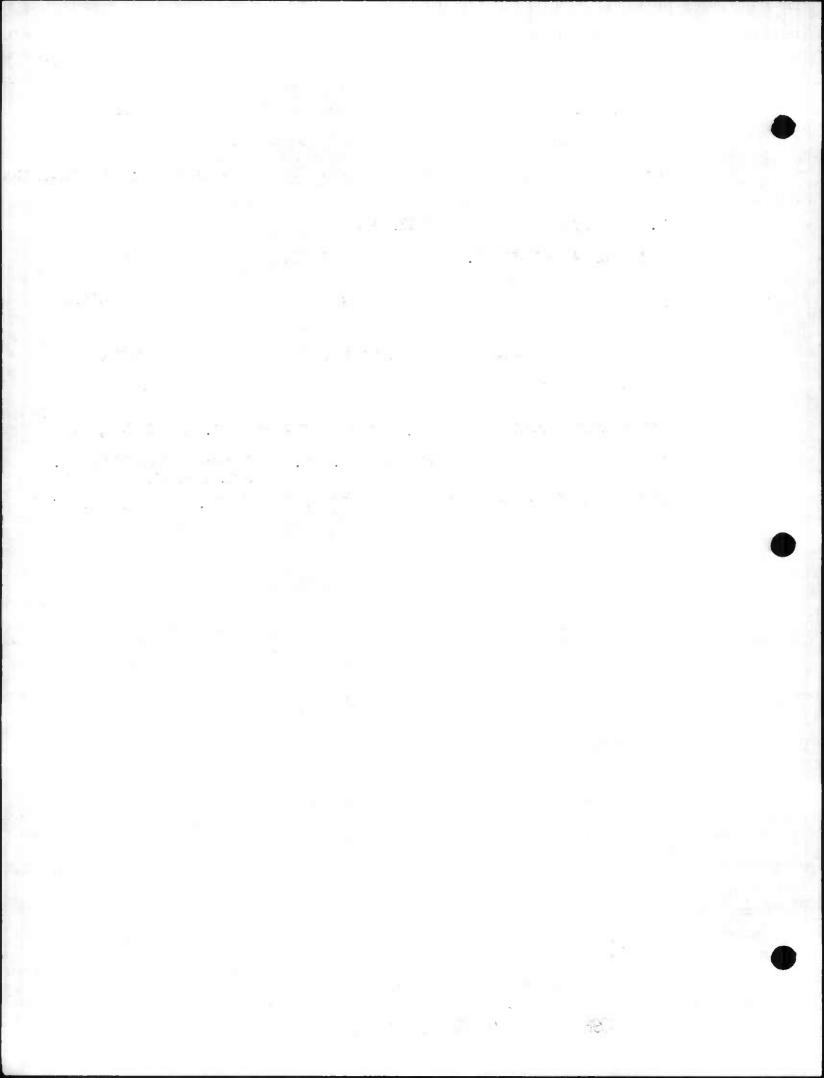
ATON for BACTO MD 212 29

The second of th The Art of Million season to page 15 to the end of the Angel English program on the page 

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 | 7523

			,	Ce	rtificate of	Death	,	Reg. No.	, ,	1020		
Dhuel	ı.	1. Decedent's Name (First, Middle, Li					2. Dete of De Month	eath Dey	Yeer	3. Time of Death		
Physic /Med		JESSIE	CONWAY				5	3(	96	2308		
Exam		4a. Facility Name (If not institution, gi	ve street and number)			4b. City, Town, or	Location of Deet	h 4c. County	of Death			
		Umm	\$			BALT.	nove		TINO.	15		
Funera Directo		217-16-5501	Sex 7. Age (In y	rs. last birthday 93 Yrs.	Months Deys	If Under 24 Hrs Hours Min	8. Dete of Big (Month, De (0)	th by Year)	9. Birthpl Count NORT	lace (State or Foreign try) H CAROLI		
pu .	7	Usuel Residence of Decedent  10a. Stete 10b. County	100	City, Town or L	conting		/	/		044 44 00 11		
h the Marylander 28a-f show	7		100.						10	0d. Inside City Limits		
N 98 P	Director	MD, N/A		BALTIN	1		1			JI Yes 2 No		
E & Z	F	10e. Street end Number			10f. Zip Code			10g. Citizen of V		try?		
23a	2	2214 POPLAR	GROVE ST.			21216			US 14. Rece - American Indien.			
d within 72 hours effer death with the Maryland giene. If the "netures", or flems 23s or 28s-f show, the Maddel Examiner must be notified at	by Funeral	11. Maritel Status  1 Never Married 2 Married  3 Midowed 4 Divorced	12. Was Decedent Ever in Armed Forces?  1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates:		Was Decedent of If Yes, specify Cult  1 ☐ Yes    No.		Specify Yes or Norto Rican, etc.)	Specify	ck, White, e			
2 ho	ted	15. Decedent's E	ducation	16a. Dece	edent's Usuel Occu	pation		16b. Kind of Bu	usiness/Ind	Justry		
J within 72 ho jene. r than "netur	Completed	(Specify only highest gr Elementery/Secondery (0-12)	ade completed)  College (1-4or 5+)	(Give	b kind of work done DO NOT use retire	during most of word)	orking			- 60		
filed within Hygiene. ther than	E	10	- 0 -	F	HOUSEWIE	E		DOM	ESTI	C		
日間子が	Be	17. Fether's Neme (First, Middle, Las	)			18. Mother's Ne	eme (First, Middle	, Melden Surnem	10)			
y carry	To	FATE	HULL			MAR		BE				
d 2 should lib and Men 7 is market traumatic		19e. informent's Neme/Reletionship	(Type, Print)	19b. Meil	ing Address (Stree	t end Number or F	Rural Route Numb	er, City or Town,	Town, State, Zip Code) 283			
Mith a with a 27 is r fre		MARY FOWLER (	METCE)									
Deficiency in your population of the part		20e. Method of Disposition	201	o. Place of Disp	osition (Neme of	DGE CKE	Date	20c. Location -	INHAM, NC ion - City or Town, State			
Pages nent of I		1 Buriel 2 ☐ Cremetion 3 [ 4 ☐ Donetion 5 ☐ Other (Speci	Removel from State	cometery, cre	355 CARTLEDGE CREEK RD. ROCKINHAM, N Date 20c. Location - City or Town, St 20c. Location - City or Town, St 20c. RBUTUS MEM. PK. 6/5/96 BALTIMORE, N							
of the Party of th		21. Signature of Funerei Service Lice			2. Name and Addr			PS FUN				
permit. Pages 1 and 2 Department of Health Important: If Item 27 I any Injury or other tra		1 1	-									
		Oruta dec	0.,M	D.21217								
		23a. Pert1. Enter the disease, or con shock, or heart feilure. List only	plicetions thet caused the decore cause on each line.	eeth. Do not en	ter the mode of dy	ing, such as cardia	ac or respiretory a	rrest,	- 4	Approximate Intervel Between		
Physician										Onset and Deeth		
/Medical Examiner		Immediete Cause (Finel diseese or condition	FATA	or si	RATTAM	14			- 1			
Examine	100	resulting in death)	Due to	o (or es a conse	quence of):				i			
D .F.	i e	_	h						İ			
and frans	Examiner	Sequentially list conditions,	Due to	o (or es e conse	quence of):							
lan (		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury							1			
death certificate be executed eathending physician and of for use as the buriel-transit	edical	thet initieted events resulting in death) Last	Due to	(or es a conse	quence of):							
E 000	190								-	**		
attendin for use	an		d						-			
ires that the death ceisioned by the attendir	Physician/R	Pert ti. Other significant conditions	contributing to death but not	resulting In the u	underlying cause g	ven in Pert I.	23b. Did	tobacco uae co	ntributa to	the cause of death?		
hat the de de by the defected	Phy						10	Yes 2 No	3 Prob	bebly 4 Unknown		
the second	by											
or Attanding Physicien: The law requires that tha affer death.  Director: After this certificate hes been signed by th in by the funaral director, page 2 should be deteched	P							en eutopsy omed?	24b. We	ere autopsy findings elieble prior to		
aw re 2 she 2 sh	pie						point	,,,,,,	con	mpletion of cause deeth?		
he lav	Completed						10	Yes 20 No	1	]Yas 2□No		
Attanding Physicien: The is order. After this certificate he by the funaral director, page	BeC	25. Wes cese referred to medical				26 Place of Do	eth (Check only			7100 22110		
sicie i cert	ToB	examiner? 1 ☑ Yes 2 ☑ No	Hospitel: 1 ☐ Inpatient 2	□ ER/Outpetle	nt 3 DOA	hor:	Home 5□ Resi		or /Specific	el .		
P P Sala	I.	27: Manner of Deeth	28e. Dete of Injury	28b Time o			1	how injury occur		7		
After After	100	1 Neturel 5 Pending 2 Accident investigation	(Month, Dey Year	Injury		ork? ]Yes 2 □ No	The second second	,				
or Attanding Physicien: after death. Director: After this certific in by the funaral director,	Certification:	3 ☐ Sulcide 6 ☐ Could not b	00- 01	t home, ferm, st	reet, fectory, office		28f. Location /	Street and Numb	er or Rura	l Route Number.		
affer Direct	e T	4 Homicide	building, etc. (Spe	ecity)			City or To	wn, Stete)				
4518		29a. Certifier 1 Certifying Pl	ysician: To the best of my k	nowledge deet	h occurred at the t	ime date and place	e and due to the	onuen(s) and me	annor on et	atad		
1 2 mg	edical		niner: On the basis of examend manner steted.	inetion end/or in	vestigetion, in my	oplnion, deeth occ	urred et the time,	dete and place,	and due to	the cause(s)		
45.6	Me	29b. Signature and title of certifier	one marrier eteres.		29c. License number			29d. Date signe	d (Month I	Day Year)		
Part of		1/10	29d. Date signed (Month, Dey, Year)									
					2458	75		5	131	10		
		30. Neme and address of person who										
			40		MS							
	ate	31. Dete filed (Month, Dey, Year)	32. Registrer's Sig	gnature .								
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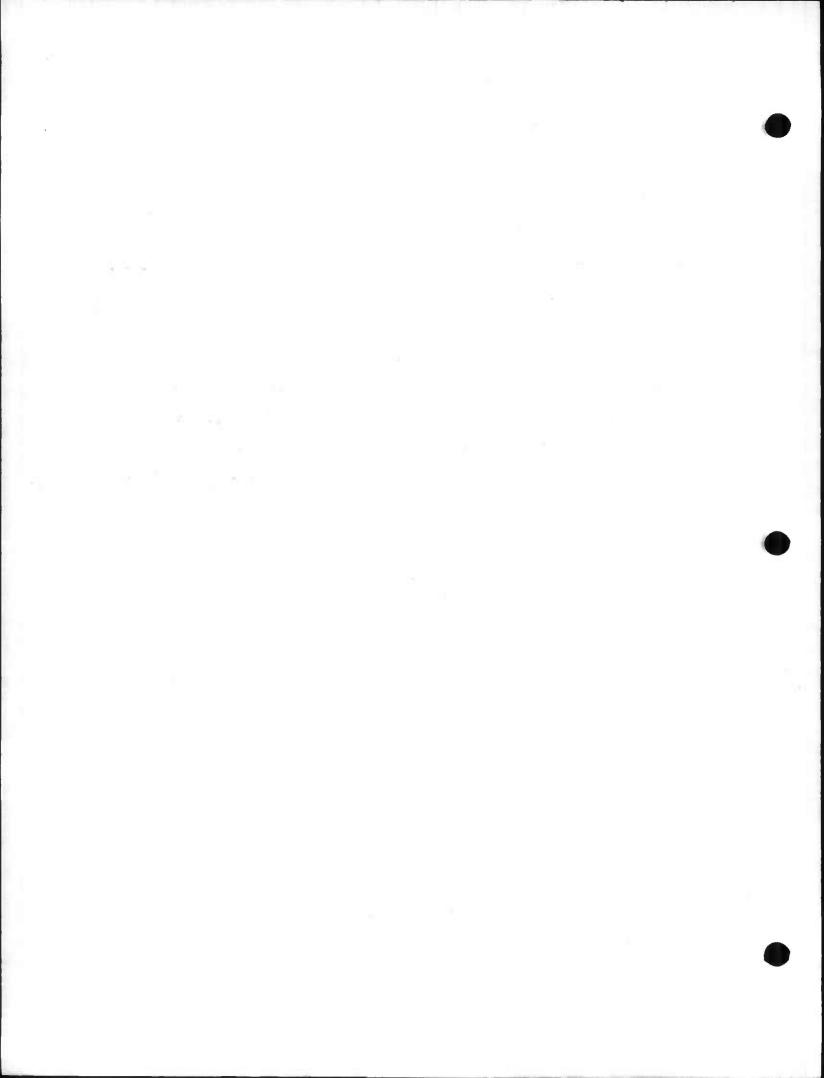
DIVISION OF VITAL RECOMDS, F.C. DONNERS. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending prysician.

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		STATE OF MARY		PARTMENT IFICATE				HYGIENE REG. NO.			
1. DECEDENT'S NAME (First,	Middle, Last)		OLITI	HIOAIL	01 0	LAIII	2. DATE OF	F DEATH			3. TIME OF DEATH
Margaret	Katheri	ne Crowthe	r				MONTH	DAY	100	YEAR	1 30pm
4. SOCIAL SECURITY NUMB			(In yrs. last birthd	lay) IF UNDER 1	YEAR I	F UNDER 24 HRS.	7. DATE OF			BIRTHP	LACE (State or Foreign
219-22-7390	) 1	□ M 2 <del>Q</del> F	68 YR	S. MONTHS	DAYS H	OURS MIN.		6, 19	27	Mary	
9e. FACILITY NAME (# not in	stitution, give stree	t and number)		9b. CITY,	TOWN OR I	LOCATION OF DE		0, 17	9c. COUNT		
Union Mem	orial H	ospital		Bal	timor	e			N/A		
10e. STATE	10b. COUNTY		10c.	CITY, TOWN OF	R LOCATION	N					10d. INSIDE CITY
Maryland		N/A		Baltimo	ore						LIMITS?
10e. STREET AND NUMBER					_	IP CODE			10g. CITIZE	N OF W	HAT COUNTRY?
3548 Poole	Street					2.1	1211		U.	S.A.	
11. MARITAL STATUS	13	2. WAS DECEDENT EVER FORCES? 1 YES				DENT OF HISPAN				4. RACE	American Indien, White, etc.
1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE WAR OR				Ty Cuben, Mexice		en, etc.)		Specify	
- 11											White
15. DEC (Specify only	EDENT'S EDUCAT y highest grade cor	npleted)	(Give kind	IT'S USUAL OC	CUPATION uring most of	of working	16b. K	IND OF BUSI	NESS/INDU	STRY	
Elementery/Secondary (0	)-12)	College (1-4 or 5+)		OT use retired.)							
9 17. FATHER'S NAME (First, M			Sale	s Clerk	7					s &	Electric
		1				8. MOTHER'S NA					
Martin Jos	_	anaugn				Margare					
Sandra L.						Number or Rural leet Bal					1211
20e. METHOD OF DISPOSIT		Ta	Db. PLACE AND DA						TY LATI		
1X Burisi 2 Cremetic	n 3 🗆 Ramova	I from State CE	metery, cremetory	or other placel	, , , , , , , , , , , , , , , , , , , ,		DATE				
21. SIGNATURE OF FUNERA		ISEE M	oreland	Memori	IAL P	ark 6/	14/96	Balt	imore	Ma	ryland
61	60.	1-+ 1				ADDRESS OF FA					
M. N	Can &	Jery , y	1	381	18 Ro	land Av	re, Ba	ltimo	re, M	[ary]	land 21211
23. PART I. Enter the d shock, pr h		npilicetions that cous it only one couse on		Do not enter t	the mode	of dying, suc	h se cerdis	c or reepir	atory srres	st,	Approximats Interval Between
IMMEDIATE CAUSE (Fir	nel					411					Onast and Desi
disesse or condition											
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Sequentially list condit if sny, leeding to imma cause. Entar UNDERLY CAUSE (Disease or Injuthat Initiated events resulting in dasth) LAS  PART II. Other signification of the control of the cause of t	ions, dieta ing c	DUE TO (OR AS  DUE TO	A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  DUE TO THE CONSEQUENCE  DEATH  28. PLACE OF I  28b.  28b.  28b.  Dividedge, death occion end/or investigned  DEATH (ITEM 27) (	TIME OF INJURY M  Course at the fire getton, in my of	derlying c	UNCERTALI  5 Residence  TY AT  77  S 2 NO  and piece, end due th occurred at the	Part I. 2  Other (  28d. DESCI  28f. LOCAT City or  to the ceuse time, date at	PERFORM  1 YES 2  (Specify) S  RIBE HOW IN  TION (Street at Town, State)	JURY OCCU	Nuv JRED or Rural Red d. couse(e)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  SIVING YOUR NUMBER,  oute Number,

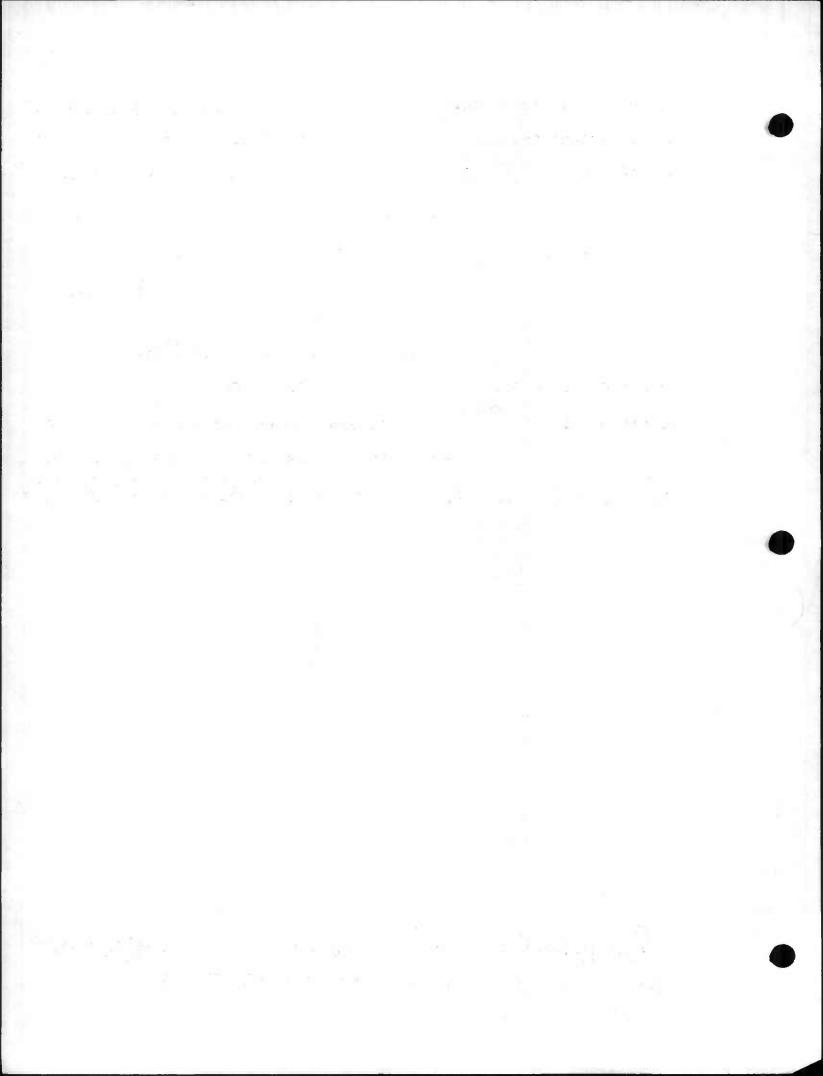


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State of Maryland / Department of Health and Mental Hygiene 96

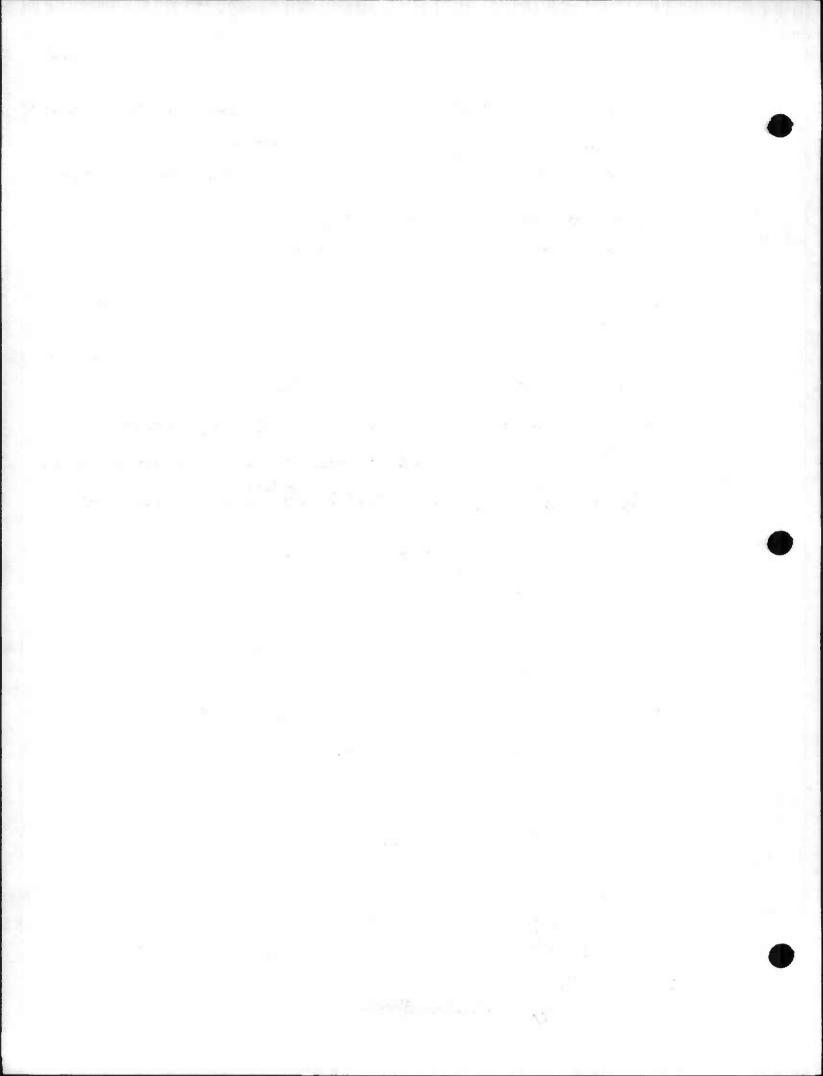
ne 96 17525

						Ce	rtificate c	f Death		Re	g. No.			-		
		ч	1. Decedent's Nema (First, Middla, L.	ast)			E		1	2. Date of Death		V	3. Tim	a of Death		
	Physic /Medi		August J. DiE	midio,	Jr.					June	Day 1 1 1	996	):3	o PM		
)	Exami		4a. Fecility Neme (If not institution, gi	va street and nu	m <i>ber</i> )			4b. City, To	wn, or Loca	ation of Death	4c. County	-				
,6			Mercy Medical	Cente	r			Balt	imor	e	n/a					
	Funeral Director			Sax 1⊠M 2□F	7. Age (In yrs. 50	. lest birthday) Yrs.	If Undar 1 Ye Months Da		24 Hrs. Min.	B. Dete of Birth (Month, Day, 10/4/	Year) 1945	9. Birthple Counti Mary	aca (Sta lry) 1 and	ta or Foraign		
2			Usual Residence of Decedant		10.0											
enyle	Show	<u>_</u>	10a. Stata 10b. County			ity, Town or Lo						10		City Limits		
₩ e	1	ct	Md. n/a		В	altim	ore						1331	'es 2□No		
th with th	23a or 2	al Director	10e. Street and Number 5928 Plumber	Avenue	!		10f. Zip Cod			10	g. Citizan of USA	What Count	t Country?			
72 hours after deeth with the Merylend	al', or items 23a or 28a-f show Examiner must be notified at	by Funeral	11. Marital Status  1 ☼ Naver Married 2 ☐ Marriad 3 ☐ Widowed 4 ☐ Divorced	12. Was Dec Armed Fo 1  Yes if Yas, Gi Yeer or D	2∭ No va	'	Was Decedent of It Yas, specify C 1 ☐ Yas 2 🔀 N	uban, Mexican	gin? (Spec i, Puarto R	ify Yas or No- ican, etc.)		ce - America ck, White, a fy: Wh				
22 12		ted	15. Decedant's E		-	16a. Dece	dent's Usual Oc	cupation	a di considelari	16b. Kind of Businass/Industry						
within	than	Completed	(Specify only highest gr Eiamantary/Secondary (0-12)	Collega (	1-4or 5+)	lifa.	kind of work do DO NOT usa rei	ired)	100		ity o	of Baltimore		more		
filed	other off		17. Fathar's Nama (First, Middla, Las							-						
ed bi	D 0	0 8	August DiEmidio Sr. Jennie Cola													
should	2 3 2	-	August DiEmidio Sr.  Jennie Cola  19a. Informant's Name/Ralationship (Type, Print) mother  19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Cool													
OI '			19a. Informant's Name/Ralationship (Type, Print) mother  Jennie DiEmidio  19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zipe 221 S. East Avenue Baltimore, Md.													
1 9	F 5		Jennie DiEmidio  221 S. East Avenue Baltimore, Md. 212  20a. Method of Disposition  20b. Place of Disposition (Name of Competence of Competence of Competence of Disposition (Name of Competenc													
t. Peges	tant: If		4 ☐ Donation 5 ☐ Othar (Special	ion remation 3 DRemovel from Stata Dothar (Specify)  20b. Place of Disposition (Name of comatery, crematory or other place) Sacred Heart of Jesus6/15/96 Baltime												
permit.	any ir		21. Signature of Funerel Sarvica Lice	anne.	40	, 22	2. Neme end Ad	drass of Fecilit Conkli	Jose ing S	eph N. St. Ba:	Zann ltimo	ino i re, l	Jr. Md.	F.H. 2122		
	1 6		23a/Part1. Enter the disease or con shock, or heert tailure. List only	plications that	aused the dae	th. Do not ant	ar tha moda of	tying, such as	cardiac or	raspiratory arres	it,		Approxir	nata Batween		
certificete be decuted	ettending physician and for use as the burla-transit	Medical Examiner	diseasa or condition rasulting in death)  Sequantially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Diseasa or Injury that initiated evants resulting in death) Lest	b	Dua to (d	or as a consequence or a consequence or a consequen	guance of):									
deeth c	or us		_	0												
the de	the	Physician	Pert II. Other significant conditions	contributing to de	eath but not ras	sulting In tha u	ndarlying causa	given in Part I		23b. Dtd tob	ecco use co	ntribute to	the cau	se of death?		
thet	signed by the ettendir Id be detached for use	by Ph	- Hypertmir	'n						1 🗆 Yes	2 No	3 Probe	ably 4	☐ Unknow		
law requires	2 shoul	Completed	•							24a. Was an performe	autopsy ed?	com	ra autopillable pri npletion leath?			
The	ate ha	Į Į								1 ☐ Yas	al No	10	Yes 2	2□ No		
eu:	is certificate director, pag	Be (	25. Was casa rafarred to medical					28. Placa	of Death	Check only ona,	)					
Physician:	w 0	2	axaminar? 1 ☐ Yas 2 ☐ No	Hospital:	Inpatiant 2	ER/Outpatien	t 3D DOA	Othar: 4 Nu	rsing Hom	a 5 🗆 Residen	ce 6 □Oth	nar (Specify)	)			
	After th		27. Mannar of Death	28a. Data	ot Injury th, Day Year)	28b. Tima of Injury	28c. Ir	jury et	28	d. Describe how	v injury occur	теф				
Attending		atic	Natural 5 ☐ Panding 2 ☐ Accident invastigation		, Day 10ary	injury		☐Yas 2☐	No							
5 4	in b	Certification:	3 Suicida 6 Could not be datarmined	268. Placa	of Injury - At h	oma, farm, str	aat, tactory, offic	<b>29</b>	28	tt. Location (Stre City or Town,		ber or Rural	Routa N	lumber,		
To the Hospital or within 24 hours after	To the Funeral I completely filled	edical	29a. Cartifier (Check only one) 1 Certifying Pt 2 Medical Example 1	miner: On the bi	best of my kno asis of axamina ner stated.	owledga, daath ation and/or Inv	occurred at the vastigation, in m	tima, date end y opinion, dae	d placa, an	d dua to tha cau at tha tima, dat	ise(s) and ma a end place,	annar as sta	ated. tha caus	e(s)		
thin the	o the	Ž	29b. Signetine end title of certifier	and man	1		29c Lice	ense number		20/	d. Data signe	nd (Month F	Day Van	r)		
F 3	8 4		J M hool	udlar	idu, m	10		18623	>	250	6/13	196	NW	F, ND		
15			30. Nama and addrass of person who	complated caus			Print)	man	-00	0 717	0~					
-			301 ST. PAUL	PLACE	SVITE			HINKE	) 111	0 213	7					
	Sta	te	31. Data tiled (Month, Day, Year)	6 32. B	Bajetrar's Bigna	Son-Rang	della									



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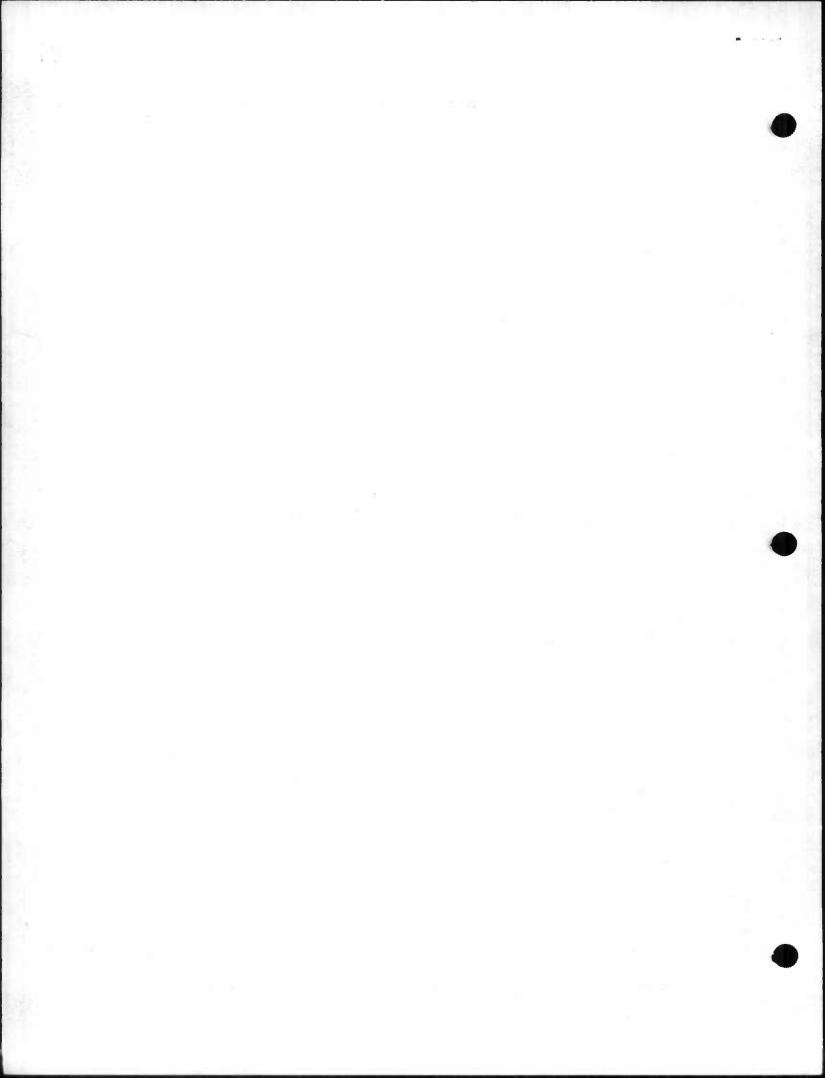
						Certificate of			eg. No.	1 /	320	
	Physic /Medi		Decedant's Nama (First, Middla, Las     RAYMOND OPI	2. Data of Deat Month June	Day	Yaar 996	3. Time of Death 9:30 P.M					
	Exami Funeral Director		4a. Facility Nama (If not institution, give Cromwell Center  5. Social Security Number  5.79-16-8504		ga (In yrs. last birt		4b. City, Town, or L  Baltimo  If Undar 24 Hrs.  Hours Min.	ore	Year)	timor 9. Birthpl Count	ce aca (Stata or Foreign try) rland	
_	pland thow dat		Usual Rasidance of Dacadant 10a. Stata 10b. County		10c. City, Towr	or Location					Od. Insida City Limits	
ध	therith the Masks 23a of 288-1 sho ust be notified at	Funeral Director	Maryland Baltim  10e. Street and Number  227 Murdock Road	ore	R	odgers Forg	ge 1212	11	0g. Citizan of V	What Count		
020	s after dos , or items autiner m	by Funera	11. Marital Status  1 □ Nevar Married 2 □ Married  3 ☒ Widowed 4 □ Divorced	12. Was Decedan Armed Forcas 1  Yas 2  H 14 Yas, Giva Yaar or Datas	? [No	13. Was Decedant of H If Yas, specify Cub 1 ☐ Yas 2 💢 No		pecify Yas or No- o Rican, atc.)		en Indian, atc.		
Maryland 21215-0020	s within 72 hour plans.  r than "natural" the Medical Ex	Completed by	15. Decedant's Ed (Specify only highast grad Elamantary/Secondary (0-12)	ucation	16a.	Decedent's Usual Occup (Giva kind of work dona lifa. DO NOT usa ratire ACCOUNTA	during most of world)	king	J.S. Ci	lustry		
ryland ?	could be filed 3 Mental Hyg nerked other netic event,	To Be C	17. Fethar's Nama (First, Middle, Last) Charles Raymond	Duvall			18. Mothar's Nam Carrie	ne (First, Middla, M	faldan Suman	na)		
Baltimore, Mar	1 and 2 st Health and tem 27 is n	19a. Informent's Name/Ralationship (Type, Print)   19b. Mailing Address (Street and Number or Rural Route Number, City or Jean K. Duvall (niece)   227 Murdock Road Baltimore, Mary   20a. Method of Disposition   20b. Place of Disposition (Nama of cematary, crematory or other place)   20c. Local Computation   20c. Local									12 wn, Stata	
Baltin	permit. Pages Department of Important: if it sny injury or one		21. Signatura of Funaral Sarvice Licens	ore, and 2	Maryland							
24	Physician /Medical Examiner		23a. Part1. Enter the disease, of comp shook, or heart failure. List only of Immediate Causa (Final disease or condition resulting in death)	lications that causa na causa on aach	d tha death. Do n	ounsl	ng, such as cardiac	or raspiratory arra	ast,		Approximata Interval Batween Onset and Death	
Box 68760,	death certificate be executed e attending physician and id for use as the burial-transit	n/Medical Examiner	Sequantially list conditions, if any, leeding to Immadieta cause. Entar Underlying Cause (Diseasa or Injury that initiated events rasulting in death) Last	o. ARTE	Dua to (or as a c	onsequence of):	mit				Ум	
P.O.	requires that the death been signed by the atter should be deteched for	by Physician/M	Part II. Other significant conditions co		out not resulting in		van in Part I.		bacco use cor		the cause of death?	
of Vital Records,	aw 2 s	Completed b	Alo ALOHIE	Bust				24a. Was ai perform		ava	ra autopsy findings ilabia prior to nplatlon of causa laath?	
Vital	Physician: The L this certificate he ral director, page	Be	25. Was casa raferred to medical axaminer?	donoital		low		1 ☐ Ya th (Check only on	B.)		Yas 2□ No	
	this aldi	Color   Colo									)	
Division	To the Hospital or Attending I within 24 hours after death.  To the Funeral Director: After completely filled in by the funer											
	thin 24 ho the Fun mpletely	29a. Cartiflar (Check only one)  29b. Signatura and titla of certifler  29c. Licansa number  29c. Licansa number  29d. Data signed (Month, Day, Year)									tha cause(s)	
	£.25.8		• 8-V	5,	mon Sca	lic my DZ	4276	28	6 129		ray, rear)	
	V		5901 , MMD 19	ompleted cause of	death (Itam 23a) (	Baynune	MO	21	224			
	Sta Registr	-	31. Data filed (Month, Day, Year)	32 Hogist	ran Signatura 7							



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State of Maryland / Department of Health and Mental Hygiene 96 17527

					Ce	rtificate of	Death	F	Reg. No.					
			1. Decedent's Name (First, Middle, La	st)				2. Date of Dea		Yeer	3. Time of Death			
	Physic /Medi		DAVID	EARL		DUNS	NOT	JUNE	11 1c	196	3:55 1			
	Exami		4a. Facility Name (If not institution, giv GOOD SAMARITA				4b. City, Town, or I BALT I MO			y of Death				
	Funeral Director		Social Security Number 6. S	ex 7. Age (In y	rs. last birthdey) 55 Yrs.	If Under 1 Yee Months Days		8. Date of Birth	1 <del>9</del> 41	9. Birtho Cour N . C	plece (Stete or Foreign AROLINA			
	P.		Usual Residence of Decedent											
	Se-f shov	ctor	MD 10b. County n/a	106.	City, Town or Lo	ALTIMORE				1	10d. inaide City Limits			
	23a or 2	Funeral Director	10e. Street and Number 825 GLENWOOD	AVENUE		10f. Zip Code	21212	1	UNITED	What Cour STA	ntry? TES			
21215-0020	filed within 72 hours after death with the Maryland Hygiene. ther than "natural", or ferma 23a or 28a-f ahow ont, the Medical Examinat rount be notified at	by	11. Meritei Status  1 Never Married AC Married  3 Widowed 4 Divorced	12. Wes Decedent Ever in Armed Forces? 1 ☐ Yes 2 ☐ Xo If Yes, Give Year or Detes:		Wes Decedent of If Yes, specify Cul 1 ☐ Yes 2XX	Hispanic Origin? (Spen, Mexican, Puerto Specify:	pecify Yes or No- o Rican, etc.)		ce - Americ ick, White, fy: BL				
5-0	72 h	Completed	15. Decedent's Ed (Specify only highest gra	lucation de completed)	(Give	dent's Usuai Occu	during most of wor	kina	16b. Kind of B	usiness/in	duatry			
121	o dithin	du	Elementery/Secondery (0-12)	College (1-4or 5+)	life.	DO NOT use retin	ed)							
42	Hygie ther th			-	LA	RPENIER	19 Mothor's Noo	no /First Middle						
/lan	정탈중	To Be												
, Maryland	0 0 0 0		5 th - CARPENTER REPAIRS  17. Father'a Name (First, Middle, Last) DAVID DUNSTON  19a. Informant'a Name/Relationship (Type, Print) BETTY DUNSTON  19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, 825 GLENWOOD AVENUE, BALTIMORE, MD  20a. Method of Disposition  20b. Piece of Diaposition (Name of Date 20c. Location - City or Town)											
Baltimore,	Pages 1 and nent of Health int: If Nem 27 iry or other tr		20a. Method of Disposition 1 Burlai 2 Cremation 3 4 Donation 5 Other (Specific		Piece of Diapo cemetery, cree ARBUTUS	osition (Name of matory or other plants MEMOR I A		Dete 6-17	20c. Location ARBUTU					
Balt	permit. Page Department of Important: If any Injury or once.		21. Signeture of Funeral Service Licer	S 1 &	22	Name and Addi	MARCH FH.	-1101	E. NORT	H AV	/ENUE			
	_		23a. Part1. Enter the diaease, or com ahock, or heart feilure. List only	plications that caused the de	eath. Do not	er the mode of dy	ring, auch as cardiac	or respiratory an	rest,	1	Approximate interval Between			
	Physician		are on a result forms of and only	one sauge on saur mis.						!	Onset end Deeth			
П	/Medical Examiner		Immediate Cause (Final disease or condition	. INTRA	CER	ERRA	LL B	LEE I	)	5	THOM SHO			
П	Lammer	_	resulting in death)		(or aa a consec					1				
Т	be dist	Jule 1	_	BRA	JUST	EM	11110	27						
,	al-trar	Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that injuries accepts.)	Due to	o (or aa a consec	quence of):								
68760,	sicla bur	edical	mar sumaran avalua	C. Due to	(or as e consec	mence of).								
x 68	eath certificete be executed attending physician and for use as the burial-transit	ا≨ا	reaulting in death) Lest	d	(01 03 0 001300	portos 017.				i				
Box.	d for u	Physician/	Part ii. Other significant conditions o	potributing to death but not re	reculting in the u	ndorbina causa a	han in Port i	22h Didt	obecco use or	andribudo t	o the cause of death?			
P.0	that the de ed by the a detached	phys	Tattii. Other algimount conditions o	Sitting to death but not i	esulary III the u	nderlying cause g	IVALI IN FOIL I.		rea 2□No	3 Proi				
	igned be del	by								1				
of Vital Records,	aw requires to been s	Completed					4	24a. Waa a perfor	an autopsy med?	av	ere autopsy findings railable prior to empletion of cause deeth?			
I B	The law ate has b	mo						1 🗆 Y	es 22/No.	1(	☐Yes 2☐No			
/ita	ysician: The s certificate director, pag	Be (	25. Wes case referred to medical examiner?				26. Place of Dea	ith (Check only or	ne)					
7	Physician: this certific ral director,	2	1 ☐ Yes 2 € No	Hospital: 12 Hapatient 2	☐ ER/Outpatier	IL SU DOA		ome 5 Resid	ence 6 Oth	ner (Specif	(y)			
n		inol.	27. Manner of Death 1 ☐Natural 5 ☐ Pending	28a. Date of Injury (Month, Day Year)	28b. Time of Injury	W		28d. Describe h	ow injury occur	rred				
Division	or Attending after death. Director: After In by the fune	Certification:	2 ☐ Accident investigation 3 ☐ Suiclde 6 ☐ Could not be determined				Yes 2 No	28f. Location (S City or Tow		ber or Rure	al Route Number,			
	Hospital	edical Co	29a. Certifier (Check only one) (Check only one)	ysician: To the best of my k iner: On the basia of exami and menner atated.	nowledge, deeth	n occurred at the t vestigation, in my	ime, date and piace opinion, death occu	, and due to the c rred at the time, c	cause(s) and m date and place,	enner es a	itated. o the cause(s)			
	To the within 2 To the comple	Me	29b. Signature and title of certifier	and monitor atatoo.		29c. Licer	ae number	2	29d. Date aigne	ed (Month,	Dey, Year)			
	->=0		Meen Ce	ota m.	D.	PO	9302		JUNE	11.	1996			
	1		30. Neme and address of person who	completed cause of death (it	tem 23a) (Type.									
			NEERU GUP			Lock	faven	BWD.						
	Sta Registr	-	31. Date filed (Month, Day, Year)  JUN 13 1996	32. Registrar's Sig	mature andelle									



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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

2. Data of Death

Month

17528

3. Tima of Deeth

Physician
/Medical
Examiner

1. Decedant's Nama (First, Middle, Last)

GORDON ERNEST EARLE 1996 JUNE 11 4a. Facility Nama (If not institution, give street and number)
WATER OR WOSPITAL ( 4b. City, Town, or Location of Death 4c. County of Death BALTIM ORE BALTIMORE CEN TER 7. Aga (In yrs. last birthday) If Undar 1 Yaar If Undar 24 Hrs. 5. Social Sacurity Number 8. Data of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** 11XM 2□ F Days Houra Director 216-07-0666 06-25-1921 MARYLAND Usual Residence of Decedant 10a. Stata 10b. County 10c. Cify, Town or Location 10d. Insida City Limits 28a-f show mant be notified at 1 Yas 2K No Director MARYLAND ANNE ARUNDEL GLEN BURNIE 10e. Street and Number 10f. Zip Coda 10g. Citizen of Whet Country? 23a 719 BAYLOR ROAD 21061 U.S.A. Funeral Home 2 12. Was Decedant Evar in U,S. Armed Forcas? 1 (ŽYas 2 □ No if Yas, Giva Yaar or Datas: WWII Was Decedent of Hispanic Origin? (Specify Yaa or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. 11. Maritai Status permit. Peges 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hygiene. Important: if item 27 ie marked other than "natural", or item any lijury or other traumatic event, the Medical Exprimentance. 1 ☐ Nevar Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yaa 2 ☐ No Spacify: by Specify 3 ☐ Widowed 4 ☐ Divorced WWII Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedent'a Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elemantary/Secondary (0-12) Collega (1-4or 5+) DRIVER SALESMAN ALCOHOL 17. Fathar'a Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) WITITIAM. EARLE BERTHA MAE ESSERT 19a. fnformant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) ELIZABETH AGNES EARLE (WIFE) 719 BAYLOR ROAD, GLEN BURNIE, MD 21061 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 6/15/1996 4 ☐ Donation 5 ☐ Othar (Specify) BALTIMORE, MARYLAND NEW CATHEDRAL CEMETERY 21. Signature of Funaral Sarvica Licensee 22. Nama and Addrass of Facility SINGLETON FUNERAL HOME 23a. Part1. Entar the diseesa, or complications that out to the death. Do not antar the mode of dying, such as cardiac or respiratory arrast, shock, or heart feilure. List only one cause of the complete of 1 SECOND AVE. S.W., GLEN BURNIE, MD 21061 Approximata Intarval Between Onaat and Death Physician Immediate Cause (Finel disaasa or condition rasulting in deeth) /Medical EMBOLISM **Examiner** that the death certificate be executed Sequentially list conditions, if any, laading to immadiata causa. Enter Underlying Causa (Disaasa or injury that initiated evants resulting in death) Last end Dua to (or aa a consequance of): P.O. Box 68760, Physician/Medical Dua to (or as a consequance of): Part II. Other significant conditions contributing to death but not rasuiting in the undarlying causa givan in Part I. 23b. Did tobacco use contribute to the cause of death? ate has been signed by page 2 should be detac 1 Yes 2□ No 3 Probably 4 Unknown ISCHEMIC GANGRENE RIGHT FOOT Records, by Sepital or Attanding Physician: The law requires thours after death.

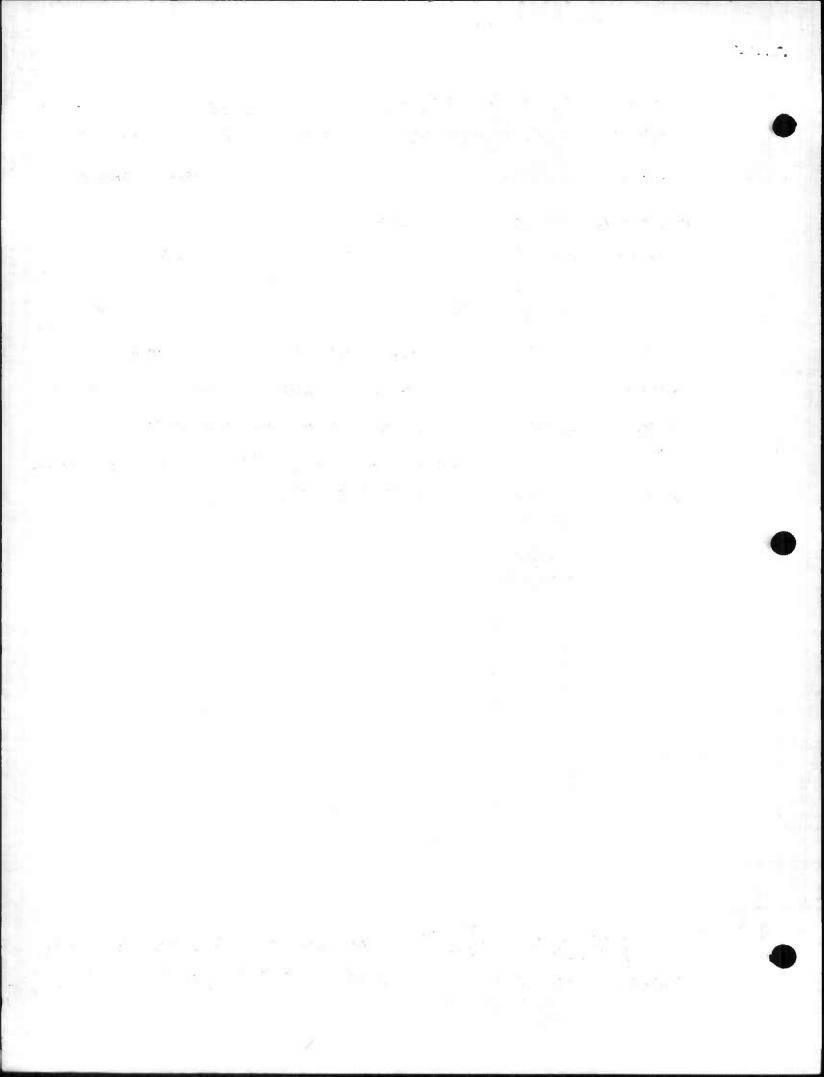
versi Director: After this certificate has been sinned. 24b. Ware autopsy findinga available prior to completion of cause of deeth? Completed 24a. Was an autopay performed? is certificate t 1 Yas 2 No 1 ☐ Yas 2 No Division of Vital 25. Was casa rafarred to medical exeminar? 8 26. Placa of Death (Check only ona) Other: 4 Nursing Homa 5 Rasidanca 6 Other (Specify) P 1 Yas 2 No 1 Inpatiant 2 □ ER/Outpatient 3 □ DOA 27. Mannar of Deeth Medical Certification: 28b. Tima of 28c. fnjury at Work? 28d. Dascribe how injury occurred 5 Pending invastigation 1 Natural 1 ☐ Yas 2 ☐ No filled in by the f 2 Accidant 3 Suicida 6 Could not be 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 281. Location (Street and Number or Rural Route Number, City or Town, State) 4 ☐ Homicide 1 Cartifying Physician: To the best of my knowledge, death occurred et tha tima, data and place, end due to the causa(s) end manner as stated.

2 Medical Examíner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29a, Certifian 29c. Licansa number AS #2461614-14 JUNE 29b. Signatura and titia of certifian PGY-1 29d. Data signed (Month, Day, Year) 30. Nema and addrass of person who complated causa of death (Item 23e) (Type, Print)

SUBHTR KUMAR AGGARWAL, WORKSOR MSPITAL CENTER, S. MANOVER

STREET, BALTIMORE, mp 2/225 31. Data filed (Month, Day, Year) 1996 32 Abgistras Signature Revial

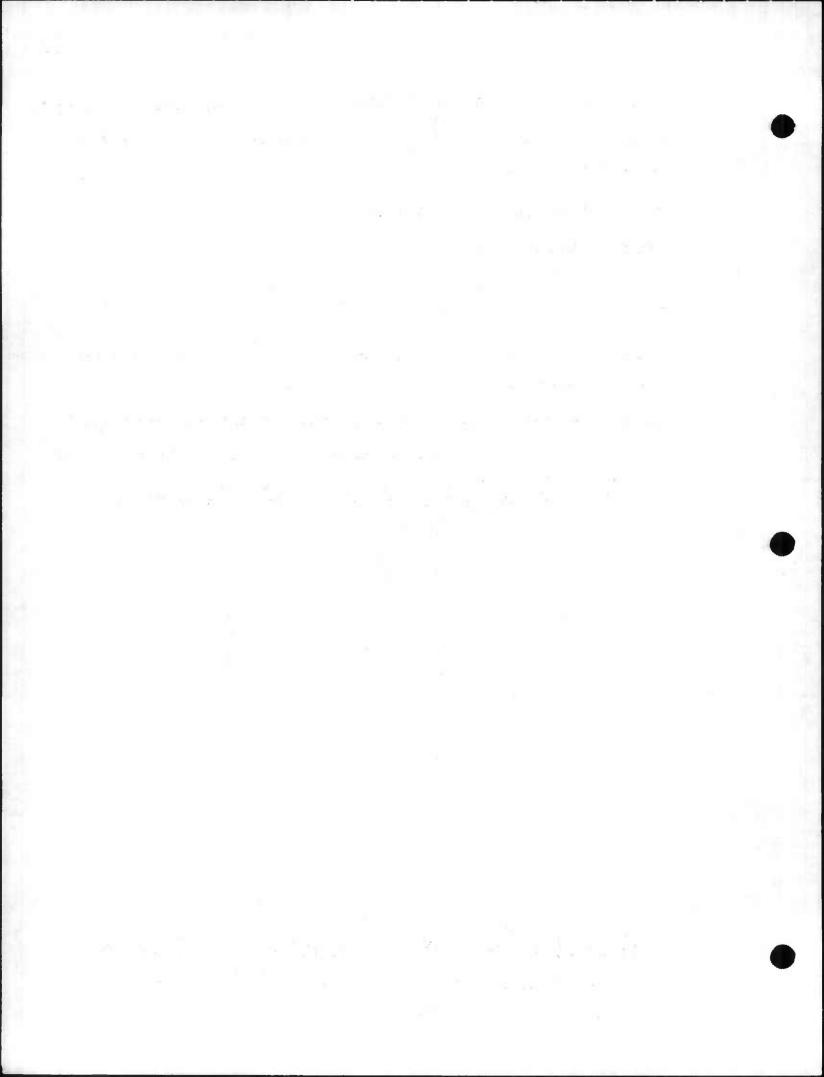
State Registrar



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 17529

				State of	iviaiyiaii		tificate of	nealth and M <i>Death</i>		gierie - \		
	Physic		1. Decedent's Neme (First, Midd Elizabeth	die, Last)	R.		Faust		2. Dete of Dec Month June 9	Day	Yeer	3. Time of Death 5:45 AM
	/Medi Exami		4a. Fedility Neme (if not institution  Overlea Nurs		nber)			4b. City, Town, or Lo	ocation of Deeth			imore
	Funeral Director		5. Social Security Number 213–18–7016	6. Sex 1 ☐ M 2 ☐ YF	7. Age (In yrs. I		If Under 1 Yeer Months Days	If Under 24 Hrs. Hours Min.	8. Date of Birt (Month, De)	h (Year)	9. Birthp Coun	iace (Stete or Foreign try) McI
	Maryland H show	tor	Usual Residence of Decedent  10a. State 10b. County  MD Ba	y ltimore	10c. City	, Town or Lo			<u> </u>		1	0d. inside City Limits 1 ☐ Yes 2 1 No
	th with the 23a or 28a	al Direc	10e. Street and Number 2000 Odell A	ve. Apt. 4	19		10f. Zip Code 21	237		10g. Citizen of V USA		try?
020	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Haalth and Mental Hyglena. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any Injury or other traumatic event, the Medical Examinating must be notified at other.	Completed by Funeral Director	11. Maritel Stetus  1 □ Never Merried 2 □ Mer  3 ☒ Widowed 4 □ Divorced	Armed For	2 ⋈ No	1	Ves Decedent of H Yes, specify Cub ☐ Yes 2 No	dispento Origin? (Spen, Mexican, Puerto Specify:	ecify Yes or No- Rican, etc.)	14. Rac Blac Specify	an Indien, etc. ite	
Maryland 21215-0020	s within 72 ho plens. r than "natur the Medical	ompleted	15. Deceder (Specify only higher Elementery/Secondary (0-12)	nt's Education est grade completed)  College (1-		(Give i life. E	ent's Usuai Occup kind of work done OO NOT use retired Binger	pation during most of work d)	ing		of Business/Industry	
/land	uld be filed Aental Hyg rked other tic event,	To Be C	17. Fether's Neme (First, Middle, (unk.)	, <i>Lest)</i> einhardt	1			18. Mother's Nemo	e (First, Middle,			
, Man	and 2 sho saith and N n 27 is ma er trauma		19e. Informent's Name/Relation: Honace Dacko		ep.			and Number or Run ville Rd.				
Baltimore,	Pages 1 ment of He ant: If Iten ury or oth		20e. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (5	Specify)	CE	metery, crem	sition (Name of netory or other ple ICEMATORY		Dete	20c. Location -		wn, State Le, MD
Ball	Depart Import any Inj		21. Signature of Fineral Service	Licensee	ella	22.	Name end Addre Cyach/Ro 211 Ches	ss of Fedlity sedale Ful aco Ave. I	neral H Baltimo	ome ce, MO	2123	7
	Physician /Medical Examiner	Examiner	23a. Part1. Enter the disease, o shock, or heart feliure. Lis Immediate Cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate	· C.	ONGE Due to (or Sche		ve He	ent F			-	Approximate tnterval Between Onset end Death
Box 68760,	death certificate be axecuted e attending physician and of for use as the burial-transit	edical	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	c	Due to (or	as e consequ	uence of):					
	0 9 %	Physician/M	Part li. Other eignificant condition	ons contributing to des	ith but not resu	iting In the un	derlying cause giv	ren in Pert i.	23b. Dld t	obacco use cor	tribute to	the cause of death?
Is, P.O.	es that the de igned by the be deteched	by							101	/es 2□No	3 Prob	bebly Wunknown
Records,	e law requires that the has been signed by th	Completed							24a. Was o	en autopsy med?	ava cor	ore autopsy findings allable prior to repletion of cause death?
	E ag		25. Wes case referred to medica	al I				00 81 (0	1 🗆 Y		1 🗆	Yes 2□ No
of Vital	0 0	To Be	exa <i>m</i> iner? 1 ☐ Yes 2 No	Hospitel:	patient 2 🗆 E	R/Outpatient	3□ DOA Oth	26. Plece of Deeth ler: 4 Nursing Ho			er (Specify	)
	ding Ph h. Aftar th funarai		27. Menner of Death  1. Neturat 5 Pendir  2. Accident investi	'9	injury , Dey Year)	28b. Time of injury	28c. injur Wor	y et k? Yes 2 □ No	28d. Describe h	ow injury occurr	ed	
Division	or Attending i after death. Director: After d in by the funar	Certification:	2 Accident investi 3 Suicide 6 Could 4 Homicide determ	not be 28e. Piace of	of injury - At hor g, etc. (Specify)	me, farm, stre	et, fectory, office		28f. Location (S City or Tow	itreet and Numb n, Stete)	er or Rura	Route Number,
	the Hospital hin 24 hours of the Funeral helataly filled	29a. Certifier  (Check only only only only only only only only						ne, date end place, opinion, death occurr	end due to the ded et the time, d	ause(s) end ma late and piaca, a	nner as st and due to	ated. the cause(s)
C	within 2 To the comple	M	29b. Signature end title of certifie	01 B	non	7)	29c. Licens	e number 19793	2	29d. Date signed		Dey, Year)
100			30. Neme and address of person	who completed cause	of death (Item	23a) (Type, 5	3altin	we M	f z	1236		
	Sta Registr	-	31. Date filed (Month, Dey, Year) JUN 13 1996	Jana David	gistrerts Signatu							

DHMH 16 Rev 6/95



DIVISION OF VITAL RECORDS, P.O. BOX 68760

	FOR STATE REGISTRAR	STATE OF MAR			TMENT 0			MENTA	L HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)	Dorothy L						2. DATE MONT		1996	YEAR	3. TIME OF DEATH  4:00 A	
	4. SOCIAL SECURITY NUMBER 220 ≈ 07 ≈ 8041	1 🗆 M 2 💢 F	NGE (In yrs. Ies 76	YRS.	IF UNDER 1 YE MONTHS DA	AR IF U	ODER 24 HRS.	7. DATE	OF BIRTN	919	Country)	LACE (State or Foreign	
OR B	99. FACILITY NAME (If not institution, give 7822 Charlesmont				9b. CITY, TO	wn or Lo Dunda		DEATN			timo		
DIRECTOR	nesidence of decedent  100. STATE 10b. COUNT  Maryland	Baltimor	e	10c. CIT	Y, TOWN OR L	OCATION	Dunc	dalk				10d. INSIDE CITY LIMITS? 1 YES 2XXNO	
FUNERAL	100. STREET AND NUMBER 7822 Charlesmont	Road				10f, ZIP		21222			ted States		
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1   IF YES, GIVE WAR	YES 2X		If ye	s, specify (	NT OF NISP/ Cuben, Mexic NO Spec	cen, Puerto	White				
LETED	15. DECEDENT'S EDG (Specify only highest grade Elementary/Secondery (0-12)	JCATION e completed) College (1-4 or 5+)	(G	live kind of a Do NOT us		ng most of v	rorking	164	o. KIND OF BL				
COMPL	8 Years 17. FATHER'S NAME (First, Middle, Last)			Но	usewit				Middle, Maider		Home		
TO BE	OSCAT FAUVET  190. INFORMANT'S NAME (Type/Print)		19		ADDRESS (S		mber or Aura	I Route Nun		wn, State, Zip		nd 21222	
	Ronald Huber  20e. METHOD OF DISPOSITION 1   XBurlel 2   Cremetlon 3   Ren 4   Donetlon 5   Other (Specify)	noval from State	20b. PLACE cemetery, cr	ANDDATE	Chark of DISPOSITION Of DISPOSITION OF DISPOSITION	N (Name of		DAT	E 20c. L	OCATION -	City or Tow		
	21. SIGNATURE OF FUNERAL SERVICE L	2) elle	Ouk I	Lawn	Du C	la-Ru	DRESS OF FU	neral	Home	06 D	undal	2k, Inc. 2d 21222	
	23. PART I. Enter the diseases, or shock, or heert fallura.  IMMEDIATE CAUSE (Final disease or condition resulting in desth)		on each line	Э.								Approximate Interval Between Onset and Desti	
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events	C	AS A CONSE										
	PART II. Other significant condition	d.	ath hut ant		In the under	dulas as	es eluse l	la Bart I		u arronau	1 045		
MEDIC	PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  Chicago ob Lucio frameny Competition of Death  Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1   YES 2   NO  1   YES 2   NO  1   YES 3   NO									MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
SICIA	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \( \text{ NO } \) UNCERTAIN \( \text{ UNCERTAIN } \)   25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 \( \text{ YES } 2 \) NO  HOSPITAL: 1 \( \text{ Inpetient } 2 \) ER/Outpatfent 3 \( \text{ DOA} \) A \( \text{ Hursing Nome } 5 \) Residence 8 \( \text{ Other (Specify)} \)												
PHY	27. MANNER OF DEATH  28e. DATE OF INJURY  (Month, Dey, Year)  28b. TIME OF INJURY AT WORK?  1 Netural 5 Pending  28e. INJURY AT WORK?												
TED BY	3 Suicide 8 Could not be determined 28. Could not be determined 28. PLACE OF INJURY — At home, ferm, street, fectory, office 5. City or Town, State) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)									oute Number,			
COMPLE	29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner ea stated.  2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner each occurred at the time, date end place, end due to the cause(e) and manner each occurred at the time, date end place, and due to the cause(e) and manner each occurred at the time, date end place, and due to the cause(e) and manner each occurred at the time, date end place, and due to the cause(e) and manner each occurred at the time, date end place, and due to the cause(e) and manner each occurred at the time, date end place, and due to the cause(e) and manner each occurred at the time, date end place, and due to the cause(e) and manner each occurred at the time, date end place, and due to the cause(e) and manner each occurred at the time, date end place, and due to the cause(e) and manner each occurred at the time, date end place, and due to the cause(e) and manner each occurred at the time, date end place, and due to the cause(e) and manner each occurred at the time, date end place, and due to the cause(e) and manner each occurred at the time, date end place, and due to the cause(e) and manner each occurred at the time, date end place, and due to the cause(e) and manner each occurred at the time, date end place, and due to the cause(e)										end manner ee stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFI	ER Ch				290	LICENSE N		/		E SIGNED	(Month, Day, Year)	
일	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE	OF DEATH (ITE	EM 27) (Type	s, Print)								

98 N. Broadway #410

32. REGISTRAR'S SIGNATURE

Balto., MD

21231

Chi-Shiang Chen, M.D.

31. DATE FILED (Month, Dey, Year)
JUN 13 1996

# 

17531

_							Cei	riiica	te of	Death		F	Reg. No.		4.	
	Physic /Medi		1. Decedent's Nem		RIZIS ON	Richa	rd Ling	uist	Harri	son		Dete of Dea Month	Dey Dey	Yeer 1996	3. Tima of 07.'5	
	Exami		4e. Facility Neme (/	If not institution, gi	ve street end number,	)				4b. City, Town			1	ty of Death		
			Bay View							Baltim		ity	N/A			
	Funeral		5. Social Security N	lumber 6.	Sex 7. Ag	ge (In yrs. i	lest birthday)	If Under	er 1 Yeer Deys		Hrs. 8. Min.	Dete of Birti (Month, De)	h /. Year)	9. Birth	piece (Stete or	r Foreign
	Director		212-05-90	703	8:	3	Yrs.					ig. 6,		Mar	yland	
	pue *		Usuel Residence of 10a. Steta	10b. County		10c. City	/, Town or Lo	cation							10d. Inside Cit	hy I imite
	daryt	0	Maryland	N/A			imore		J						™ Yea	
	the 128s	Director	10e. Street and Nur			Duz		-	ip Code			1	10g. Citizen of	What Cou	ntry?	
	3a or	O	3224 Lynd	ale Aven	ue				1213				U.S.A.			
	deeth	Funeral	11. Meritel Stetus		12. Wes Decedent	Ever In U,	S. 13.	Wes Dec	edent of I	Hispenic Origin	? (Specify	Yes or No-			can Indien,	
0	or its	F	1 Never Merri	ied 2 Married	Armed Forces? 1 ☐ Yes 2 ☒			i Yes, sp 1 □ Yea		en, Mexicen, F	Puerto Ric	an, etc.)		eck, White,	etc.	
21215-0020	filed within 72 hours after deeth with the Marylend Hygiene. ther than "natural", or flerna 23a or 28a-f ahow ent, the Medical Examiner must be notified at	1 by	3 Widowed	4X Divorced	If Yas, Give Yeer or Detes:			ILI Yea	240 NO	Specify:			Spec	ily: Wh	ite	
5-	72 h	Completed	(Spec	15. Decedent's E	Education rede completed)		16e. Deced (Give	dent's Usi kind of w	ual Occu	pation during most o	f working		16b. Kind of I	Business/Ir	ndustry	
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e,	一工五百		20e. Method of Disp	position			laca of Dispo	sition /N	ame of			Dete	20c. Location			
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Baltimore,	permit. Pages Department of Important: If it any injury or once.		21. Signeture of Fu	neral Service Lice	nseo?					ess of Fecility					-	
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3	_		23a. Peril Enteril	tallure. List only	nplications that cause ona causa on eech ii	d the deeth	. Do not ant	ar the mo	de of dy	ng, such es ca	rdlec or re	spiretory er	reat,	Laiki	Approximete Intervel Batw	)
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	cete be executed physician and sthe burial-transit	Examiner	Sequantially list cor if eny, leeding to im ceuse. Enter Unde Cause (Disease or	nditions, mediete		,	ea e conseq			01.4	115	2				
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. 8	death ne etter ed for u	sick	Part II. Other signifi	icant conditiona	contributing to death b	out not resu	ilting In the ur	nderlying	cause gi	ven in Pert I.		23b. Dld t	obacco use c	ontribute t	to the cause o	f death?
P.0.	requires thet the death	Physician										1)201	/ee 2□ No	3 Pro	bably 4 🗆 L	Unknow
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0	been s	Completed										24a. Was a perfor	an autopsy med?	/B	fare eutopsy fix vallable prior to empletion of ce	
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Division	Atten r dea ector	Ifica	3 Suicide	8 Could not be	28e. Pleca of Inj			eet, fecto	ry, office		28f.			ber or Rur	al Route Numb	ber,
ă	s efte	Certification:	4 Homicide		building, et	c. (Specify	")					City or Tow	n, Stete)			
	To the Hospital or Attending is within 24 hours effer death. To the Funeral Director: After completely filled in by the funer	edicai (	29a. Certifier (Check only	1 Certifying Pt	hyelclen: To the best miner: On the basis of	of my knov	vledge, daath	occurred	et the ti	me, dete end p	place, and	dua to the o	euse(s) end n	nanner as s	steted.	
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			30. Name end addra	HOUK M	complated causa of c	HOPK	23a) (Type,	Print) E	WM	ED CEN	TENL	= 21	א מדא	D 2/3	24	
	Sta	-	31. Deta filed (Mont	h, Dey, Year)	32. Registr	er's Signat	ura	47	TU C	M3 1610		. 3/	-10, 1	- 40	4/	
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				76 (	C	ertificat	e of	Death			Reg. No.				
Dhunis	lan	1. Decedent's Name (First, Mic		11-011					eath Day	Veer	3. Time of Death				
Physiciar /Medica		LESTER	H	HOPKINS					3	1996	2:50Pm				
Exami	ner	le. Facility Neme (If not Institution, give street and number) Suburban Hospital						46. City, To Beth		ocation of Dee	th 4c. County of Deeth Montgomery		y		
Funeral Director		5. Sociel Security Number 222-16-9468	6. Sex 10∑ M 2□ F		yrs. last birthde Yrs.	y) If Under Months	1 Yeer Days	If Under Hours	24 Hrs. Min.	8. Dete of Bi (Month, D		9. Birthpi Coun unkr	lece (State or Foreign try)		
pu .		Usuat Residence of Decedent 10a. Stete 10b. Cour	hu	100	. City, Town or	Location									
death with the Maryland ms 23a or 28a-f ahow Linual be notified at	Funeral Director	Maryland Prin			Hyattsv		Code				10g. Citizen of		0d. Inside City Limits 1 ☐ Yes 2 ☑ No		
3a or	ā	6500 Riggs Ro	ad					0783							
	ner	11. Maritai Stetusunknou	in U,S. 13	. Was Deced			igin? (Sp	ecify Yes or N		ce - Americ	an Indian,				
	by	1 Never Married 2 M 3 Widowed 4 Divorc	If Yes,	Forces? units 2 No Give r Detes:	rnown	1 ☐ Yes 2 ☑ No Specify:			rican, etc.)			white			
d within 72 hours at glene. rr than "natural", or the Medical Exam	Completed	15. Deced (Specify only high	ent's Education lest grade complete	ucation 16a. Decedent's Usuat Occupation (Give kind of work done during most of working iffe. DO NOT use retired)				16b. Kind of I	Business/Ind	dustry					
jene. r than	ф	Elementery/Secondary (0-12		9 (1-4or 5+)			se retire	d)				b			
al Hygid other	Ü	unknown     unknown       17. Fether's Neme (First, Middle, Last)     18. Mother's Neme							er's Nam	e (First, Middle	16b. KInd of BusinessAndustry  UNKNOWN  Tirst, Middle, Maiden Sumame)  Joute Number, City or Town, State, Zip Code)  Date  20c. Location - City or Town, State  655 W. Baltimore Street  21201-1559				
d 2 should be file th and Mentel Hy 7 is marked othy traumatic avent	To Be	unknown unkn													
de man	-	19a. Informant's Name/Relationship (Type, Print)  19b. Malling Address (Street and Number or									ber, City or Town	n, State, Zip	Code)		
1 and 2 Heelth em 27 i		unknown	in			nknown									
8== 8		20a. Method of Disposition 1 ☐ Buriat 2 ☐ Cremation 4 ☐ Donation 5 ☒ Other	Db. Place of Dis cemetery, cr	position (Nar ematory or o	ne of ther ple	ce)		Date	20c. Location	20c. Location - City or Town, State					
permit. Pa Departmen important: any injury once.		21. Signofure of Funeral Service Licenses Service Licenses Service Licenses State Anatomy Board-655 W. Baltimore Street  Baltimore, Maryland 21201-1559											Street		
	1														
Physician		snock, or neert reliure. List only one cause on each line.  Intervat Between Onset and Death											Onset and Death		
/Medicai Examiner	ш	Immediate Ceuse (Final disease or condition	. M	VAC	OCARDIAI INFAR					CTIDAL AC			ACUTE		
Examiner	U	resulting tn death)		Due	to (or as a cons	equence of):		,							
bed is	Examiner		b. AR	TERIO	SCIER (	TIC	(	ARDI	OVA	SCUL,	R DISE	ASE	INDEF		
xacut and el-trar	xan	Sequentially tist conditions, if any, leading to immediate			to (or as a cons						Ì				
certificate be executed ding physician and use as the buriel-transit		Sequentially tist conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or trijury that initiated events	C	Due											
ing phy e as the	ledical	resulting in death) Last													
h cert endin	M/us		d				<del>-</del>								
es that the death cer igned by the ettendin be detached for use	sicie	Part ff. Other significant condi	tiona contributing to	death but not	resulting in the	underlying c	ause gh	ven in Part I	l	23b. Did	I tobacco use c	ontribute to	the cause of death?		
at the	Phy	CHRONIC OBSTRUCTIVE PULMONARY DISEASE								1 Yes 2 No 3 Probably 4 Uni					
es the	by														
v requires been sign should be	Completed by Physician							24a. Was perf	s an autopsy ormed?	ave	ere autopsy findings eilable prior to mptetion of cause				
× 5 5 ×	ğ											of c	death?		
vician: The lav certificate hes rector, page 2										10	Yes 200 No	1 🗆	Yes 2 No		
Physician: this certific ral director,	o Be	25. Wes case referred to medic examiner? 1 ☑ Yes 2 ☐ No	Hospital:	7			Ott			h (Check only					
Attending Physician: The is rideeth. ector: After this certificate he by the funeral director, page	5	27. Menner of Death		□ tnpatient te of tnjury onth, Day Yea	2 ☐ ER/Outpati 28b. Time		8c. tnju Wo	ACSUM	irsing Ho		how injury occu		/)		
Attending or deeth. ector: After by the fune	atio	1 Anatural 5 ☐ Pend 2 ☐ Accident trives	ling (Mi stigation	onth, Day Yea	r) Injury	м		rk?  Yes 2 🔲	No						
To the Hospital or Attending I within 24 hours effer deeth.  To the Funeral Director: After completely filled in by the funer	Certification:	2 Accident 3 Suicide 6 Could not be determined 4 Homicide determined 28e. Ptace of Injury - At home, farm, street, factory, office building, etc. (Specify)								281. Location (Street and Number or Rural Route Number, City or Town, State)					
drai of drain of drai	-														
To the Hospital or within 24 hours efte To the Funeral Dirt completely filled in	edicai	29a. Certifier 1 Certify (Check only one) 1 Medical	ing Physician: To t if Examiner: On the and ma	basts of exan	knowledge, dea nination and/or	nth occurred investigetion,	at the the	me, date an opinion, dea	d place, th occur	and due to the red at the time	cause(s) and m , date and place	anner as st , and due to	ated. the cause(s)		
vithin To the	Me	29b. Signeture and fittle of cartifier 29c. License number								29d. Dete sign	ed (Month, i	Dey, Year)			
F > F 0		1	,04	lu	110	9	Da	7 09	0		VIIIE	>	1861		
		30. Name and address of person	n who completed ca	use of death (	(Item 23a) (Type		0	- 01	_		0000	)	116		
		FRANCIS C	MAYLE	JORK	FERNIUM	08 8	5 .	BETT	YES	DA 1	JUNE MD 2	05-1	7		
Sta	ate	31. Date filed (Month, Day, Yes	32	Registrar's S	ignature										
Regist	rar	JUN I 3 1996	gelia Sa	Media 7											
HMH 16 Rev 6/5	5		U	The same	maring										
	rar	31. Date filed (Month, Day, Yea JUN 13 1996	Julia Ja	Registrar's S	ignature										

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

17533

							Cert	illicate o	Deall	1		Reg. No.		
	Physicia /Medic		1. Decedent's Neme ( Francis	rman		Hur			2. Data of D Month June	2, 199	Yaar 6	3. Time of Deeth 4:00 a.m.		
	Exami	ner	4e. Facility Name (If n 1128 Wedg 5. Social Security Nun	ewood Ro	ad	er) Age (In yrs. la	st birthdav)	If Undar 1 Ye	Cato	nsui.		Bal	timo	re
	Funeral Director		705-05-62 Usuel Residence of D	22	(M 2□F	91	Yrs.	Months Day	/s Hours	Min.	8. Date of Bi (Month, D Jan. 3	ay, Year) 1, 1905	Mar	pieca (State or Foreign ntry) yLand
	and ZIZIS-UUZU be filed within 72 hours efter deeth with the Menyland tal hygiene. d other than "natural", or items 23a or 28-4 show event, the Medical Examiner must be notified at	Funeral Director		0b. County Baltimor	e	1	Town or Loc		10d. Inside City Limits 1 ☐ Yes 27☐ No					
			10e. Street and Numb		wood Road			10f. Ztp Code 2 1 2 2 9				10g. Citizen of	What Cou	,
020		by Funera	11. Marital Status  1 □ Never Merried 2 □ X Married  3 □ Widowed 4 □ Divorced  12. Was Decedent Ever in U Armed Forcas?  1 □ Yes 2 □ X No if Yas, Giva Yaer or Detes:			No No		/as Decedent of Yes, specify C			ecify Yas or N Rican, etc.)	o- 14. Re- Ble Specia	ck, White,	can indian, , etc. White
21215-0020		Completed	1! (Specify Elementery/Second UNI2NOWN	cation a completed) College (1-4 UNRNOWN	or 5+)	16a. Decedent's Usuei Occu (Giva kind of work done life. DO NOT use retire Unknown		cupation ne during most of working ired)			16b. Kind of Business/		ndustry	
Maryland	a a b	To Be C	17. Fether's Neme (First, Middle, Last) Francis Norman Hurtt			.1					e (First, Middle an "unl	e, Malden Sumai 2NOWN''	na)	
	is 1 and 2 should if Health end Mer Nem 27 is marks other traumatic		19e. Informent's Nem Dorothy H	lurtt/wif			1128	Wedgewo			ral Route Number, City or Town, State atonsville, Marylo			d 21229
Baltimore,	0 8 5 F 9		1 ☐ Burial 2 ☐ Crametion 3 ☐ Removei from Stete 4 ☐ Connection 5 ☐ Other (Specify)			000		Ition (Name of atory or other p	place)		Dete	20c. Location	- City or T	own, State
Ball	permit. Pege Department of important: If any injury or once.		21. Signature of Fune	Sarvice Licans		Pergir	. St	Name end Add ate And Utimor	rtomy i	Board		). Balti	nore	Street
	Physician /Medical Examiner	Je.	immediate Causa (Fir disass or condition resulting in deeth)				Do not ente	r tha moda of o	lying, such as	s cardlac	or raspiratory	te /4	00	Approximate interval Between Onsat and Deeth  3 munth
ດ໌	ficate be executed physician and is the buriel-transit	Examiner	Sequantielly list condi if eny, laeding to immo cause. Enter Undarly Ceuse (Diseesa or inj that initieted events		)	Dua to (or es a consequenca of):								
ox 68760,	certi nding use a	in/Medical	resulting in death) Last											
O. B	requires that the deeth seen signed by the atter should be deteched for	Physicia	Pert il. Other significa	Pert if. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i.  23b. Did tobacco use contribute  1  Yes 2 No 3 Yes								/	to the cause of death?	
0	ires that signed b	by										. Were eutopsy findings		
Records,	× 50 ×	Completed									24a. wa peri	Was an autopsy performed?		valiable prior to cause death?
Vital F	t seg	Be Cor	25. Wes case raferred	to-medical					26 Plac	e of Deat	1 □	Yas 2 No	1	Yes 20M6
>	0 0	0	axaminer? 1 ☐ Yes 2 ☑ No	H	ospitei: 1 🗆 Inpe	atient 2 E	R/Outpatient	3□ DOA	Whee		-	idenca 6 □Oti	nar (Speci	(fv)
ion of	Attending Physical death.  Sector: After this by the funeral	ation: T	2 Accident	5 Panding investigation	28e. Dete of in (Month,		28b. Time of Injury	28c. in V M 1				how injury occu		
Division	2442	Certification:	3 ☐ Suicide 4 ☐ Homicide	6 Could not be determined	28e. Piece of injury - At home, ferm, street, fectory, office building, etc. (Specify)					28f. Location City or To	28f. Location (Street and Number or Rural Route Number, City or Town, State)			
	the Hospital of hin 24 hours a the Funeral Dipletely filled I	edical	29a. Certifier 15 (Check only 25 one)	Certifying Phys	ician: To the be ier: On the basis and manner	of examinetic	edga, death on end/or inve	occurred et the estigetion, in m	time, deta a y opinion, de	nd place, eth occurr	end dua to the red et the time	causa(s) and m , dete end pieca,	annar as a and due t	stated. o tha cause(s)
	To the within To the comple	M	29b. Signeture and title of certifier  When E. L. Worn Affeoding days icag n \$26534 6/7									/9 C	Day, Year)	
			30. Name and eddress	F /	/.	f deeth (Item 2	Z3e) Type, P				- /		. ( )	
	Sta Registr		31. Data filed (Month, JUN 131		Julie Day	strer's Signetu	dage_					0		

#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death Month 4e. Fecility Neme (If not Institution, give street end number) TUNF 6:40 A 1996 4b. City, Town, or Location of Deeth 4c. County of Deeth BALTIMORE RALTIMORE SINAL HOSPITAL If Under 1 Year If Under 24 Hrs. 8 Dete of Birth Months Deys Hours Min. (Month, Dey, 5. Social Security Number 7. Age (In yrs. lest birthday) Birthpiece (State or Foreign Country) Deys 1**X** M 2□ F Yrs. 79 216-03-8050 9,1916 Maryland Maryland Usual Residence of Decedent 10a State 10c. City, Town or Location 10b. County 10d. Inside City Limits 1 ☐ Yes 2 No No Maryland Baltimore County Rodgers Forge 10e. Street and Number 10g. Citizen of What Country? 10f. Zio Code 326 Stanmore Road 21212 USA 14. Rece - American Indian, Bieck, White, etc. 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Meritel Stetus 1 ☐ Never Merried 2 ☐ Merried 1 ☐ Yes 2 No If Yes, Give Yeer or Detes: 1 ☐ Yes 2 No Specify: Specify: White 3 Widowed 4 □ Divorced 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12 N/A Manager Rail Road 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) Charles Gerard Schaeffer Hartung Fmma 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Nancy H. Klein/daughter 10 Southwark Bridge Way, Lutherville, MD. 21093 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriei 2 ☐ Cremetion 3 ☐ Removel from Stete 4 □ Donetion 5 ☑ Other (Specify) entomment Dulaney Valley Memorial Gardens JUNE 8 Lutherville, Maryland 21. Signature of Funeral Service Licen-22. Name and Address of Facility Mitchell-Wiedefeld Home, Inc. John G. Reitz 6500 York Rd. Baltimore, Maryland 21212 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture only one cause on each line. Approximete Interval Between Onset and Deeth Immediate Cause (Fine) UROSEPSIC disease or condition resulting in deeth) Due to (or as e consequence of): DEMENTIA YEHRS Due to (or es e consequence of): DHYS GASTROINTESTINAL BLEED Due to (or es e consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown 24e. Wes an autopsy performed? 24b. Were eutopsy findings available prior to completion of cause of death? 2 X No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical examiner? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA

/Medical Examiner Physician/Medical Examiner physician and s the burial-transit The law requires that the death certificate be executed

for use as

signed by the a

s certificate has b director, page 2 s

this

in 24 hours after death.

The Funeral Director: Af noistehy filled in by the ft.

To the Hosp within 24 ho To the Fune completely fi

director,

or Attending Physician:

by

Completed

Be

2

Certification:

**Physician** 

Division of Vital Records, P.O. Box 68760,

**Physician** 

/Medical

Directo

Funeral

þ

Completed

Be

0

Examiner

**Funeral** 

Director

therns 23s or 28set

"natural", or

permit. Pages 1 and 2 should be filed within 72 h. Department of Health and Mental Hygiens. Important: if them 27 is marked other than "netus any injury or other traumatic averages."

Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest

CEREBROVACULAR ACCIDENT.

1 Yes 2 No 27. Menner of Deeth 5 Pending Investigation 1 Neturel

28a. Dete of Injury (Month, Dey Year) 6 Could not be determined

28b. Time of

28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

28c. Injury et Work? 1 Yes 2 No

BALTIMORE.

28d. Describe how injury occurred

29e. Certifier (Check only one)

2 Accident

4 ☐ Homicide

3 ☐ Suicide

🗠 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the causa(s) and manner as ateted. 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete end place, and due to the cause(s) end menner stated.

29b. Signeture and title of certifier,

INT. MEDICINESC. License number DEM MS 175-4-1 2402321-AA-

29d. Date signed (Month, Day, Year)

SINAL HOSP 9909

JUNE

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

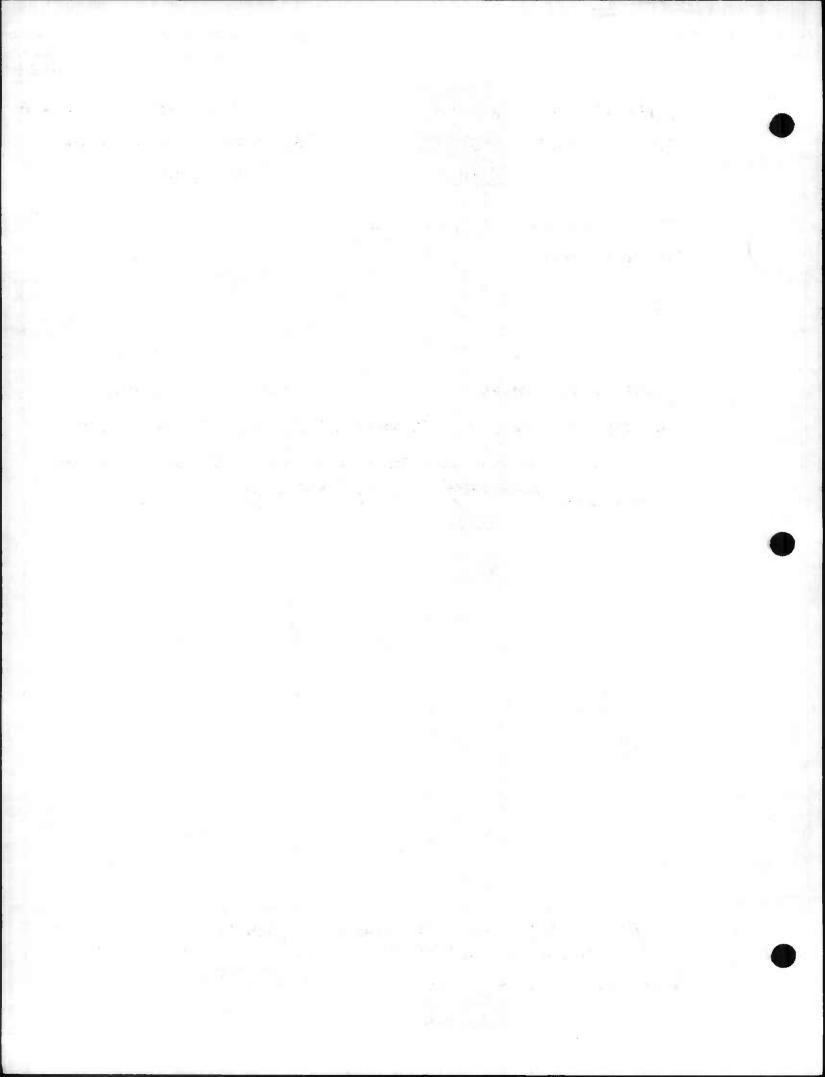
30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

SINAL HOSPITAL ABRAHAM

31. Dete filed (Month, Day, Year) JUN 1 3 1996

32. Registrer's Signeture g . in Tail doon Random

State Registrar



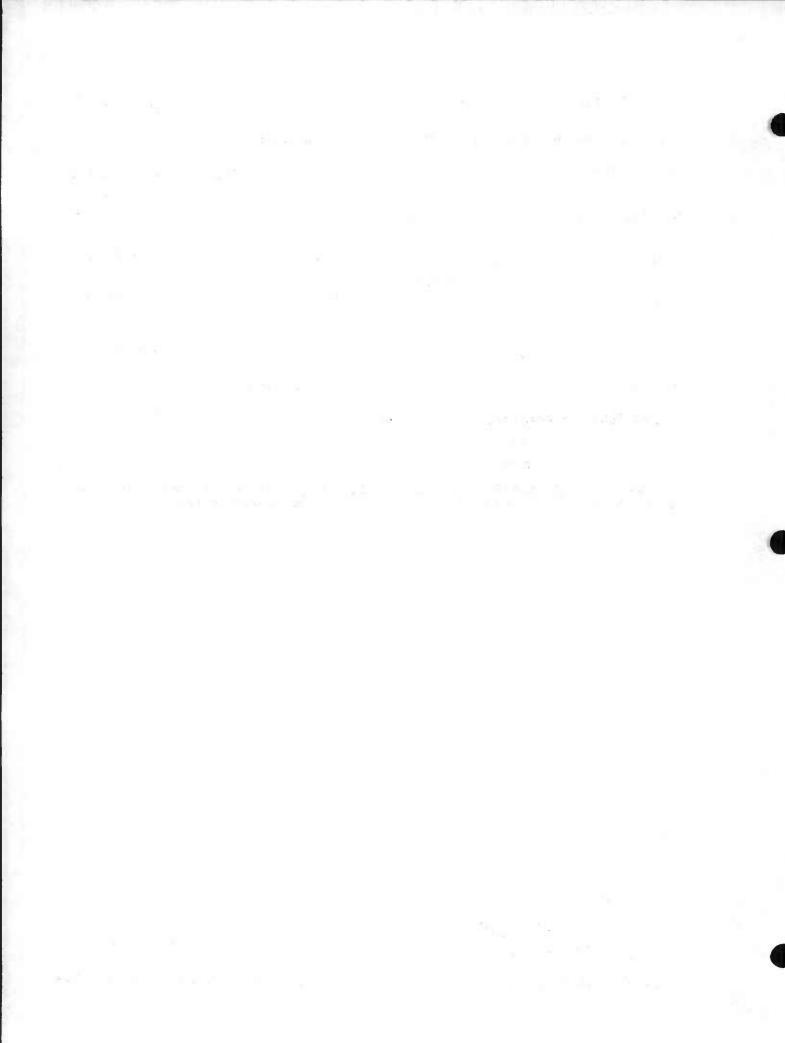
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State of Maryland / Department of Health and Mental Hygiene 96 | 7535

					C	ertificate	e of	Death			Reg. No.			
Physician /Medical		DCM D HENTINGE								Dete of Dec Month	Dey Year		3. Time of Deeth 9:45 PM	
Examiner		4e. Facility Nama (If not institution, giv Johns Hopkins Ba			Cent	er		4b. City, Town Baltin		on of Deeth	,	4c. County of Death		
Funeral Director		5. Sociel Security Number 6. S  563-01-3087  Usual Residence of Decedent	ax 7. KDM 2□F	Aga (In yrs.	lest birthd Yrs	Months	1 Yaa Days		Min.	Dele of Birt (Month, Da ) 2C . 9	th y. Yeer) , 1910	9. Birthpl Coun UNRN	lece (Steta or Forei try) COWN	
8.00	ŀ	10e. State 10b. County		10c. CII	y, Town o	r Location					10d. Inside City Lim			
to Ties	5	Maryland n/a			Balt	imore						Ì	1 ☑ Yas 2 ☐ N	
be notified	6	10e. Street and Number				10f. Zip	Code			10g. Citizan of			try?	
300	2	6317 Toone Street					2	1224				u.s.A		
, a >	בַּ	11. Meritel Status  1 Never Merried 2 Married  3 X Widowed 4 Divorced	12. Wes Deceding Armed Force 1 Test 2 If Yes, Give Yaar or Date	If Yes, specify Cuben, Maxicen, Puarto Rican, atc.)  No  1 □ Yes 2 ☑ No Specify:					ce - Amaric ck, While, o y: Whit	atc.				
Ment A	2	15. Decedent'e Ed (Specify only highast gra	lucetion	n 16e. Decedent's Usual Occupation			f working		16b. Kind of B	b. Kind of Business/Industry				
ygiene. Ner than "natura It, the Medical I		Elementery/Secondery (0-12)  UNRNOWN	College (1-4 unknown			e. DO NOT us nknown	k done during most of working e ratired)				unknown			
C at the		17. Fether's Neme (First, Middle, Last)		L	u	ricriown		18. Mother's	Nema (F	irst, Middle.	Malden Sumen			
marked other than imatic event, the M		unknown						unkn	.own					
0 0 0		19e. informent's Neme/Reletionship ( Evelyn Robinson/N				eiling Address nknown	(Stree	ot end Number o	or Rural R	oute Numbe	er, City or Town,	Stete, Zip	Code)	
nent of Haalth int: If Item 27 I		20e. Method of Disposition  1 Buriel 2 Cramation 3 4 Donetton 5 Nother (Specify	in Remove from SI	ata C		sposition (Nem crametory or of		ace)		Dete	20c. Location	c. Location - City or Town, State		
Department of F Important: If its any injury or of once	1	21 Signature of Funeral Service Licensaa  Royald S. Wade, Dir. State Anatomy Bary Baltimore, Maryor								d <sub>1</sub> 655 W. Baltimore Street				
ysician /ledical aminer	e.	Immediate Cause (Final disease or condition resulting in deeth)  e. South Cardiony pathy  Due to (or es a consequence of):										Intervel Between Onsat and Death		
physician and stha buriel-transit		Sequentielly list conditions, if eny, leading to immediate cause. Entar Underlying Cause (Disease or Injury	b	Due to (o	r es e con	sequence of):						i		
ha bur		Cause (Disease or Injury thet initieted events resulting in death) Lest	с.	Due Io (o	ue to (or as a consequence of):									
attending pl			d											
ed by the deteched		Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I.								23b. Did tobacco use contribute to the cause of deaf  1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown				
2 should										24e. Wes perfo	erformed? eveileble pr		ere autopsy findings sileble prior to apletion of cause deeth?	
page Poge										101	Yes 2 No	10	Yes 21 No	
rector, page		25. Wes cese referred to medical examiner?	11						Deeth (Check only one)					
To To	٠  -	1 Yes 2 No	Hospital: 1 Inpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify)							1)				
tor: After the funar cation:		27. Menner of Deeth  1 Menner of Deeth  1 Neturel 5 ☐ Pending 2 ☐ Accident investigation		Dey Year)	28b. Tim- Injui	e of 28	Work?				escribe how injury occurred			
- 2 E		3 ☐ Sulcide 6 ☐ Could not be determined						28f.	28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)					
he Funer plataly fill edical		29a. Certifiar (Check only one)  Certifying Physics  Certifying Ph	Alcian: To the bealiner: On the basi	s of examinal	wledge, de tion end/or	eeth occurred e r invastigation,	t the t	ima, data and p opinion, deeth	occurred e	due to the o	cause(s) and me deta end plece,	enner as st and due to	aled. the cause(s)	
Toth	29b. Signalura and titla of certified 29c. Licansa number 29d. Dala signed (6/5)								1					
		30. Name and address of person who of DAPTEL HALEV 31. Date filled (Month, Day, Year)	4 MD	of deeth (Item	EAS	oe, Print) STERN	AI	16NUE,	BALT	timo	RE MI	> 21	224	

Registrar

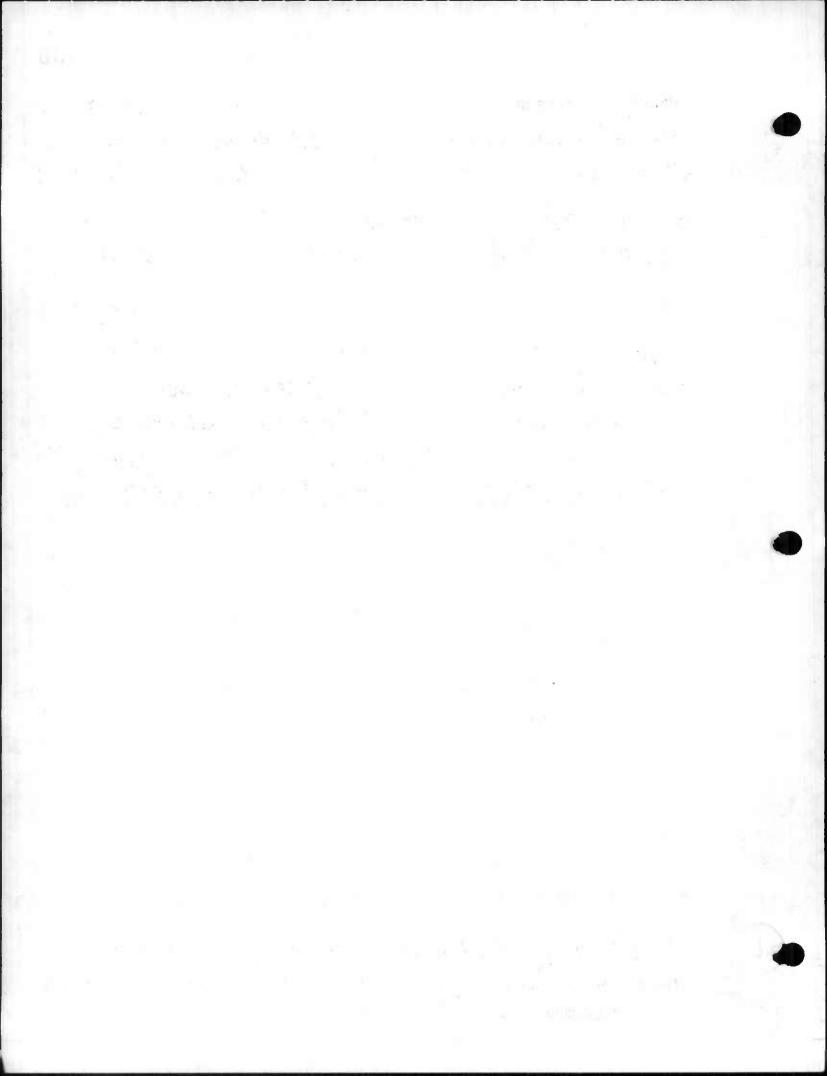
JUN 1 3 1996 The Davilson Randon



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State of Maryland / Department of Health and Mental Hygiene 96

			Certificate of Death		Reg. No.		, , , ,		
Physic	ian	Decedent's Name (First, Middle, Lest)		2. Dete of I	Deeth Dev	Yeer	3. Time of Death		
/Med		HELEN JACKSON		Moeth 06	09	96	6:26 pi		
Exam	iner	4e. Fecility Neme (If not institution, give street end number) Old Court Nursing Center	4b. Phy. Town, or L	ville.	Bo	1/+1	more		
Funera Director		5. Sociel Security Number 211-14-0242  6. Sex 1 M 2 XF  7. Age (In yrs. le	ast birthdey) If Under 1 Yeer If Under 24 Hrs. Months Deys Hours Min.	8. Date of E	Pirth Dey Year 9/10	9 Birthpli	ace (State or Fore		
he Maryland 28a-f show officed at	Director	Maryland N/A E	Town or Location  Baltimore				1 Yes 2		
permit. Yages 1 end 2 should be liled within 72 hours efter death with the Maryland Department of Health and Mental Hygiene. Department of Health and Mental Hygiene. Important: if lenn 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Maryland Examiner must be notified at once.		3128 Piedmont Ave.	21216		10g. CitIzen of	15A			
	d by Funeral	11. Maritel Stetus  1 Never Married 2 Married  3 Widowed 4 Divorced  12. Wes Decedent Ever in U,S Armed Forces?  1 Yes, Give Yeer or Dates:	<ol> <li>S. Hispanic Origin? (Sp. If Yes, specify Cuban, Mexicen, Puerto</li> <li>1 ☐ Yes</li> <li>No Specify:</li> </ol>	ecity Yes or P Rican, etc.)	No- 14. Had Ble Specif	ce - Americe lick, White, e			
iene. Then "natu	Completed	15. Decedent's Education (Specify only highest grede completed)  Elemantery/Secondary (0-12)  Collega (1-4or 5+)	16e. Dacedent's Usuel Occupetion (Give kind of work done during most of work life. DO NOT use retired)	ing	16b. Kind of B	S A	ustry		
and Mental Hygiene.  Is marked other than sumatic event, the M	To Be C	17. Fether's Neme (First, Middle, Last)  JOSEPH A. Jackson	18. Mother's Nam. Mary	R (First, Midd	Jacks	50N			
Health and em 27 is mother traum		19e. Informatit's Name/Reletionship (Type, Print)  Mr. Elmer Braxton  20a. Method of Disposition  20b. Pte	19b. Meiling Address (Streat end Number of Run 3/28 Predmont AV6	2. B	alto, Ma	d. 21	1216		
Department of I Important: If ite any injury or or once.			melery, cremetoe or other place)	Dete / 13/96	Glen I	Burr	nie, Mc		
Departr Importa any Inju		23a. Pert// Enter the disease, or combilications that caused the death.	2. Name and Address of February  10 Seph Linguist  22 UV	Fune	Balto. 1	me s	2/2/6		
hysician 'Medical		shock, of fleat failure. List offly offe ceuse on each line.					Approximete Intervel Between Onset end Deeth		
xaminer	Je.	disease or condition resulting in deeth)  Due to (or.	es a consequence ot):	Me1 (n	nt Prend	- 41-	1 LM		
an end	Examiner	if eny, leading to immediate ceusa. Enter Underlying	malyting illus & fasa consequence of:	regner	y run	BULLI	lim 17		
ding physician end se as the burial-transit	Medical	Ceuse (Disease or Injury that initiated evants resulting in deeth) Lest  Due to (or each of the country of the	es e consequence of):						
e atten	Physician	Pert II. Other eignificant conditions contributing to death but not result	ting In the underlying ceuse given In Pert I.		d tobacco use co				
5.8	by	A SCVD			Yee 212 No		ably 4 Unkno		
has b	Completed	ASCVD		per per	es en autopsy formed?	evai	re eutopsy finding leble prior to apletion of ceuse eeth?		
cartificete ha		25. Wes cese referred to medical			Yes 2 No	1 🗆	Yes 2021No		
40 73	To Be	examinar?	26. Place of Deetl  R/Outpetient 3□ DOA Othar: 420 Nursing Ho		<i>r one)</i> sidence 6 □Oth	or (Specific)			
Attending Phor daath. ector: After thiby the funeral		27. Manner of Daath 1			e how injury occur				
	Certification:	3 Sulcide 4 Homlcida  6 Could not be datermined  28a. Place of Injury - At home, term, street, fectory, office building, etc. (Specify)  28b. Location (Streat end Number or Rural Route City or Town, State)							
within 24 hours effection to the Funeral Direction of the Complete of Illed in	ledical	29a. Certifier  (Check only one)  1  Certifying Physicien: To the best of my knowl on the control of the control of the certifier of the cert	edge, deeth occurred et tha time, dete end piece, on end/or Invastigation, in my opinion, deeth occurr	and due to the ed et the time	e ceusa(s) and me e, deta and plece,	anner as sta end due to t	ited. the cause(s)		
1 P 00	2	29b. Signeture end title of certifier	29c. License number		29d. Date signe				
U		30. Nama and address of person who complated ceuse of death (Item 2	13e) (Type, Print)		,	1-96			
-		BIFNUFNUDA R MATOS NO.D	21 CRANBROOK RO	1 COCK	(EY SVILL	E, N	10.2103		
Sta Registr		31. Deta filad (Month, Day, Year)  JUN 13 1996  32. Beginner stigmature	on-Mandelle						



					d / Dep	artmen	t of I	Health and Death	Mental Hy	ygiene Reg. No	91	5	7537
Physici	an	Decedent's Nama (First, Middla, L.	_						2. Data of D _Month		Y Ye	ner	Tima of Death
/Medic		2010100	Α		ıbowsk	i			June				2:02 am
Examir	er	4a. Facility Nama (If not Institution, gi		*					r Location of Dea	ith 4c.			
		Johns Hopkins B	_					Baltim				/A	
Funeral			Sax 7.7	Aga (In yrs. 67	last birthday Yrs.	Months	Days		n. (Month, D	ay, Year)	9.	Birthplaca Country)	(Stata or Foreign
Director		216-24-7217 Usual Rasidance of Dacedant			115.				MAR	18 1	929 N	MARYI	LAND
death with the Maryland ms 23a or 28a-f show rmat be notified at	tor	10a. Stata 10b. County	IMORE	10c. Cit	y, Town or L	ocation OALK				· · · · · · · · · · · · · · · · · · ·			nsida City Limits
r 284	90	10e. Street and Number	2110112		DOIN	10f. Zip	Coda			10g. Clti	izan of Whs	t Country?	
th with 23a or		3470 DUNHAVEN	ROAD				2	1222					
The 2	era	11. Marital Status	12. Was Decedar Armed Force	nt Evar in U	.S. 13.	Was Deced			Specify Yas or N	U.S.A. Io- 14. Race - Amarican Indian,		ndian.	
or he	by Funeral Director	1 ☐ Navar Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	Armed Force: 1 ☐ Yas 2 ¼ If Yas, Giva Yaar or Datas	No				Hispanic Origin? an, Maxican, Pus Specify:	irto Rican, atc.)		Black, Whita, atc.  Specify: WHITE		E
72 hours 'natural', dical Exa	Be Completed	15. Decedent's E (Specify only highast gr	ducation		16a. Dece	dant's Usua	Occup	pation during most of w	notina	16b. Ki	ind of Busin	ass/Industr	у
E . E S		Elementary/Secondary (0-12)	Collega (1-4o	r 5+)	lifa.	DO NOT us	a ratire	d)	Urking				
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should by nd Menta marked umatic ev	10	WALTER GI	LNER					THEO	DORA	LUK	ASZEV	VSKI	
s 1 and 2 should if Health and Mer Item 27 is marks other traumatic		19a. Informant's Name/Ralationship	(Type, Print)		19b. Meil	ing Addrass	(Stree	t and Number or I	Pural Routa Numi	ber, City o	r Town, Sta	te, Zip Cod	le)
and a aalth n 27 i		GAIL A. JAKUB	OWSKI, D	AUGH	347	O DU	NHA	VEN RD	., DUNE	DALK	, MD	2122	2
S P P P P P P P P P P P P P P P P P P P		20a. Mathod of Disposition			Plece of Disp ematary, cre	osition (Nan	ne of		Data	1	ocation - City		
rages nent of nt: If Its rry or o		Donation 5 ☐Other (Speci		a	. STA				6-13	BAT.	TIMOF	OF N	I D
Department of Health Important: If Item 27 any injury or other tr once.		21. Signature of Funeral Service Lice	Vaile		2 F	2. Nama and BRADL	d Addra	ass of Facility ASHTON	FUNERA	AL H	OME,	INC.	
nysician Medical		23a Part Enter thurdisaasa, or con shock, or heart failura. List only immediata Causa (Final	ona causa on aech	ina.	h. Do not an	tar tha mode	a of dyl	ng, such as cardl	ac or respiratory	arrest,		App Inta Ons	proximata rval Between set and Death
xaminer		disaasa or condition rasulting in daath)	a Cardia									LW	reles
	ē		Taraha - · ·		r as a conse	quance of):						110	
L Sit	Examiner		b. Ischem				-					ye	ars
an and rial-transit	Exa	Sequentially list conditions, if any, laading to immadiata	Daniah	-	ras a conse		2022	10				1/1/	
	- I	causa. Entar Undarlying Cause (Disease or injury that initieted evants	Periphe	-			seas	se				ye	ars
attending physicia I for use as the bu	Physician/Medica	rasulting in death) Last	d	Dua to (or	r as a conse	quance of):							
death e atter	Icia	Part II. Other significant conditions of	ontributing to death	hut not rea	ulting in the	indadidae -	allee ch	ven in De⇒!	22h D4-	i tohenna	1100 000111	nerte en alex	cause of death1
that the de ed by the detached	hys	ware eigenvant conditions (	withouting to death	Dut HOLTES!	armiy ni (Ne) (		ausa gr	vali ili Fäll I.		Yes 2			cause or death:
80	by P								- 1	1108 2	□ NO 36	3 Probably	/ 4 U OHKNOW
s been signe 2 should be	Completed b								24e. Wa	s an autor formed?	osy 2	avsilabl	utopsy findings le prior to tion of causa
ate has b page 2 s	mo								10	Yas 2	X <sub>No</sub>		s 210 No
certificate rector, pay	0	25. Was casa rafarred to medicai						26 Place of D				, L 18	2 ECH 140
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After thi	Sign P	27. Mannar of Death  1 Natural 5 Panding 2 Accidant invastigatio	28a. Data of In (Month, D	jury	28b. Tima o Injury		8c. Inju Wo	4 LI Nursing	Homa 5 Ras 28d. Dascribe			эрөслу)	
or Attending after death. Director: After In by the fune	ertification:	3 Suicida 6 Could not be datarmined	288. FIECE OF	njury - At ho atc. (Specif)	ome, farm, st	reet, factory	, office		28f. Location City or To	(Street an own, Steta		or Rural Rou	uta Number,

To the Liseptal or Attending Physical Million 2 hours after death.

To the Funeral Director: After this of completely filled in by the funeral directors.

4 - Homicida 29e. Cartifiar (Check only one)

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, and dua to tha causa(s) and manner as stated.

2 Medical Examinar: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, dete and place, and dua to the cause(s) and manner stated. 29b. Signetura and titla of certifiar

MAPAD

29c. Licansa number AJY147357 29d. Data signed (Month, Day, Year)

21224

June 10,1996

30. Nema and addrass of person who completed cause of deeth (Item 23e) (Type, Print) Johns Hopkins Bayview Medical Center STEVEN 13. GOLDIN

4940 Eastern Avenue, Baltimore, MD

State Registrar

Certification:

Medical

31. Data filed (Month, Dey, Yaar)

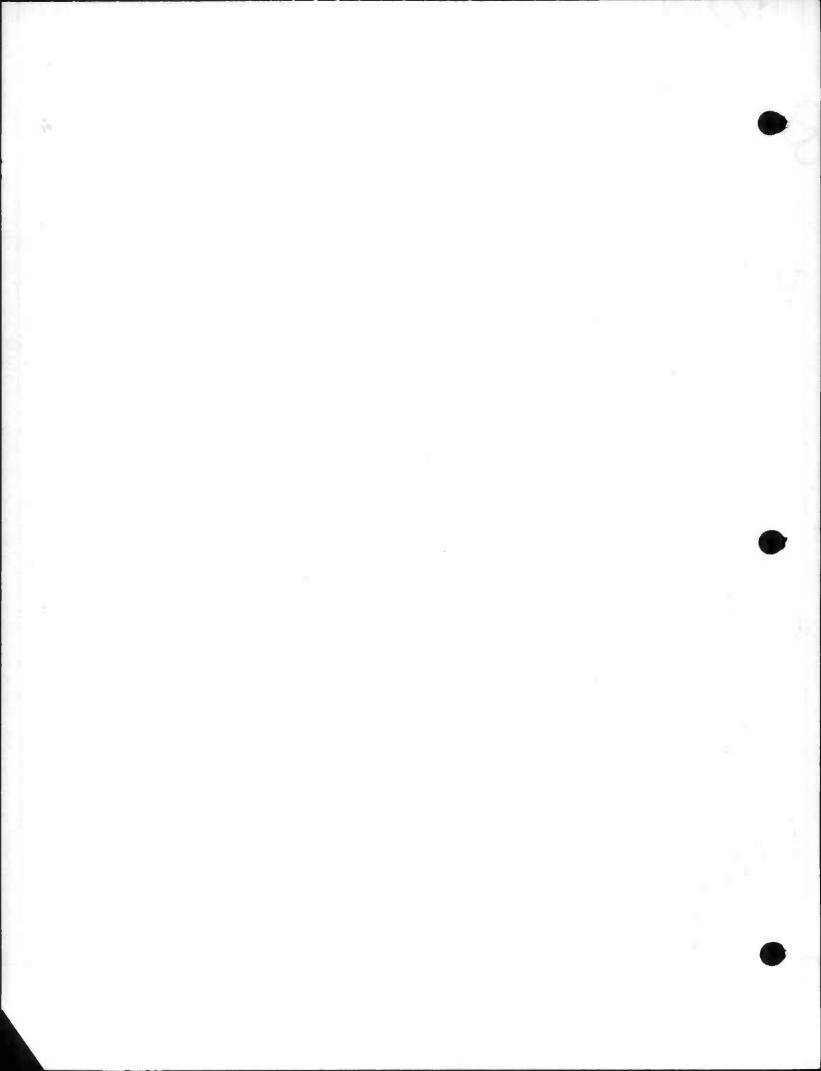
JUN 1 3 1996

32. Registrer's Signatura



NI CINDING PRINCIPANT, HIS INVITED HER THE PRINCIPANT OF PETALOGUE AND PRINCIPANT AND PETALOGUE OF PETALOGUE	CTOR; After this certificate has been separat by the attenuating physician and completely filled in by the funeral director, page 5 shou	
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5	A	de
1	OR.	fter
2	5	œ

		ENT OF HEALTH AND	MENTAL HYGIEN REG. NO	_						
	1. DECEDENT'S NAME (First, Middle, Last) Helen A. Krosler		2. DATE OF DEATH MONTH	AY YEAR	3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER  213-28-3266  5. SEX  1 □ M 2 ☑ F 84  YRS. MONT	NDER 1 YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN.	7. DATE OF BIRTH A (Month, Dev. Xeer) A D I I G ,	a. BIF	THPLACE (State or Foreign intry)  Tryland					
TOR		city, town or Location of D Baltimore	EATH	Baltimore						
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOY	vn or Location			10d. INSIDE CITY LIMITS? 1  YES 2  NO					
RAL	10s. STREET AND NUMBER	101. ZIP CODE		10g. CITIZEN OI	F WHAT COUNTRY?					
BY FUNERAL	2817 Hammonds Ferry Road  11. MARITAL STATUS  1  Never Married 2 Merried  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	21227  13. WAS DECENDENT OF HISPA It yes, specify Cuban, Mexic 1 YES 2 XNO Specify	an, Puarto Rican, etc.)	d States  CE - American Indian, ack, White, atc.  ecity:  white						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  12  College (1-4 or 5+)  Secreta	one during most of working ed.)		siness/industry						
BE	19a INFORMANTS NAME (Totalists)									
2	Christian G. Kessler Jr.son 5102 Durham Road East Columbia, Mary									
	20s. METHOD OF DISPOSITION 1 X Burdel 2 Cremetion 3 Removal from State 4-Donnieron 6 Other (Specific)	POSITION (Name of		CATION - City or						
	Superior 2   Cremetion 3   Removal from State   Commetter   Comm									
	23. PART i. Enter the diseases, or complications that coused the death. Do not en abook, or heart fellure. List only one couse on each line.	iter the mode of dying, aud	th as cardiac or resp	Iretory arrest,	21227 Approximete Interval Batween					
	immediate cause (Fine) disease or condition resulting in death)  a. CVA  Onset and Death									
z	DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury That initiated events.  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
CERTII	resulting in death) LAST									
4	PART II. Other algorificent conditions contributing to death but not resulting in the	underlying cause given in	Part I. 24e. WAS AN PERFO		46. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO					
MEDIC			1 YES 2	± № NO	OF DEATH?  1 YES 2 NO					
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Ch		N 🗆							
SIC	EXAMINER? HOSPITAL: OTH	1ER: Nursing Home 5 ☐ Residence	6 Other (Specify)							
ВУ РН	27. MANNER OF DEATH  28s. DATE OF INJURY (Month, Dey, Year)  28b. TIME OF INJURY (Month, Dey, Year)  28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW	NJURY OCCURED						
8	3 Suicide 8 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, building, etc. (Specify)	tectory, office	28t. LOCATION (Street City or Town, State)	and Number or Rura	I Route Number,					
COMPLET	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the company of the com	he time, date and place, and due ny opinion, death occured at the	to the cause(s) and ma	nner as stated.	o(a) and manner as stated.					
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUI	ED (Month, Day, Year)							
7		Heights Ave	Baltimer		20215					
	JUN 13 1996  32. REGISTRAR'S SIGNATURE  JUN 24 1996  32. REGISTRAR'S SIGNATURE  JUN 24 1996	,								



				State of Ma	arylan				lealth a	nd M	-	giene Reg. No.	96	17539	
П	Physic	ian	1. Decedent's Neme (First, Middle, Last)								2. Dete of De Month	eth Dey	Yeer	3. Time of Death	
	/Medi Exami	cal	DOROTHEA 4e. Fecliity Neme (If not Institution, give s		MMEI			4	b. City, Tow	n, or Lo	JUNE cation of Deeti	9 19	996	10:00 P.	
-	Funeral Director		GREATER         BALTI           5. Sociel Security Number         6. Sex           578-28-1370         1□			L CEN lest birthdey) Yrs.		r 1 Year Deys	TOWS		8. Dete of Bir (Month, De Dec 2	th	9. Birthple	E ece (Stete or Foreign ry) Va.	
	the Maryland 28a-f show notified at	Director	Usuel Residence of Decedent  10a. Stete 10b. County  Md. Baltime  10e. Street end Number	ore	10c. City	y, Town or Lo		Code				10g. Citizen of		d. Inside City Limits 1 ☐ Yes 2 ☐ No	
20	72 hours after death with the Maryland natural', or fterns 23a or 28a-f show dired Examiner must be notified at	by Funeral Di	46 Northwood Dr.	12. Wes Decedent E Armed Forces? 1 ☐ Yes 2 ☑ N If Yes, Give Yeer or Detes:			Wes Dece	2109 dent of H cify Cube		in? (Spe Puerto I	cify Yes or No Rican, etc.)	U.S.	Ace - America	in indian,	
2121 d within	iene.	Completed	15. Decedent's Educ (Specify only highest grade Elementary/Secondary (0-12)	(Give kind of work done during most of w life. DO NOT use retired)  Home Maker						16b. Kind of B	ome				
Maryland	Mental Mental arked o	To Be	17. Fether's Neme (First, Middle, Last)  Harry  19a. Informant's Neme/Raletionship (Ty)		ener	Т		(0)	Louis	е			n Sumeme) Winslow or Town, State, Zlp Code)		
	f and 2 Health a lem 27 le		Charles A. Kimmel  20e. Mathod of Disposition  1 Substitute 2 Cremetion 3 Services		20b. P		rthwo	ood I	r. Ti			. 21093 20c. Location			
Baltimore,	permit. Pages Department of Important: If it any injury or once.		4 Donetton 5 Other (Specify) 21. Sign turn of Funeral Service License		Dul	1	2. Neme er	d Addres	s of Fecility Rd. T	owso	on, Md.		um, Mo	a.	
	o Physician /Medical Examiner		23a. Pert1. Enter the disease, or complications, or heart feilure. List only on Immediate Cause (Final disease or condition resulting in deeth)	CARDIA	A C	ARYTE	er the mod	de of dyln	on Fun g, such es c	eral ardiac o	Home, respiretory e	Inc.		Approximete Interval Between Onset end Death	
x 68760,	death certificate be executed e attending physician and of for use as the burial-transit	/Medical Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initieted evants resulting in deeth) Lest		Dua to (o	r as a conseq								DAYS	
s, P.O. Box	the ache	by Physician/Med	Pert ii. Other significant conditions confi	tributing to death bu	t not resu	ulting In the u	nderlying o	cause give	en in Pert I.			tobacco use co Yes 2 No		the cause of death?	
Record	aw requires been s	Completed	CHRONIC SCHIZ	OPHRENIA	A						24e. Wes	en eutopsy med?	com of de	re autopsy findings lieble prior to spletion of cause eeth?	
Division of Vital Records,	to the Northal or Attanding Physician: The is To the Funeral Director: After this certificate ha completely filled in by the funeral director, page	Certification: To Be C	25. Wes case raferred to medical exeminer?  1  Yes 2 No Hospitel: 11 inpatient 2 ER/Outpetient						er: 4 Nurs	sing Hon	(Check only one 5 Residue)	ene)  dence 8 DOther	ner (Specify)	)	
) Div	nous after or Al nous a		4 ☐ Homicide datamined  29a. Certifier 1☑ Certifying Physi	28a. Plece of Injubuilding, etc.	. (Specify f my knov	v) wladga, daath	occurrad	et the tim	a, dete end	place, a	City or To	ceuse(s) end m	anner as ste	oted.	
Q	To the Fu	Medical	(Check only one) 2 Medical Examin	er: On the besis of end menner stet	axaminat	lon end/or inv	estigation	, in my of	oinion, daeth	occurre	d et the tima,	data end piace,	nd place, and due to the ceuse(s) Dete signed (Month, Day, Year)		
)			30. Name end eddress of person who cor	mpleted ceuse of de	eth (Item	23e) (Type.		D345	521			JUNE	10,	1996	
	Sta Registr	_	MARK LAMOS M.D. 31. Date filed (Month, Dey, Year) JUN 13 1996		PAI	PER M.		RD.	, PHE	ONI	X MD.	21131			

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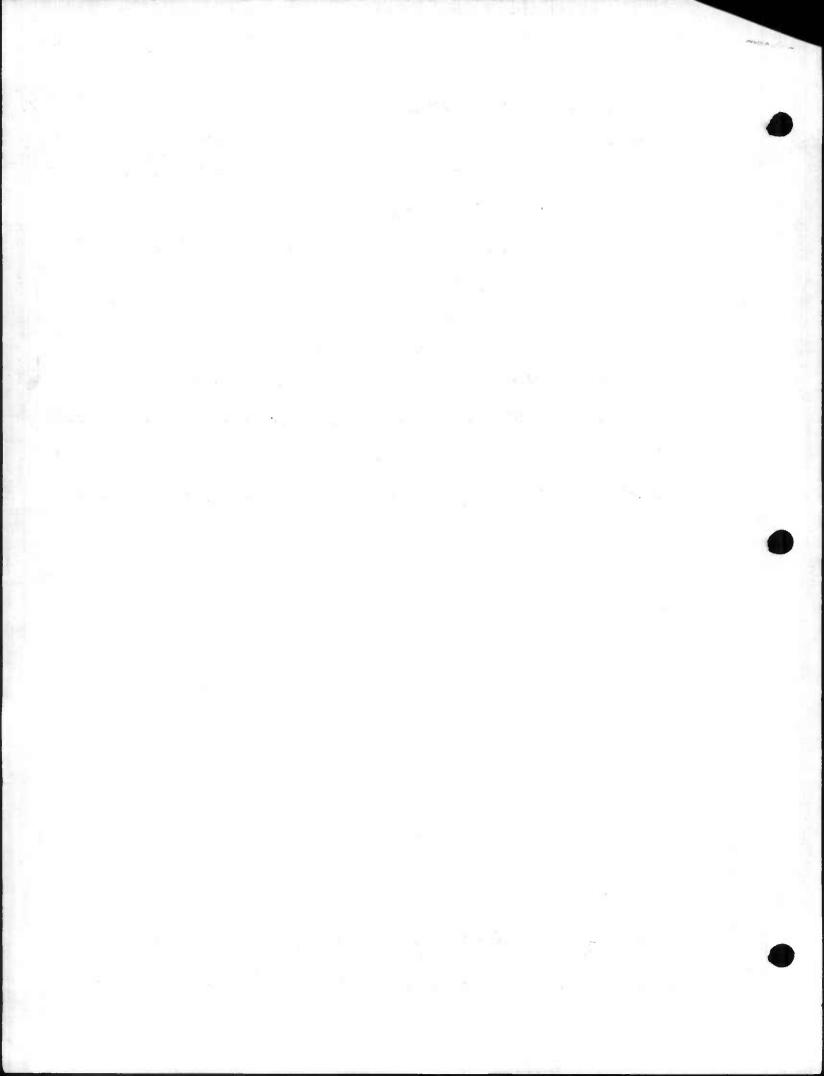
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	1 4		and.
State of Maryland / Department of Health and Mental Hygiene	90	1 /	J

Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Death 3. Time of Death Johnny Legette

4e. Fecility Neme (If not institution, give street end number) 754 PM Month **Physician** 1996 June 10 /Medical 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner HOSPITAL BAYVIEW BALTIMORE CITY 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Dete of Birth 7-24-41 9. Birthplece (State or Foreign Months Deys Hours Min. J. Wooth, Dey, Year) MARTON, SC 5. Sociel Security Number 6 Sex **Funeral** MM 2□F 247-66- 9097 Director Usual Residence of Decedent death with the Meryland 10e Stete 10b County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23a or 28a-f show the Medical Examinar must be notified at MD BALTIMORE 1XXYes 2 No n/a Director 10a. Street end Number 10f. Zip Code 10g. Citizen of Whet Country?
UNITED STATES 21206 4799 SHAMROCK **AVENUE** 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☐ No if Yes, Give Yeer or Detes: 11. Maritel Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Rece - American Indien, Bieck, White, etc. 1 ☐ Never Memled 2 ☐ Married 1 ☐ Yes 2☐No Specify: þ Specify: BLACK 3 Widowed 4 Divorced Completed Decedent's Usual Occupation
 (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) BOILER TECHNICIAN LEGGS 6 th 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) Be SPENCER LEGETTE I UZ TANE BRANTI EY 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) , MARION , SOUTH CAROLINA 29571 MICHAEL LEGETTE RT.5 BOX 806 20b. Pleca of Disposition (Name of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete Ship 1 X Kuriel 2 ☐ Cremetion 3 ☐ Removel from State MARION S.CAROLINA ARIEL CROSS ROAD 4 ☐ Donetion 5 ☐ Other (Specify) 6-13 21. Signeture of Funeral Service Licenses 22. Neme end Address of Facility WM. C. MARCH FH.-1101 E. NORTH AVENUE Meso 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset end Deeth **Physician** /Medicai Immediate Cause (Final Myocardial Infarction
Due to (or es a consequence of): 24 hrs disease or condition resulting in deeth) Examiner Examiner Alcoholism physician and s the burial-transit Sequentielly list conditions, if any, leeding to immediete cause. Enter Underfying Cause (Diseese or injury that initiated events resulting in deeth) Lest Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of) been signed by the a should be detached f Pert fl. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings evellable prior to completion of cause of deeth? 24e. Wes en eutopsy parformed? Completed this certificate has 1 ☐ Yes 200No Hospital or Attending Physician: 24 hours effer death. Funeral Director: After this certifice 25. Wes case referred to medical Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ Yes 2 No 1. Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Dete of Injury (Month, Dey Year) funeral 27. Menner of Deeth 28b. Time of Certification: 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending 1 Neturel 1 ☐ Yes 2 ☐ No Investigation 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Pleca of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide To the Hospital of within 24 hours of To the Funeral Discompletely filled I 29a. Certifier (Check only one) 🗠 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end pleca, end due to the cause(s) and menner es stated. Medical 2 Medical Examiner: On the basis of exeminetion end/or investigetion, in my opinion, deeth occurred et the time, date end piece, and due to the cause(s) end manner steted. 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 6/10/96 30. Neme and eddress of person who completed cause of deeth (Item 23e) (Typa, Print) Bayview Medical Center Baltimore, MD Zahalsky 31. Dete filed (Month, Dev. Year) 1996 State

Registrar



ITEMS: 10b-10f, PER F.H. FILM 6-737 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 7/24/96 t.t Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** ARGARI :00 MAC /Medical 4b. City, Town, or Location of Death Name (If not Institution. Examiner 3A LHWWORE if Under 24 Hrs. 8. Data of Birth Min. Min. Month, Day, If Under 1 Year 7. Age (In yrs. last birthday) 9. Birthplaca 6. Sex **Funeral** 1□M 2NF Months Days Yrs. Director 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits show BALTIMORE Baltimore City TLAYes 2 No Director Maryland 28a-1 LOCHEARN 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 6900 SCHISSLER AVENUE ŏ 21215 21207 Name 23a -1219 Barriew Avenue United States 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 D\No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yas or No If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indisn, Biack, White, etc. 11. Marital Status filled within 72 hours after 1 Never Married 2 Married 8 Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ XNo Specify: by Specify. 3 Widowed 4 Divorced 'natural', White Completed 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) Steel Industry 10 Years Welder 17. Father's Name (First, Middle, Last) 18. Mother'a Name (First, Middle, Malden Sumame) å 8 Health and Mental mportant: If item 27 is marked. Katherine Young Charles Wolfe 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7749 Spencer Drive Glen Burnie. MD Doris Lutz 20a. Method of Disposition 20b. Placa of Disposition (Nama of cemetery, crematory or other place) 20c. Location - City or Town, Stata 1 Burial 2 □ Cremation 3 □ Removal from State Baltimore. 4 ☐ Donation 5 ☐ Other (Specify) Oak Lawn Cemetery 5/26/96 21. Signature of Funeral Service Licenses 22, Nama and Address of Facility Duda-Ruck Funeral Home of Dundalk, Dundalk, Maryland 7922 Wise Ave. 23a. Part I inter the disease, or complications that caused the death. Do not entar the mode of dying, such as cardiac or rasptratory arrest, shock for heart failure. List only one causa on each line. Approximate Interval Between Onset end Death **Physician** Immediate Cause (Finat disease or condition resulting in death) /Medical Examiner Examiner erebrava. Acciden Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or injury that initiated events resulting in death) Last pur burial-tran The law requires that the death certificate be exer P.O. Box 68760, physician s tha burial TION Physician/Medical Due to (or as a consequence of): USB BS Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by d be detact 1 ☐ Yee 2 ☐ No 3 Probably 4 Unknown Records, Be Completed by 24a. Was an autopay performed? 24b. Were eutopsy findings svallable prior to completion of causa of death? 25. Was case referred to medicate examiner? REN 1 Yes 1 ☐ Yes 2 ☐ No of Vital or Attending Physician: 28. Piece of Deeth (Check only one, examiner? Hospital: Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 1 Inpatiant 2 ER/Outpatient 3 DOA To the Hospital or Attending Physi within 24 hours after death.
To the Funeral Director: After this completaly filled in by the funeral dir this 27. Magner of Death
1 A Netural
2 Accident Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? Division 5 Pending invastigation 1 Yes 8 Could not be determined 3 ☐ Suicida 28e. Place of Injury - At home, farm, street, factory, office building, efc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide edical 29a. Certifier Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner es stated.

Madical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29b. Signature and titla of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) 30. Name and address of person who completed

State

Registrar

31. Date filed (Month, Day, Year)

JUN 13 1996

wa Day door

SION OF VITAL RECORDS, P.O. BOX 68760	TENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician.	TOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transi
WYBAL.	nours after deat	d in by the fun
	III 24 h	ely filler
X 68760	e executed with	an and complete
). BO	rtificate b	g physici
P.	ath ce	tendin
RECORDS,	requires that the de	OR. After this certificate has been signed by the attending physician and completely filled in by the
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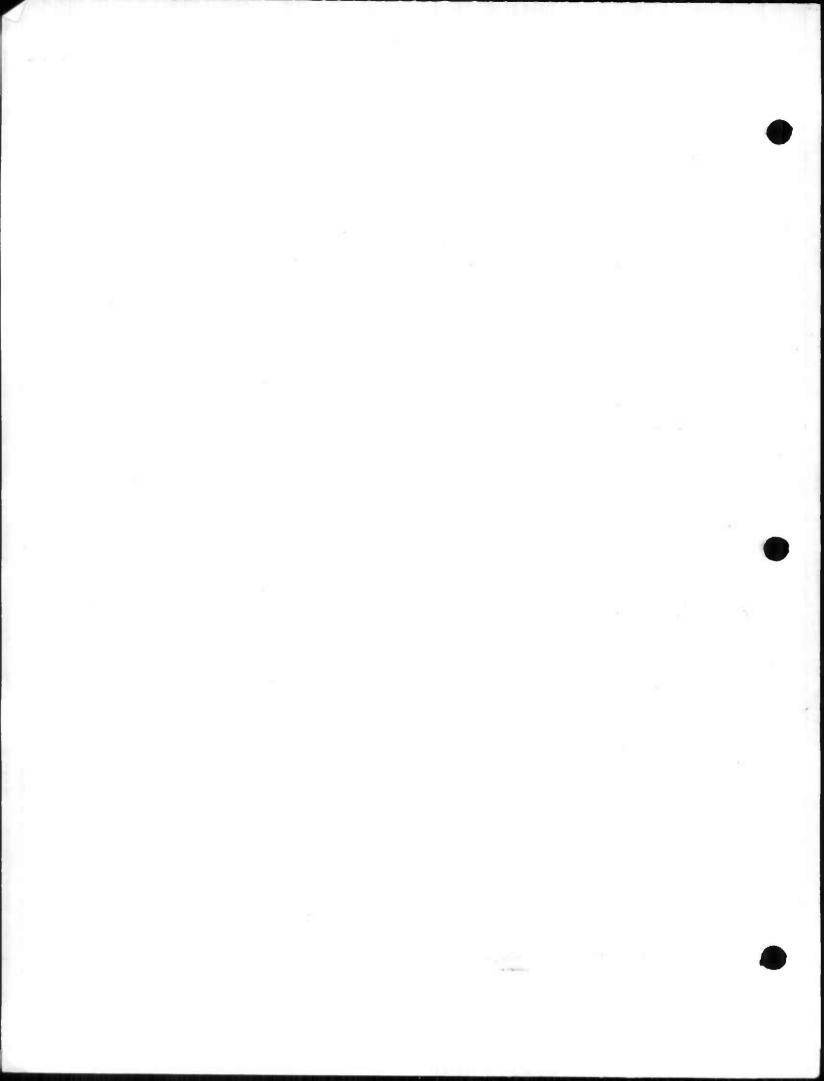
LETED BY FUNERAL DIRECTOR	
BE COMP	
10	
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sit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the obean cerumose to the funeral director, page 5 shourd by unconvened to the Funeral director, page 5 shourd by the attending physician and completely filled in by the funeral director, page 5 shourd be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND	/ DEPARTMEN	NT OF	HEALTH	AND	MENTAL	HYGIE	ENE
		C	ERTIFICAT	E O	F DEAT	TH		REG. N	NO.

	1 - FOR STATE OF M	ARYLAND / DEPAR	RTMENT OF H		MENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last)		107.112 01		2. DATE OF DEATN	AY YEA	3. TIME OF DEATN				
	James MiaL				June 4, 1	176	3:23 PM				
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	#F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day Year) NOU 27,	1010 S. BI	RTHPLACE (State or Foreign ountry) NICHOWN				
	219-01-4269 1 V M 2 F	76 YRS.	ah CITY TOWN C	R LOCATION OF DE		1919 W					
DIRECTOR	Johns Hopkins Bayvier Me.	dical Center		timore	AIN	SC. COOKIT C	n/a				
36	10a. STATE 10b. COUNTY	-00	TY, TOWN OR LOCAT				10d. INSIDE CITY				
	Maryland n/a		Baltimor				1 X YES 2 NO				
FUNERAL	100. STREET AND NUMBER 1102 Druid Hill Avenue -	Apt. 1603		21201		U.S.	A.				
BY FUN	1 X Never Married 2 Married FORCES? 1	TEVER IN U.S. ARMED YES 2 NO AR OR DATES RENOWN	If yee, sp	ENDENT OF NISPAN acity Cuben, Mexice 2 [X NO Specify		RACE — American Indian, Black, White, etc. Specify: Black					
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16b. KIND OF BU	JSINESS/INDUSTR	iY							
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 6 +	) Iffe. Do NOT u		st or working		,					
MP	unknown unknown	unknou	vn			known					
	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Maider	Surname)					
	UNRNOWN  19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
2	196. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Acuse Number, City or Town, State, Zip Code)  Vanesa Butts/Niece  3727 Frankford Avenue-Baltimore, Maryland 21206										
	20e. METNOD OF DISPOSITION IN 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State										
	1 Deuriel 2 Cremetion 3 Removal from State 4 Donation 5 (Xother (Specify) State nem										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE RONALD S.	wade. Dir.	State	Anatomu	board- 65	5 W. Ba	ltimore Stree:				
	Jum / Wade	_			ryland 21						
	23 PART I. Enter the diseasea, or complications the shock, or heert fallure. List only one ceu		not enter the mo	de of dylng, auc	h aa cardiac or reap	olratory arrest,	Approximate				
	IMMEDIATE CAUSE (Final disease-procondition by the state of the state										
	disease-procondition resulting in deeth)  a. Lymphang: the Lung Tumor  Due to (or as a consequence on:										
	b. Colon Cancer										
O	Sequentially liet conditions, If any, leading to immediate										
CAT	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury										
TH	that initiated events resulting in death) LAST	(OR AS A CONSEQUENCÉ (	OF):								
CERTIFICATION	d										
AL 0	PART II. Other significant conditions contributing to	death but not resulting	in the underlyin	g cause given in		N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO				
DIC	Pneumonia				1 TYES	2 X NO	COMPLETION OF CAUSE OF DEATH?				
ME		_					1 TES 2 NO				
N.	DID TOBACCO USE CONTRIBUTE TO CA		ES I NO L	UNCERTAI							
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1 Input on 2		OTHER:								
НУ	27. MANNER OF DEATN 26a. DATE OF			URY AT	6 Other (Specify) 26d. DESCRIBE HOW	INJURY OCCURE	D				
	1 Netural 5 Pending (Month, D	ay, Year) IN		ORK? YES 2 NO							
D BY	3 Suicide 26e. PLACE O	F INJURY — At home, term, etc. (Specify)	, street, factory, offic	•	261. LOCATION (Stree City or Town, Stat	t and Number or R	ural Route Number,				
TE	4 Nomicide determined					/					
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYINO PNYSICIAN: To the best of	my knowledge, death occur	rred at the time, date	and place, end due	to the cause(e) and m	anner as stated.					
OM	One) 2 MEDICAL EXAMINER: On this basis of e	xamination end/or investigat	lon, in my opinion,	leath occured at the	time, date end place,	and due to the car	use(a) end manner as stated.				
BEC	286. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	MBER		INED (Month, Day, Year)				
TO B	L Cham			D38	0 F 2		e 5,1996				
	10. NAME AND ADDRESS OF PERSON WHO COMPLETED CAU	Johns Hopki		u Medica	1 Ctr. 80	140 Ens					
		A'S SIGNATURE	/								
	JUN 1 3 1996 Auto Mais	<b>Y</b> .									



Item:18	per	brother G-752 10/21/		Marylar		artment of latificate of		d Mental H	Hygiene 9	6 1	7543	
Physic /Med		Decedant's Name (First, Middle,  BAYE	<sup>Lest)</sup> BAYETTE		MWAN	GI		2. Data of Month 06	Day	Year 996	3. Tima of Death $12:15 \text{PM}$	
Exami Funeral Director		4a. Facility Neme (If not institution, SANDTOWN WING 5. Social Security Number 220-30-4658	CHESTER	NURSI	NG CE lest birthday) Yrs.		BAL'		N	9. Birthpi	ace (State or Foreigr try)	
		Usuai Rasidance of Dacedent  10e. Stata  10b. County		10c. Cit	ty, Town or Lo	cation			03 1933		Od. insida City Limits	
with the Maryland a or 28a-f show	tot	MD N,	'A	BA	LTIMO	RE					XXYas 2□No	
or 284	Sirec	10e. Street and Number				10f. Zip Coda		·	10g. Cltizan of	What Count	try?	
20 safter death or items 23	by Funeral Director	1418 McCULLOI  11. Marital Status  1 Never Merried 2 Married  3 Widowad 4 Divorcad	12. Was Daced Armed Forc	ent Ever in U as? No		212 Vas Decedant of i Yes, specify Cut	Hispenic Origin pan, Maxicen, P	? (Specify Yas or tuerto Rican, etc.)	US No- 14. Rec Bia Specifi	ca - Amarica ck, Whita, a	atc.	
n 72	Completed	15. Dacedant's (Specify only highest Elamantary/Secondary (0-12)	Educetion grade complated)  Collaga (1-4	lor 5+)	(Give	lant's Usual Occu kind of work dona OO NOT usa retire	during most of ed)	working	16b. Kind of B  IMPOR	usinass/Ind	lustry	
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DOFE, iges 1 and of Heal if item 2 or other		19a. Informant's Name/Ralationship MALKTA WAGEED  20a. Method of Disposition  □ □ Buriel 2 ▼ Mamation 3  4 □ Donation 5 □ Othar (Spe	(DAUGHT	ata 20b. F	600 Place of Disposemetery, cran	1/2 W. sition (Nama of netory or other pla	FRAN	KLIN ST	BALTI 20c. Location	O., M	D. 21201 wn, Stata	
Baltimo permit. Pag Department Important: It any injury o		21. Signatura of Funaral Sarvice Lic			22	CREMATO	ass of Fecility	E.L. F	96 BALTI PHILLIPS C. BALTI	FUN	ERAL HOM	
box 68/60, death certificate be executed with the continuation of	Physician/Medical Examiner	23a. Part1. Entar tha disaasa, or conshock, or haart failure. List or timediata Causa (Final diseesa or condition rasulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disaasa or Injury that initiated avants resulting in death) Lest	mplications that cauly on a causa on a active activ	Due to (c)  P n C  Dua to (c)  Max	or as a consequence of each of each of the consequence of the conseque	uance of):  yance of):	C 1		n m cerc	ýp	Approximata triterval Between Onset and Death    Jyu   Line   Lin	
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2 si e	Completed							24a. V	vas an autopsy erformed?	ava	ra autopsy findings illebie prior to nplation of cause laath?	
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OT VICAL Physician: The certificate ral director, pa	o Be	25. Wes cesa rafarred to medicel exeminar?  1 Yas 2 No	Hospitei:	nationt 2	ER/Outpetlen	3□ DOA Ot	har:	Daath (Check or	aly ona) lasidance 6 □Oth	nar /Snacihi		
Mission Mendan Incide: Aller by the fune	Certification: T	27. Manner of Death  1. Natural 5 Panding investigat  2 Accidant investigat  3 Suicida 8 Could not datarmine	28a. Date of (Month,) ion ba 28a. Place of	injury Day Year)	28b. Tima of injury	28c. Inju	ny at ork? ] Yas 2 □ No	28d. Dascri	be how injury occur on (Street and Numi Town, State)	rred		
To the Hospital of within 24 hours at To the Funeral Discompletely filled in	Medical Ce	(Check only one)	Physician: To the basi amtner: On the basi and manne	is of axamina	wledga, daath tion and/or inv	astigation, In my	opinion, daath o	lace, and dua to occurred at tha tir	na, data and place,	and due to	the cause(s)	
T & Too		29b. Signature and title of pertifiar  30. Nama and address of person of	o complated ceuse	of death (Iten	S Cyster 23ar (Type. I	29c. Lican	sa numbar	769	29d. Data signe	13/	96	
Sta	_	31. Data filed (Month, Day, Year)	D. A.	buc Istrar's Signa	rue	my	5/6	N. Ro	11.17 R	d V.	Balto.	

DHMH 16 Rev 6/95

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State of Maryland / Department of Health and Mental Hygiene 6

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ı	Physic /Medi			na (First, Middla, La FREDERIO		KE	n					2. Data of De Month June	Day	Yaar 1996	3. Time of Death 20:20P.M	
	Exami		The second second second second	lfnotinstitution, giv es Hospi		mber)				4b. City, To Balt:		ocation of Deat re		County of Death		
	Funeral Director		5. Social Security N 2 1 9 - 0 7 - 1		ax □M 2□F	7. Aga (In yr. 75	s. last birthday Yrs.	Months	r 1 Yaar Days	If Under	24 Hrs. Min.	8. Data of Bi	nth (ay 1992)	9. Birth Cou M a	placa (Stata or Forai) ntry) aryland	
	r 28a-f show	or	Usual Rasidance of 10a. State M.D.	Decadant 10b. County Baltimo	ore		City, Town or L		2						10d, Insida City Limit	
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020	within 72 hours effer dea then 'natural', or frems the Medical Exeminer in	þ	11. Marital Status 1 ☑ Nevar Marr 3 □ Widowed	ied 2 Married 4 Divorced	12. Was Dec Armed Fo 1 (2) Yas If Yas, Gi Yaar or D	2 □ No va	U,S. 13.	Was Dece If Yas, spe		Ilspanic Origina, Maxican Specify:	gin? (Sp , Puarto				lace - American Indian, Black, Whita, atc. City: White	
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	1 end 2 sh Health end Im 27 Is m ther traum		Sandra 20a. Mathod of Dis		erick/	20b.	1325 Place of Disp cematary, cra	Lin	ma of other pla	n Woo	ođs	Dr. B	alto.	MD.	21228 own, Stata	
Baltimore,	permit. Pages Depertment of Important: If its any injury or of			5 Other (Specify Ineral Service Licen		ris C	sf	2. Name a erli	nd Addra	ss of Facilit As ht	5n	Funera	Belts 1 Home	, Ir	e, MD.	
	Physician /Medical Examiner		23a. Part1. Entar t shock, or hee Immediata Cause disaasa or condition	ha disaasa, or com nt feilure. List only (Final on	LOBAL							or raspiratory a			Approximata Intarval Batween Onsat and Death	
	uted d ansit	miner			b. CHRONIC INTERSTITIAL PULMONARY FIBROSIS  Due to (or as a consequence of):								Years			
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Records,	ew requires ts been sign 2 should be	Completed by											an autopsy ormed?	a) Cd	fere eutopsy findings rallabla prior to emplation of causa death?	
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of	Phys r this	ဥ	axaminar? 1 ☐ Yas 2 🔀  27. Mennar of Deat	No	28a. Deta	of Injury	□ ER/Outpatie		_	ar: 4□ Nu	rsing Ho	ma 5□Res	idance 6 Ot		(h)	
vision	Attending Ph r death. ector: After th by the funeral	ertification:	1 🔀 Netural 2 □ Accidant 3 □ Suicida	5 Panding invastigation 6 Could not be	(Mon	th, Day Year)	Injury	М		k? Yas 2⊡!					of Bouts At a trans	
N N	or Attendent efter deat Director: d in by the	ertif	4 ☐ Homicida	datamined	208. PIECE	28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify)						28f. Location (Streat and Number or Rural Routa Number, City or Town, State)				

Dr. Michael E. Pelczar St. Agnes Hospital 900 Caton Avenue Baltimore, MD 21229

State Registrar

29a. Cartifiar

29b. Signatura and titla of certifiar

**DHMH 16 Rev 6/95** 

20+1

30. Name end address of person who completed causa of death (Itam 23a) (Type, Print)

Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner es steted.

| Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated.

29c. Licansa number 29d. Data signed (Month, Day, Year)

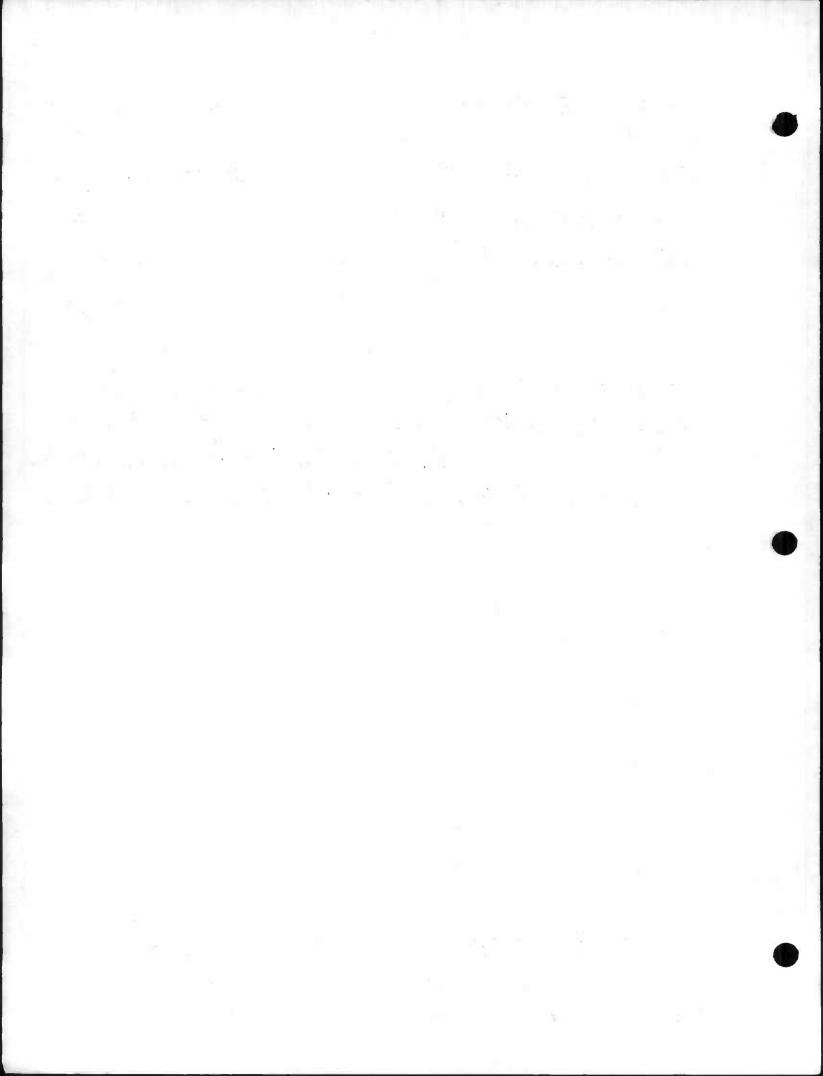
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June 10, 1996

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

				State of Maryland	•	ate of Death		ene a. No.		
	E.		1. Decedant's Nama (First, Middla, La				2. Data of Death			Fime of Death
	Physic /Medi		IDA E.	NEWTON	)		JUNE	Dey Y	96	1640
	Exami		4e. Facility Nema (If not institution, give	a street and number)	0 15	4b. City, Town, or		4c. County of	Deeth	E
L			NORTHWES-						TIMOI	
L	Funeral Director		5. Social Sacurity Number 6. S 2/5-/8-6630 1  Usuel Residence of Decedant	7. Aga (In yrs. le.	Yrs. Month	dar 1 Yeer if Undar 24 Hrs S Deys Hours Min.		1921	Birthplece (	Steta or Foreign
	show		10a. Stete 10b. County	10c. City,	Town or Location				10d. in	side City Limits
	r 28a-f sh	ctor	Maryland Balti	more Ko	andalls	stown			1)	Yes 2□No
	vith th	Dire	10e. Street and Number	1 12/	10f. 2	Zip Code	10	g. Citizen of Wh	et Country?	
	eath w	Funeral Director	3/3/ JETT (0)	12. Wes Decedent Evar in U.S.	13 Wes Day	2/277	nacify Vac or No.	14 Page -	Amarican inc	tlan
020	72 hours after death with the Manyend netural; or items 23s or 28s-f show digs! Examiner must be notified at	by Fun	1 Nevar Married 2 Married  3 Widowed 4 Divorced	Armed Forces?  1 Yas 2 No If Yes, Give Yeer or Detas:		cedant of Hispanic Origin? (Specify Cuben, Maxican, Puer 2 No Specify:	to Rican, etc.)		Whita, atc.	) )
21215-0020	"natural",		15. Decedent's Ed (Specify only highast gra	lucation	16a. Decedent's Us	suel Occupetion	dring 10	8b. Kind of Busi	ness/Industry	0
121	C	Be Completed	Elementery/Secondary (0-12)	Collega (1-4or 5+)	life DO NOT	work done during most of wo	rking	D .:	1-4-	
	e filed within el Hygiene. I other than "	Col	17. Fether's Neme (First, Middle, Last)	3	Jec	retary	no (First Middle M	Priv	ale	
Maryland	ges 1 and 2 should be filed withing of Heelth and Mentel Hygiene. If item 27 is marked other than or other traumetic event, the Merical files.	o Be	John Sami	101 CANK		18. Mother's Nei	ne (First, Middle, Me	I I I I	los	
ary	permit. Peges 1 and 2 should be Department of Heelth and Mentel Important: If item 27 is marked or any Injury or other traumetic eve	To	19e. Informent's Neme/Reletionship (	Type, Print),	19b. Meiling Addre	ess (Street end Number or Ri	ural Route Number,	City or Town, St	ete, Zip Code	) (
	and 2 belth a 27 ls		Mrs. Carolun.	Sallee	3131 Je	ffland R	d. Ba	Ito, Mc	1,213	744
ore	of He		20a. Method of Disposition 1 Buriai 2 Cremetion 3 C		ce of Disposition (A		Pete 20	Oc. Location - Ci	ty or Town, S	tate / / /
Baltimore,	thent tant:		4 ☐ Donation 5 ☐ Other (Specify	1) 90	arriso	n torest	6/14/460	WINGS	Mili	15, 141d.
Bal	permit. Pege Department of Important: If any Injury or once.		21. Signeture of Funarei Sarvice Ucen	L' Russ	22. Name J 050	and Address of Fecility	SSIFUE	neral n	Home	216
			23e. Pert1. Enter tha disbese, or company shock, or heert failura. List only	olications that causad the death.	Do not entar tha m	oda of dying, such es cardie	or respiretory arras	st,	inter	oximata vai Between
R	Physician /Medical		immediete Cause (Finel	Mr-AC-			A . 1 C = 1	2	Onse	et and Deeth
	Examiner		diseasa or condition resulting in deeth)	. METASTI			ANCEI			
2		Je.		Due to (or e	es e consequence o	r():			i	
	ate be executed hysician and the buriel-transit	Examiner	Sequentially list conditions, if any, leeding to immadiate	b. — Due to (or e	es e consequence o	<b>(</b> ):				
90,	cate be execu physician and the buriel-tra		cause. Enter Underlying Ceuse (Diseese or injury	6						
68760,	ficate be execut physician and the buriel-tran	edicai	thet initieted events resulting in death) Last	Due to (or e	s a consequance of	f):				
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	0 0 0	icia	Pert il. Other significant conditions co	ontributing to death but not result	ing in the underlying	cause given in Pert I	23h Did toh	acco use contr	lhute to the r	ause of death?
P.0	by th	Physician/M		withouting to douting of hot rough	ang at the disconjug	J Oddoo given in 1 ent i.			Probably	m2
	8 58	ρ								
orc	v requires been sign should be	Completed					24a. Wes en performe		available	topsy findings prior to on of cause
Rec	e law hes b	mpi						10	of death	?
Ta l	sician: The law certificate hes b director, page 2 s		25. Wes case referred to medical				1 Yas		1 🗆 Yas	2ESNo
>	raicla s certi direct	To Be	examinar?	Hospitel: 1 Phopatient 2 E	R/Outpetient 3 1	Other	eth <i>(Check</i> on <i>ly</i> one) Ioma 5□ Residen		(Specify)	
Division of Vital Records,	Attending Physician: or death. ector: After this certific by the funeral director,		27. Manner of Deeth 1 ☑ Natural 5 ☐ Pending		8b. Time of Injury	28c. injury et Work?	28d. Describe how			
Siol	eath. or: At the fu	Certification:	2 Accident investigation		M	1 Yes 2 No				
N.	or Att	iii.	3 Sulcide  8 Could not be determined	28e. Plece of Injury - At hom building, etc. (Specify)	e, ferm, street, fect	ory, office	28f. Location (Stre City or Town,	et and Number Stete)	or Rural Roul	le Number,
_	spital ours ours filled	S C	29e. Certifier 1 Certifying Phy	ysician: To the best of my knowle	edge deeth occurre	ed at the time, data and place	and due to the ceu	se/s) and mann	er es stated	
1	Tathe Hospital or Attending Physician: within 24 hours after death. To the Funeral Director: After this certific completely filled in by the funeral director.	edical	(Check only one) 2 Madical Exam	iner: On the basis of examinetion and menner statad.	n end/or investigetion	on, in my opinion, deeth occu	rred et the time, dat	e end plece, en	d due to the c	ause(s)
	within within comp	Ň	29b. Signeture end titla of certifier	100	2	9c. Licansa number		d. Date signed (		-
			· C. Nan	s Wy		D 3733	3 7	YNE	11,19	96
	3		30. Neme end address of person who	completed cause of death (Item 2	(Type, Print)	COURT ROA	0 21	33		
	Sta Registr		31. Dete flied (Month, Dey, Year) JUN 13 1996	32. Registrar's Signetur						

DHMH 16 Ray 6/95

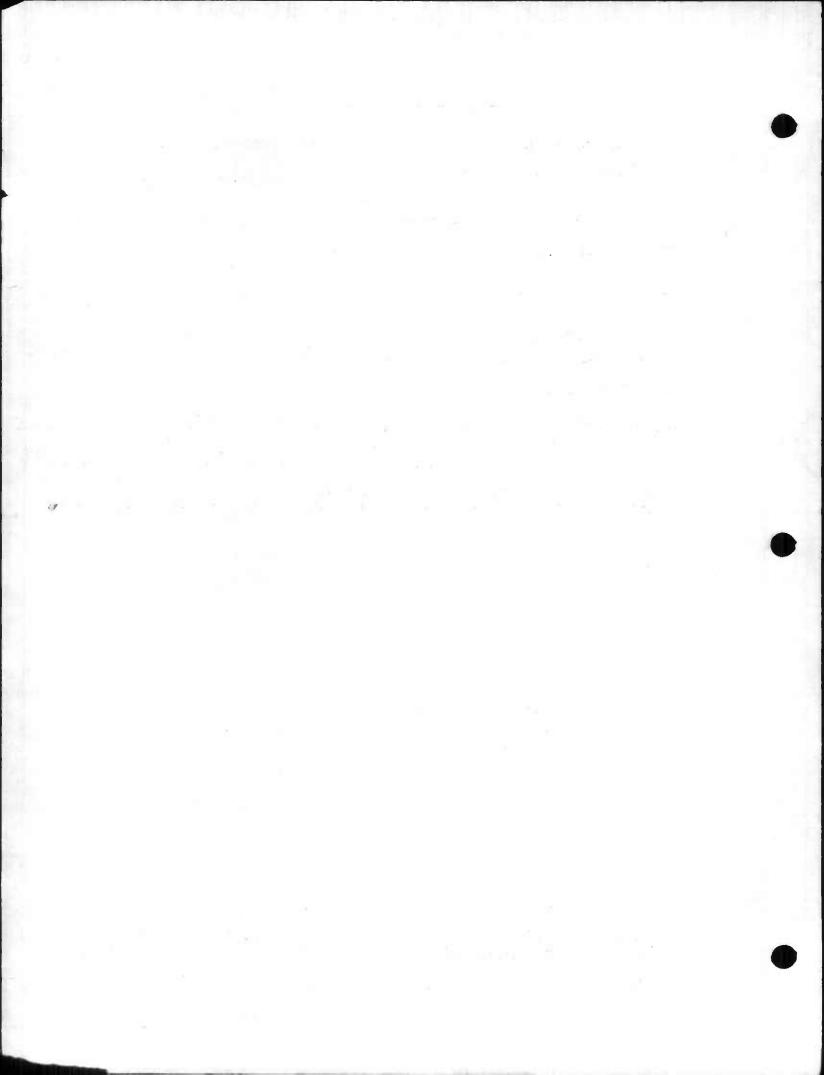


## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

17516

		Certificate of Death	Reg. N		17340
Dhue	iolon	Decedent's Neme (First, Middle, Last)	2. Date of Death	Dey Year	3. Time of Cheeth
	ician dicai	John €. Norwood JR	May 21	1996	635/nn
Exam	niner	4e. Facility Name (If not institution, give street and number)  3301 Dorithan Road  3301 Wabash Avenue  Baltimore		Ic. County of Dec	ith
Funer Direct		5. Social Security Numbar 215-30-5642 6. Sex 1 Age (In yrs. last birthdey) 1 Under 1 Yeer 1 Under 24 Hrs. Months Days Hours Min.	8. Dete of Birth Month, Day, Yea	9. Bj	rthplace (State or Foreign country) Md
and		Usual Residence of Decedent  10a. Stete 10b. County 10c. City, Town or Location			10d. Inside City Limits
he Maryl 28a-f eho	ector	Md N/A Baltimore City			1 Yes 2□ No
23a or 3	Funeral Director	10e. Street and Number 3301 Dorithan Road 21215		USA	ountry?
re, Maryland 21215-0020  I and 2 should be filed within 72 hours after death with the Maryland Health and Mental Hygiene. Health and Mental Hygiene. Health and Mental Hygiene. Other traumatic event, the Medical Examinal Inset by notified as other traumatic event, the Medical Examinal Inset by notified as	þ.	11. Meritel Stetus  12. Wes Decedent Ever in U,S. Armed Forces?  12. Wes Decedent of Hispanic Origin? (Spe if Yes, specify Cuban, Mexican, Puerto Filty Set of Yes, Sive V Year or Dates: 1 1 1 Yes 2 1 1 Yes 2 1 1 Yes 2 1 1 Yes 2 1 1 Yes 2 1 1 Yes 2 1 1 Yes 2 1 1 Yes 2 1 1 1 Yes 2 1 1 1 Yes 2 1 1 1 Yes 2 1 1 1 Yes 2 1 1 Yes 2 1 1 Yes 2 1 1 Yes 2 1 1 Yes 2 1 1 Yes 2 1 1 1 Yes 2 1 1 Yes 2 1 1 Yes 2 1 Yes 3 Yes 3 Yes 4	cify Yes or No- Rican, etc.)	14. Rece - Am Black, Wh Specify:	
21215-0020 d within 72 hours af piene. r than "naturel", or the Wedical Exam	Completed	15. Decedent's Education (Specify only highest grede completed)  16a. Decedent's Usual Occupation (Give kind of work done during most of working)	20	Kind of Business	s/Industry
212 od with giene.	E O	Elementary/Secondary (0-12)  12th Grade  2 yrs  College (1-4or 5+)  Supply  Office	1/		ROBATION
Maryland 2 d 2 should be filed th and Mental Hygi 7 Is marked other traumatic event, I	Be		(First, Middle, Melde	en Sumeme)	
should nd Men marks	To	John E. Norwood, Sr  19a. Informant's Name (Relationship (Type, Rrint)  19b. Mailing Address (Street end Number on Plura.		vor Tourn State	Zin Cadal
Bnd 2 seath ar n 27 ls		DONALD FROST-DROTHER 3301 DORITHAN KOA	- 12	Balto	md. 21215
altimore, mit. Pages 1 as partment of Hea portant: if Rem.; y Injury or othe		20a. Method of Disposition  20b. Place of Disposition (Neme of cemetery, cremetary or other place)		Location - City o	V-1
timo transition tantiti		4 Donation 5 Other (Specify) GARRISON TOLEST UST. 5	12896 CM	2-puis	Willz UM
Ball permit Department	South	21. Subalive of Funeral Service Licensee  22. Name end Address of Facility  March F/H West		0	
		23a. Part. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or ahold, or heart failure. List only one cause on each line.	enue Bal	timore,	Md 21215 Approximate
Physicia	n				Interval Between
/Medica		Immediate Cause (Final disease or condition resulting in death)  a.  Immediate Cause (Final disease or condition resulting in death)  a.	ACILON		
	je je	Immediate Cause (Final disease or condition resulting in death)  ACUTE MYDARDAL INFA  Due to (or as a consequenca of):  ARTERUS LERO TIC CARDIO M	IA SCUL AK	Ares	2.0-
58760, icate be executed physician and s the bunal-transit	Examiner		7 - 7 7 7 7	0,00	rec
60, be ext		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events			
\$ pa	Aedical	that initiated events pure to (or as a consequenca of):			
Geath certificate attending place as the	Physician/N	d			
0 # ##	ysic	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.			e to the cause of death?
500	by Pt		1 Tyes	2□ No 3□ F	Probably 42 Unknown
Hecords	pleted		24a. Was an aut performed?		Were autopsy findings available prior to completion of cause of death?
The The cate h	Con		1 ☐ Yes	2 12 No	1 ☐ Yes 2 ☐ No
VITAL  Miclan: Tl  cartificate irector, pe	Be	25. Was case referred to medical examiner?  1   Yes 2   No   No   Yes			
Phys er this eral d	n: To	27. Manner of Death 28s. Date of Injury 28b. Time of 28c. Injury at 2  28c. Injury at 2	ne 5 Residence 28d. Describe how In		ecify)
SIOF anding seth. or: Aft	atlo	2 Accident Investigation M 1 Yes 2 No			
DIVISION  or Attending after death. Director: After	Certification:	3 Sulcide 6 Could not ba determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)	28f. Location (Street City or Town, Ste	and Number or F ete)	lural Route Number,
LIVISION OF VITAL IN To the Hospital or Attending Physician: The within 24 hours after death.  To the Funeral Director: After this cardificate h completely filled in by the funeral director, page	edical C	29a. Certifier (Check only one)  1	and due to the ceuse ad at the time, date a	(s) and manner a nd place, and du	s stated. e to the cause(s)
To the Within To the	Me	29b. Signature and title of certifier 29c. License number	29d. D	ate signed (Mon	th, Day, Year)
V		D24089	2	> /22	196
6		30. Name and address of person who completed cause of death (Item 23a) (Type, Print)	BATION	1 - 00	21215
	itate	31. Date filed (Month, Dey, Year)  11 N 1 2 1996  38. Registrar's Signature  Authorities Authorities  39. Registrar's Signature  Authorities Authorities  39. Registrar's Signature  39. Registrar's Signature  39. Registrar's Signature  39. Registrar's Signature  39. Registrar's Signature  39. Registrar's Signature  39. Registrar's Signature  39. Registrar's Signature  39. Registrary Signature  39. Registra	ertella	AKEN	S alal?
Regis		JUN 1 3 1996 July Davidson Kardell			



State of Maryland / Department of Health and Mental Hygiene

17547

						Cert	tificate o	f Death		Reg. No.		1 1041	
	Let 0		1. Decedent'a Name (First, Middle, Las	t)					2. Date of De	ath		3. Time of Death	
	Physic		JOHN LERC	Ϋ́			NTCHOI	S, JR.	JUNE		Year 996	10:40 P	
	/Medi Exami		4a. Fecility Name (If not institution, give		. 7		MICHOI	4b. City, Town, or				10.40 F	
4			SAINT JOSEPH N	MEDICAL C	ENTE	R		TOWSON,	MARVI.AN	D BALT	<b>LMOE</b>	r e	
	Funerai		5. Sociel Security Number 6. Se		(In yrs. last	-	If Under 1 Ye	ar If Under 24 Hrs	8. Date of Bir			ace (State or Foreign try)	
	Director		215-09-2959	XM 2□ F 82	2.	Yrs.	Months Day	s Houra Min	Oct. 2	0, 1913		vland	
	D		Usuel Residenca of Decedent						7000	7 1310		, Laria	
	how		10a. State 10b. County		10c. City, T	own or Loc	ation				10	Dd. Inside City Limits	
	the Marylar 28a-f show	to	Maryland N/A		Balti	more	City					1⊠Yes 2□No	
	4 × ×	Director	10e. Street and Number			1.	10f. Zip Code	•		10g. Citizen of Wh	nat Coun	try?	
	th will		6011 Glenoak Avenu	e			21214			U.S.A.			
	8 = 5	Funeral	11. Maritel Stetus	12. Wes Decedent E	13. W	Ves Decedent of Hispenic Origin? (Specify Yes or No- Yes, specify Cuben, Mexican, Puerto Rican, etc.)			- 14. Rece				
_	the second	Ē	1 Never Married 2 Married	Armed Forces? 1 ☐ Yes 2♥ No	0		_		to Hican, etc.)		, White, e		
02	dr.	þ	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Dates:	res, Give par or Dates:		□Yes 2√□N	lo Specify:		Specify:	Whit	te	
9	within 72 hours after ene. than "naturel", or ite ne Meuica Eramine	Completed	15. Decedent's Ed	ucation	1	6a. Decede	ent's Usual Occ	cupation		16b. Kind of Bus	iness/Ind	lustry	
21215-0020	L L	ple	(Specify only highest grad	College (1-4or 5-	F)	life. D	O NOT use ret	ne during most of wo ired)	nking				
2	M P P P	P.	12th Grade			Machi	nist			Radio			
g	Nest Hall	Be	17. Father's Name (First, Middle, Last)				18. Mother's Name (First, Middle, Maiden Sumame)						
Maryland	Vent Ment Alc e	To	John Leroy Nichols		Marie U	nknown F	onshell						
an	and h		19a. Intorment's Name/Relationship (T	ype, Print)	1	19b. Malling	Address (Stre	et and Number or F	ural Route Numb	er, City or Town, S	tate, Zip	Code)	
Σ	alth alth		Elizabeth Ann Nich	ols / Wife	9 6	011 G	lenoak	Avenue,	Baltimor	e, Maryla	and :	21214	
ore	permit. Peges 1 and 2 should be filed within Department of Health and Mentel Hyglene. Important: If Item 27 is marked other than any Injury or other traumatic event, the Medos.		20a. Method of Disposition  20b. Place of Disposition (Name of cemetery, crematory or other place)								20c. Location - City or Town, Stete		
Ĕ			1 ⊠Burial 2 ☐ Cremation 3 ☐ I 4 ☐ Donetion 5 ☐ Other (Specify)				Cemete		6/14/96	Baltimo	re, l	Maryland	
Baltimore,			21. Signature of Funerel Servica Ligens			22.	Name and Add	dress of Facility				-	
m			John C. Miller, Inc. 6415 Belair Road, Baltimore, Maryland 21206										
	45244	23a. Part 1. Enter the disease, or comp	lications that any and	ny						and 2			
		١.,	shock, or heart teilure. List only of	ne ceuse on each line	e. V	DO NOT BITTE	I the mode of t	lying, such as cardie	ic or respiratory a	ilest,	1	Approximete Interval Between Onset and Death	
	Physician /Medical		Immediate Cause (Final	mediate Cause (Final									
	E. Laminer		Alexander and a second lateral	a CONGEST	IVE	HEAR!	r fali	URE					
		- a		I	Due to (or as	s a consequ	ience of):				į		
	nsit	Examiner		b. MYOCARD									
	certificate be executed nding physician and use as the buriel-transit	Xar	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury		Due to (or as e consequence of):						1		
68760,	bar pond		Cause (Disease or Injury that Initiated events	C									
28/	phys the	Medical	resulting in deeth) Last	D	oue to (or as	a consequ	ence of):				1		
×	onding p			d									
Bo	at o	Physician											
o	the d	ysi	Part II. Other significant conditions co	ntributing to death but	t not resultin	ng in the und	derlying cause	given in Part I.	23b. Did	tobacco use cont	ribute to	the cause of death?	
۵.	that the de ned by the a deteched i		ATRIAL FIBRILL	ATION					10	Yes 2 No	3 Prob	ably 4 Unknown	
Records,	8 5 8	1 by							240 11/00	an autopsy	24h We	re autopsy tindings	
Ö		Completed	TYPE II DIABET	ES MELLI	TUS					ermed?	ava	ilable prior to	
ě	S 00 CM	ďμ										seath?	
=	E age	S							10	Yea 2MNo	1 🗆	Yes 2□ No	
Vita	Physician: The this certificate ral director, pag	å	25. Was case reterred to medical examiner?	Unnahali ww					ath (Check only	one)			
0	5 00	မ	1 Les 3/3 140	Hospital: 1 Inpatien		/Outpatient	3LI DOA			denca 6 Other		)	
	the une	0	27. Manner of Death 1 ♣ Natural 5 ☐ Pending	28a. Dete of Injury (Month, Day	Year) 28	b. Time of injury	28c. Ir	york?	28d. Describe	how injury occurre	d		
Sic	Attending or death. ector: After by the fune	cat	2 Accident Investigation 3 Suicide 6 Could not be				M 1	☐ Yes 2☐ No					
Division	7 2 5 6	27. Magner of Death  1 Natural  2   Accident  3   Sulcide  4   Homicide  28a. Dete of Injury  (Month, Day Year)  28b. Time of Injury  28b. Time of Injury  28b. Time of Injury  28c. Place of Injury - At home, tarm, street building, etc. (Specify)					et, factory, offic	<b>28</b>	28f. Location ( City or To	Street and Numbe wn, State)	r or Rura	Houte Number,	
	To the Hospital o within 24 hours of To the Funeral Di completely filled in												
	Hospital 24 hours Funeral Hely filled	edical	(Check only 2 Medical Exam	sician: To the best of iner: On the basis of a	exemination	dge, death of and/or inve	occurred at the	time, date and pled y opinion, death occ	e, and due to the urred et the time.	cause(s) and man date and place, er	ner as stand due to	ated. the ceuse(s)	
	To the Ho within 24 i To the Fu completel	Med	one)	and menner stet	ed.								
	5 ± 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		29b. Signeture end title of contiller	/			29c. Lice	ense number		29d. Date signed	(Month, I	Day, Year)	

State Registrar



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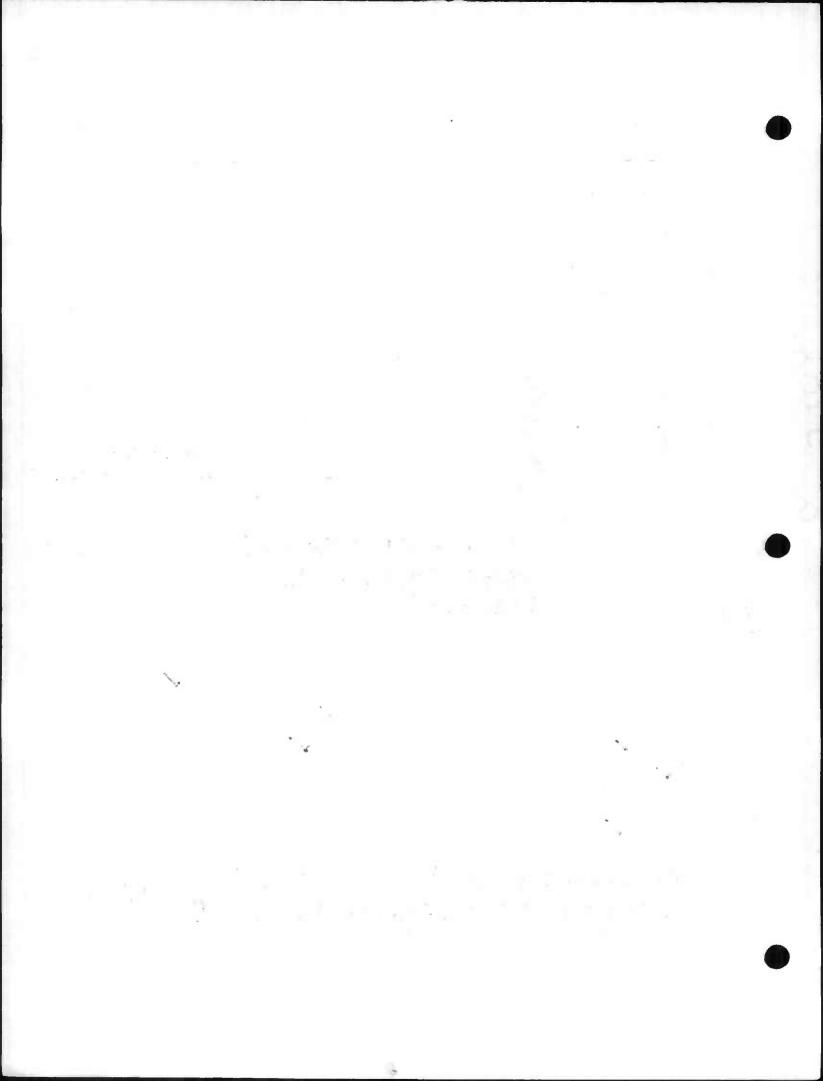
TOWSON, MARYLAND 21204

6-11-96

delenore, maryland 21215-0020	that within 24 hours after death. Page 5 may be retained by the hospital or attendion physician
ALTIMORE, M	eath Page 6 may h
	24 hours after di
X 68760	meterited within
0.80	Agenda No
VITAL RECORDS, P.O. BOX 68760	or coordine that the death
DIVISION OF VITAL	DHVCICIAN The Is
IVISIO	OD ATTENDING

Access to excluded within 24 hours after death. Page 5 may be retained by the hospital or attending physician.	to present and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be used to burial premation or removal.	one traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death of	TO THE FUNERAL DIRECTOR: After this certificate has been signed to the flack within 29 hours after death with the State hand of H	IMPORTANT: It flom 28 is marked, or flom 23 shows any injury, or on

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL	HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)	Deanna D.				MONTH	OF DEATN DA	996 YE	AR	OO AM M
	L13 34 1711	1 □ M 2 X F 59		F UNDER 1 YEAR DNTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (	DE BIRTH , Day, Year)	8. 1	BIRTHPLACE Country) Maryl	(State or Foreign and
TOR	98. FACILITY NAME (II not institution, give str 417 Trimble Road RESIDENCE OF DECEDENT	et and number)	9		ppa	ATN		9c. COUNTY Harf		
DIRECTOR	10a. STATE 10b. COUNTY Maryland	Harford	10c. CITY, 1	TOWN OR LOCAT	Јорра				L	NSIDE CITY IMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 417 Trimble Road			W.		085		Unite	of what co	
BY FU	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? t ☐ YES IF YES, GIVE WAR OR DAT	2 X NO	It yes, spe	ENDENT OF HISPAN belfy Cuban, Maxican 2 X NO Specify	n, Puarto R	? (Specify Yea Nean, etc.)	or No— 14.	Black, White	erican Indian, i, etc.
COMPLETED	ts. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	Ilfe. Do NOT use i	k done during mos retired.)		16b.		INESS/INDUST		
OMP	12 Years  17. FATNER'S NAME (First, Middle, Lest)		Housew	une	18, MOTNER'S NAI	ME (First, N		n Home	2	
BE C	Edward Leroy Zin	khan						rginio	a Have	n.
10 B	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural F					
	Mr. Robert C. OWI		PLACE AND DATE OF		Road J			CATION — Chy		
	1 Donetion 5 Other (Specify)	val from State	tery, cremetory or other Lawn C	emetery	6/11/19	1		timore		
	21. SIGNATURE OF FUNERAL SERVICE LICE				Ruck Fun					
		the			Wise Ave					
CERTIFICATION	IMMEDIATE CAUSE (Fins)	CAPCINOHOUSE TO OR AS A LEMAN AS A	COMP	ION B			nac or raspi	ratory arrest	1	Approximata interval Batwean Diset and Desth
PHYSICIAN: MEDICAL CEI	PART II. Other significent conditions	contributing to deeth bu	it not resulting in	the underlying	cause given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	COMPI OF DE	
Σ ;	DID TOBACCO USE CONTR	IBUTE TO CAUSE OF	DEATH YES	□ NO 🗷	UNCERTAIN	N D			10.	YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	6. PLACE OF DEATN	(Check only one)						
IXSI	t YES 2 NO 27. MANNER OF DEATN	1 Inpatient 2 ER/Outpa	ttlent 3 DOA 4	☐ Nursing Nom	6 5 Rasidenca					
	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME		RK?	28d. DE\$	CRIBE NOW I	NJURY OCCUR	ED	
TED BY	2 Accident Investigation 3 Suicida 8 Could not be 4 Nomicide determined	28s. PLACE OF INJURY building, etc. (Special	At home, farm, str				ATION (Street a or Town, State)	and Number or	Rural Route N	ımber,
COMPLET	one)	CIAN: To the best of my knowles: On the basis of examination							ause(e) end n	nenner as stated.
TO BE C	theny C. Tabas	Tollywa	N.J.		DO 92	VBER S		29d. DATE SI	ID 9	b, Day, Year)
	6700 RINGE	POMD, 3	MOIMO	25	MD:	313	37		1 1	
	JUNI 3 1996	Juna Daydon	n-Randell							



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

96

17549

						Cei	titica	te of	Death			Reg. No.			
	Physic /Medi		1. Decedent's Neme (First, Middle, L Jロトロ	w.		Paxto	n				2. Date of De Month JUNE		Year		of Death
	Exami		4a. Facility Neme (If not institution, g 7915 34th Sti		nber)					wn, or Lo	ocation of Deat	h 4c. Count	y of Death Balti	.more	
	Funeral Director	M	293-09-2406	Sex 1 ☑ M 2 □ F	7. Age (In yrs. 7	lest birthday) 8 Yrs.	if Unde Months	Deys	If Under: Hours	24 Hrs. Min.	8. Dete of Bi (Month, Di 8-15	rth ay, Year) 17	9. Birth	place (Stetentry)	e o <i>r Foreigr</i> iດ
Merviend	4 show	tor	Usuel Residence of Decedent  10e. Stete 10b. County MCI Bal	timore	10c. City	y, Town or Lo	cation	ale							City Limits
with the	3a or 28a N be noti	Funeral Director	10e. Street and Number 7915 34th Stre	et				code 2123	7			10g. Citizen of	What Cou	ntry?	
21215-0020 d within 72 bours after death with the Mendand	al', or items 23a or 28a-f shor Examiner must be notified at	by	11. Meritel Status  1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. Wes Deced Armed For 1 V Yes If Yes, Give Year or De	ces? 2 □ No	'	Wes Dece t Yes, spe 1 \( \subseteq Yes			gin? (Sp i, Puerto	ecify Yes or No Rican, etc.)	14. Re Ble Specia	ck, White,	can Indien, etc. whit	
2-C	"natural", edical Exi	Completed	15. Decedent's I	Education rade completed)		16e. Deced	kind of wo	ork done	during most	t of work	ing	16b. Kind ot E	usiness/in	dustry	
within	than	dmc	Elementery/Secondery (0-12)	College (1-	4or 5+)	life. I	eel \	ise retire	d)			Rethleh	hlehem Steel		
Maryland And 2 should be filed	Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural", any Injury or other traumatic event, tra Medical Exponse. ponce.	To Be Co	17. Fsther's Neme (First, Middle, Las Howard C. Pax				001	WGJI IC				, Meiden Sume Keller		LECI	
, Mary	saith and h		19a. Intormant's Neme/Reletionship Jacqueline M.		vife	19b. Meilir					al Route Numb timore,	MD 21	, Stete, Zij 237	Code)	
Baitimore,	ment of He ant: If iten ury or oth		20e. Method ot Disposition  1 Burial 2 Cremetion 3 4 Donetion 5 Other (Special Control of Control o			lece ot Dispo em <i>etery, cr</i> en Ganden	natory or o	other pla	œ) th	6	Dete - 14-96	20c. Location Balti			
Dail	Departiment any injury		21. Signature of Funerel Service Life	anada /	lls	22	Cvad	ch/R	oseda] saco /	le Fi	uneral Baltim	Home nore, MO	212	237	
/ /	nysician Medical xaminer	Jer.	23a. Pert1. Enter the disease, or conshock, or heart teilure. List only immediate Cause (Fine) disease or condition resulting in death)	y one cause on ee	//	Mehis)	pelie	(	elin					Approxim Intervel B Onset en	etween
Certificate be executed	attending physician and if or use es the burial-transit clan/Medical Examiner		Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lsst	c		r es a conseq									
death o	the atten hed for u	Physician	Pert ii. Other significant conditions	contributing to dea	ath but not resu	ulting in the u	nderlying (	cause of	ven in Pert I.		23b. Did	tobacco use co	ontribute t	o the caus	e of death
requires that the	signed by the attendin d be deteched for use	by Phy									10	Yes 2□ No	3 Pro	bably 4	□ Łenknow
The law requires t	2 shoul	Completed										s an autopsy ormed?	av cc	ere autops silable pric empletion o death?	rto
	s certificate he director, page		25. Was case referred to medical	1							10		11	□Yas 2	₽No
ding Physician: T	h. After this certi funeral direct	tion: To Be	examiner?  1 Yes 2 No  27. Menner Deeth  1 Matural 5 Pending Investigation	28a. Dete of (Month		ER/Outpatien 28b. Time of Injury	-	28c. Inju Wo	ner: 4□ Nu	rsing Ho		idence 6 Oti		(y)	
or Attending	within 74 hours after death.  To the Funeral Director: After this complistely filled in by the funeral	Certification:	3 Suicide 6 Could not determined	28e. Plece o	of Injury - At ho g, etc. (Specify	ome, ferm, str	eet, fector	y, office			28f. Location ( City or To	(Street end Num wn, Stete)	ber or Run	al Route No	ımber,
. Hospital	Funera Funera Intely fills	edical (	29e. Certifier 1 Certifying P	hysicisn: To the b miner: On the bas end menne	sis of examinet	wledge, deeth lon end/or inv	occurred	et the ti	me, dete sno opinion, deel	d piece, th occurr	and due to the ed et the time,	ceuse(s) end m dete end piece,	snner ss s and due t	itated. o the cause	e(s)
(Eg	duos )	Me	29b. Signeture end title of certifier	MD				_	se number 848	7		29d. Dete signe	ed (Month,	Dey, Year,	<b>)</b>
			30. Name and address of person who		ot deeth (Item	23a) (Type,	Drint)			R,	BAUC	), M7	10	23	7
	Sta Registr		31. Dete tiled (Month, Dey, Year)	32. Re	gistrer's Signa		•								

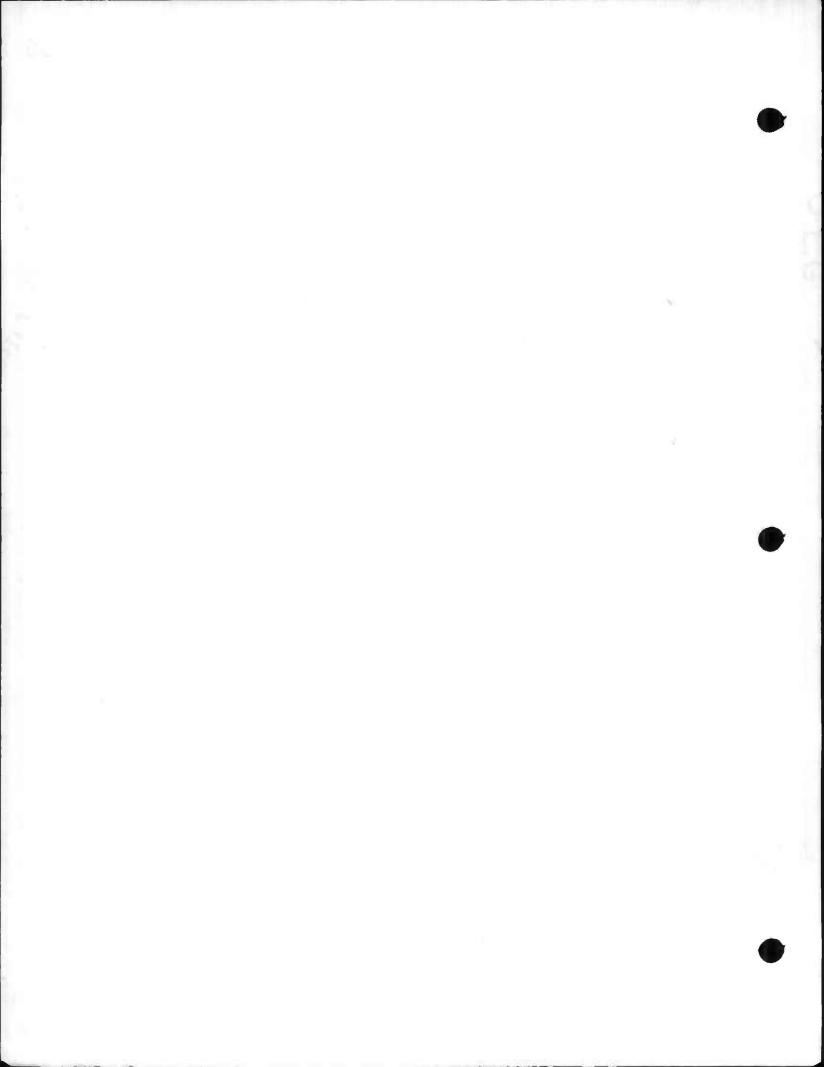
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1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

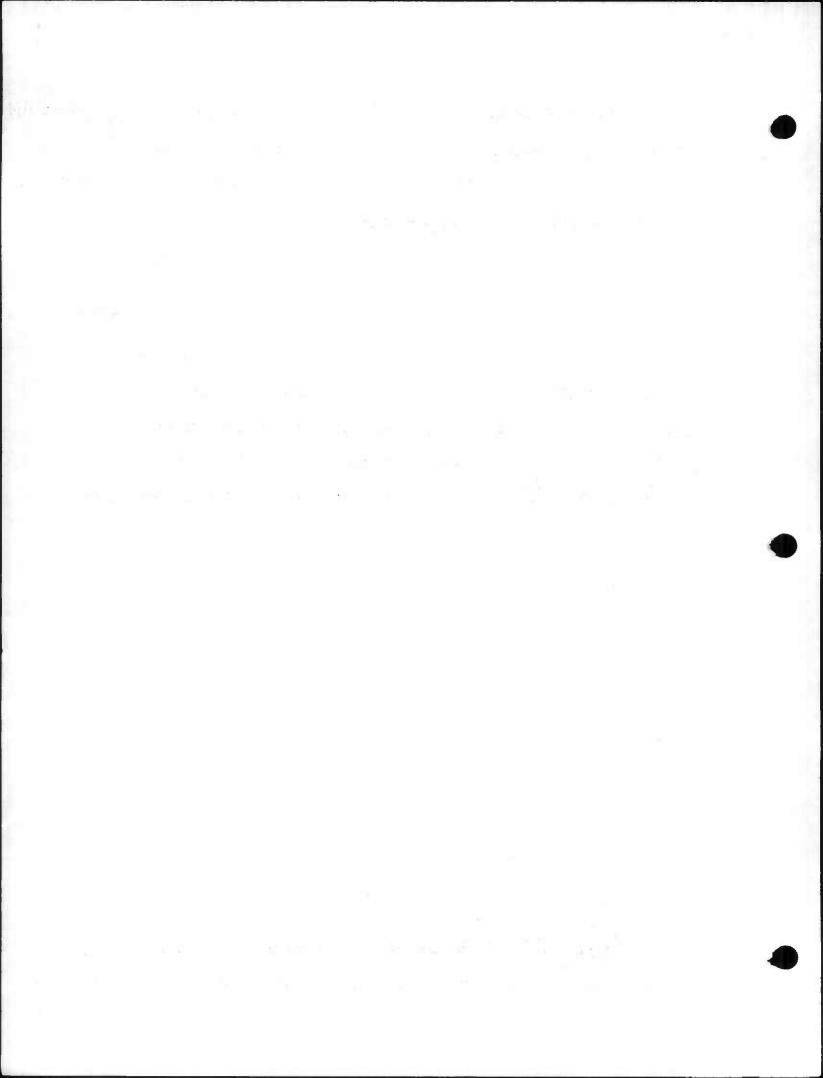
		HEGISTHAH		CER	TIFICATE	OF DEA	AIH	REG. NO.				
		1. DECEDENT'S NAME (First, Middle, Last, MARY LO	UISE F	ECA	REU	_A		2. DATE OF DEATH DATE OF DATE OF DEATH DATE OF DATE OF DEATH DATE OF DEATH DATE OF DATE OF DATE OF DEATH DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE	0, 190	S. TIME OF DEATH		
		4. SOCIAL SECURITY NUMBER		(In yrs. last birt	hday) IF UNDER	1 VEAR DE LINE	ER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign		
		212-18-5376	1   M 2   K F	00	RS. MONTHS	DAYS HOURS	-	(Month, Day, Year)		Country)		
용			3111	00	Dec.		1	may 30,14		Baltimore, Mo.		
3 should	- I	9e. FACILITY NAME (If not institution, give				TOWN OR LOCA		HTA	9c. COUNTY			
2,	СТОВ		uthern Villa	ge	Westminster   Car					oll		
-	5	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNT	_									
Pages	DIRE	Md. Carr		10	c. CITY, TOWN (					10d. INSIDE CITY LIMITS?		
jt.			011		Syres	ville				1 X YES 2 NO		
sit permit.	ERAL	5706 Lakeside	Drive		10r. ZIP CODE 21784				10g. CITIZEN OF WHAT COUNTRY? U.S.A.			
attending physician. se as the burial-transit	FUN	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (S				N 44	DAGE AND AND AND AND AND AND AND AND AND AND		
ohysi		1 Never Married 2 Married	FORCES? 1 YES	2 NO		yes, specify Cui	ban, Mexica	n, Puerto Rican, etc.)	OF NO.	. RACE — Americen Indian, Black, White, etc.		
g ag	B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES		TYES 2 N	O Specify			Specify: White		
as	ED	15. DECEDENT'S EO	UCATION	Title DECEDI	ENT'S USUAL O	CHRATION		Test Main of Dis				
or aff		(Specify only highest grad	le completed)	(Give ki	ind of work done ( NOT use retired.)	uring most of wor	king	16b. KIND OF BUS	SINESS/INDUS	THY		
d for	2	Elementary/Secondary (0-12)	College (1-4 or 5+)	1	· ·		U.S. Government					
the hospital detached fo	\$	High School	+1	Loai	n Exami					nt		
the host detach	COMPL	17. FATHER'S NAME (First, Middle, Lest)			18. MOTHER'S NAME (First, Middle, Maiden Surname)							
d by the d	H	Louis Salafia			Poala Bolango							
5 should notified	0	19e. INFORMANT'S NAME (Type/Print)		19b, MA	MAILING ADDRESS (Street and Number or Bural Route Number, City or Town, State, Zip Code)							
be re	F	Joanne M. Kram					N	New Windsor, Md. 21776				
page		20. METHOD OF DISPOSITION	20	b. PLACE AND	DATE OF DISPOS	TION (Name of			or Town, State			
e 6 ma ector, p must		1 Burlet 2 Cremetion 3 Rer 4 Donetion 5 Other (Specify)	noval from State C6	metery, cremeto	ty or other place) IEW Mem	Dark	6					
Page		21. SIGNATURE OF FUNERAL SERVICE L		• ECITIZ	Park 6/14/96 Sykesville, Md.  AND AODRESS OF FACIDATION FUNETAL HOME							
or death. Page 8 may be retained by the hospital or attending physicity from the funeral director, page 5 should be detached for use as the burial wal.		· D · -/	al: 11		22.							
the fu		Duan O	Marght			BOX 19	5 Syk	esville, M	/d. 217	784		
# >E 2		23. PART I. Enter the diseasea, or	complications that cause	ed the death.	Do not enter	the mode of d	vina, suct	as cardiac or resolu	ratory arrest	, Approximata		
hours ed in t		snock, or neart failure.	List only one cause on	each ilne.						Interval Between		
fille ion.		IMMEDIATE CAUSE (Final disease or condition	D			/				Onset and Death		
ithin letely email		resulting in death)										
omplete al. crem.			DUE TO (OR AS	A CONSEQUEN	ICE OF):	1 5	2 , ,	8.		4.,		
executed and con o burial.	N N	Sequentially list conditions,	a cen	ree	~ 0		The second	7 - 4	cry	Monit		
	CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING										
train	2	CAUSE (Disease or injury \$ c.										
oth o	1	that initiated events OUE TO (OR AS A CONSEQUENCE OF):										
endi Hy	E	resulting in death) LAST										
the dear the att d Menta Injury,	- 11	DADT II Other significant condition										
	EDICAL	PART II. Other significant condition	ing contributing to death	put not read	ting in the un	eriying cause	given in i	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
5 8 E	ă I	FILS New.	mous c	ula	a a			1 □ YES 2,	NO NO	COMPLETION OF CAUSE OF DEATH?		
quires signe Healt	N.									NES 2 □ NO		
law required begreated by the sept. of H		DID TOBACCO USE CONT	RIBUTE TO CAUSE O	OF DEATH	YES IT	IO [] UN	CERTAIN	P				
9 4 5	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			DEATH (Check of							
N: The ficate h State	8	EXAMINER?	HOSPITAL: 1   Inpetient 2   ER/Out	lastical 3 🗆 B	ОТНЕ							
SICIAN: The certificate the State or item	¥ I	27, MANNER OF DEATH	26a. OATE OF INJURY		b. TIME OF		Residence	6 Other (Specify)				
ATTENDING PHYSICIAN: ECTOR: After this certificals after death with the St.		1 Netural 5 Pending	(Month, Day, Year)	200	INJURY	28c. INJURY AT WORK?	[	28d. DEŞCRIBE HOW IN	JURY OCCUR	EO		
After death	B	2 Accident Investigation				1 YES 2	□ NO					
TTENDIN TOR: Aft after dea	8	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spi	Y — At home, t ecify)	arm, street, facto	ry, office		28t. LOCATION (Street ex City or Town, State)	nd Number or F	Rural Route Number,		
OR ATTEN DIRECTOR: hours after Item 28 Is		4 Homicide determined										
OR OIRE Hours	21	290. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my know	wledge, death o	coursed at the ti	ne, date and plac	e and due	in the cause(e) and man	ner se stated			
를 를 를 들	COMPLET									suse(a) and manner as stated.		
D THE FUND THE FUND WPORTANT	- 11	29b. SIGNATURE AND TITLE OF CERTIFIE		· contrained								
2 H 1 K	H	298. SIGNATURE AND TITLE OF CERTIFIE	22	- 500 - 1		29c. LI	CENSE NUM	BER O	29d. DATE SI	GNED (Month, Day, Year)		
BEZZ	2	Epterum Day 01492 16-10-9(										
1000	-	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF D	EATH (ITEM 27)	(Type, Print)			11	1 3 1	1		
		EPHRAIN( 1	DARZT.	16A	X	SW	WI	10/30R	Md	2-1776		
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGI	NATURE				1				
	1	JUN 1 3 1996	la Davidson-1	Pandelle				ľ				
		V:11 V 1000	The Contract of A		3							



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				State of IV	iaiyiaiiu		tificate of	Death		Reg. No.		
	Physic /Medi	cal	Decedent's Neme (First, Middle  JOHV      4e. Fecility Neme (If not institution,	ALFRET		Pell		4b. City. Town, or L	2. Dete of Decomposition of Deeth	Dey 8	Year 1996	3. Time of Death 6-45 At
	Examination Funeral Director	ner	Fallston Genera 5. Sociel Security Number 163-05-7382 Usual Residence of Decedent	l Hospital	ge (in yrs. ie:	st birthdey) Yrs.	If Under 1 Year Months Deys	Fallsto If Under 24 Hrs. Hours Min.		Harf h y, Year)	9. Birthple	oce (State or Foreign y) delphia,PA
	Aaryland show	or	10e. Stete 10b. County Florida Browar	d		Town or Loc					100	d. Inside City Limits
	with the N 3e or 28e-	il Director	10e. Street and Number		Polity	pano B	10f. Zip Code			10g. Citizen of What Country?		
020	s 1 and 2 should be filed within 72 hours after death with the Maryland if Health and Mental Hygiene. Item 27 is marked other than "naturel", or items 23s or 28s-f show other traumatic event, the Medical Examiner must be notified at	by Funeral	1465 N.E. 51st S 11. Meritel Stetus 1 □ Never Merried 2 □ Merrie 3 □ Widowed 4 □ Divorced	12. Wes Decedent Armed Forces	?	if	33064 /es Decedent of H Yes, specify Cuba	fispenic Origin? (Sp an, Mexican, Puerto Specify:	pecify Yes or No Rican, etc.)		a - Americar ck, White, et	c.
21215-0020	ed within 72 horgiena. or than "natur t, tre Madical	Completed	15. Decedent' (Specify only highest Elementery/Secondery (0-12)	grede completed)  College (1-4or	5+)	16e. Decede (Give k life. D		petion during most of work d)		16b. Kind of B	usiness/Indu	
Maryland	ould be file Mental Hy mrked oth	To Be	17. Fether's Name (First, Middle, L Jacob Pell	it				18. Mother's Nem	Kalnir	)		
Baltimore, Mai	parmit. Pages 1 and 2 sh Department of Haaith and Important: If item 27 is m any Injury or other traum once.		19e. informent's Neme/Reletionsh  Prences 20e. Method of Disposition 1 ☐ Buriel 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (Sp.  21. Signeture of Finerel Service L	Pellit B □ Removel from State	20b. Ple	1465 N ca of Dispos netery, crem Lady C	I.E. 51st ition (Name of atory or other place) of Grace	oss of Fecility	ompano E Dete 6/11/96	Beach Fl 20c. Location Langhorn	City or Town	3064 n, Stete
COR	Physician /Medical Examiner	er	23a. Pert1. Enter the disease, or a shock, or heert failure. List of the disease or condition resulting in deeth)	Theoph	Jin +	Do not ente	y, atr	ng, such es cardlac	or respiretory er	ore, MD.	A	Approximete Interval Between Donset and Deeth  2 days
ox 68760,	certificata be executed inding physician and use as the burial-transit	v/Medical Examiner	Sequentielly list conditions, if eny, leading to immediate cause. Enter Undertying Cause (Disease or injury that initiated events resulting in death) Lest		Due to (or e	es e conseques e conseques	Ische,	mia an	d Inf	arch'a	7 - 2	days.
.O. Box	death a atte od for	Physician/M	Pert II. Other significant condition								1.4	he cause of death?
of Vital Records, P	requiras been sign should be	Completed by PI	emphysema,	the Ren	al f	730 to	remia.		24e. Wes	en eutopsy	aveil	e autopsy findings able prior to pletion of cause
ital Re	The ata h	Be Com	25. Wes case referred to medical exeminer?					26. Plece of Deef	1 🗆 \		10	Yes 2 No
Division of V	or Attending Physitar death.  Nector: Attar this in by the funeral di	Certification: To	1   Yes 2   No  27. Menner of Deeth  1   Neture  5   Pending 2   Accident   Investige 3   Sulcide 6   Could not determine	t be 28e. Plece of in	ary Year) 2	R/Outpetient 8b. Time of Injury e, farm, stre	3 DOA Oth 28c. injur Wor M 1  et, factory, office	y et		now injury occur	red	Route Number,
7	spite neral	edicai Ce	29e. Certifier (Check only one) Cartifying 2 Msdlcaf E	Physician: To the best taminer: On the basis of end manner st	f examinetion	edge, deeth n end/or inve	occurred et the tin estigetion, in my o	me, dete end plece, plnion, deeth occur	and due to the cred et the time,	cause(s) and me date end piece,	enner es stet end due to ti	red. he cause(s)
	To the Ho within 24 F To the Fu completely	Me	29b. Signeture end title Contiller	1	Parek	h MD	29c. Licens	e number 8424		29d. Date signe		
l	ib		30. Neme end eddress of person w		deeth (Item 2		Print) RFORD	ROAD,	FALL	STON	MD2	1047
	Sta Registr	-	31. Dete filed (Month, Day, Year)  JUN 1 3 1996	32. Registi	rer's Signetur							

DHMH 16 Rsv 6/95



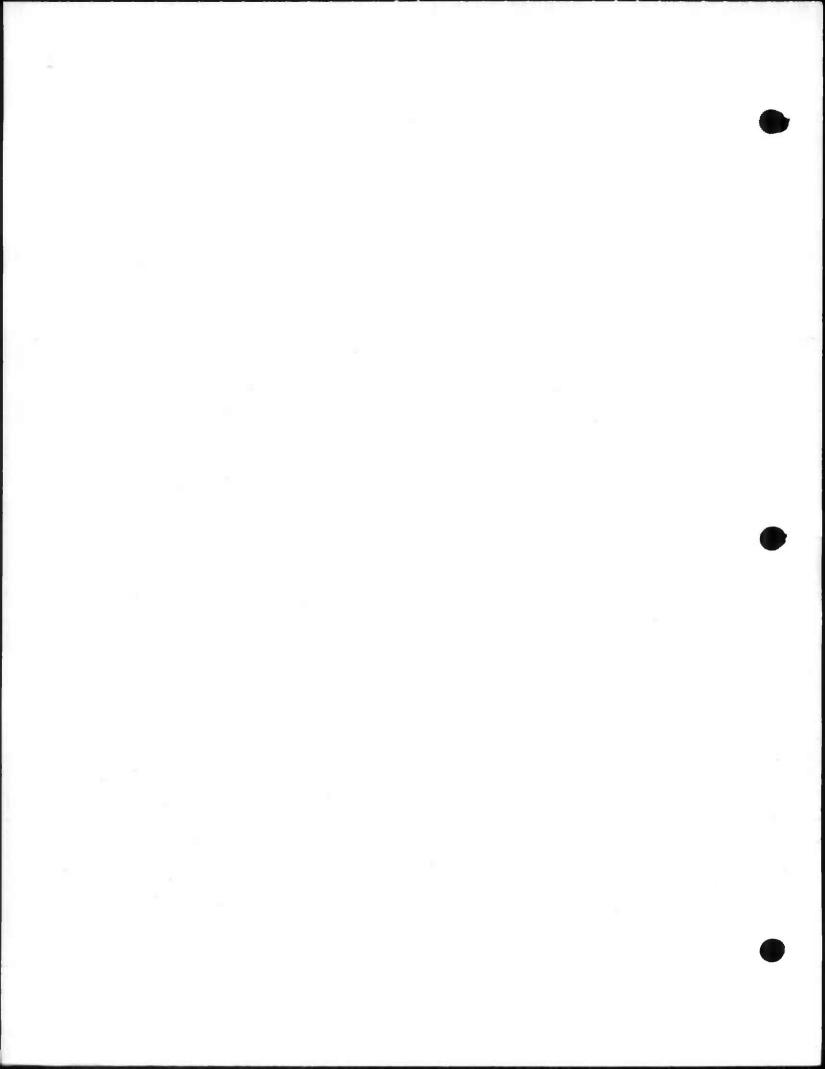
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	69760	
8	BOX	
	, P.O.	
	RECORDS	
	F VITAL	
	DIVISION	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be account within 24 fours after death. Page 6 may be retained by the hospital or attending physician physician and physician and physician and physician and physician and physician and physician physician and physician physician and physician physician and physician

STATE	0F	MARYLAND	/ DEPARTMENT	OF I	HEALTH	AND	MENTAL	HYGIENE
		C	ERTIFICATE	OF	DEAT	'H		REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF H	EALTH AND M	ENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last) ROY	PLU	MMER			2. DATE OF DEATH MONTH D		
	4. SOCIAL SECURITY NUMBER	.0		IF UNDER 1 YEAR	HOUSE MIN	7. DATE OF BIRTH (Month, Day, Year)	8. B	NRTHPLACE (State or Foreign
	214-01-3094  9e. FACILITY NAME (If not institution, give s	7 91	1.77	PL CITY, TOWN O	R LOCATION OF DEA	oct 27, 19	9c. COUNTY	ennsylvania
TOR	Berlin Nursing			Ber1			Worce	
DIRECTOR	Maryland 106. COUNTY	N/A		timore	ON			16d, INSIDE CITY LIMITS?  1)XXYES 2 NO
ERAL	10e. STREET AND NUMBER			101.	ZIP COOE		10g. CITIZEN	OF WHAT COUNTRY?
Ä	3348 Gilman Terr				2121	.1	U.S	.A.
BY FUN	11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced	12. WAS DECEOENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	If yes, spe	ENDENT OF HISPANIC city Cuban, Mexican, 2 NO Specify:	ORIGIN? (Specify Year Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify:
G	15. DECEDENT'S EQUI	CATION	16a. DECEDENT'S US	BUAL OCCUPATIO	N	16b. KINO OF BUS	SINESS/INDUSTR	White
once. COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)		k done during mos retired.)	t or working			
OMP	8. 17. FATHER'S NAME (First, Middle, Last)		Electric	ian		Areospa		
E S		D1				E (First, Middle, Maiden		
Med a	Charles A.  19a. INFORMANT'S NAME (Type/Print)	riummer	19b. MAILINO AI	DDRESS (Street ar		Reushlin		D)
10 10	Charles R. (Bob)	Plummer				ville, Del		
nust b	20a. METHOD OF OISPOSITION  1 Duriel 2 Cremation 3 Rem.  4 Donation 5 Other (Specify)		PLACE AND DATE OF			DATE 20c. LO	cation - city of	r Town, State , Maryland
ner	21. SIGNATURE OF FUNERAL SERVICE LIC		)	22. NAME AN	D ADDRESS OF FACIL	LITY		
exam	· a. Gl-	Seit 1	1	3818 R	oland Ave	Jr. Funer enue Balti	more. 1	e Maryland 2121
the medical examiner must be notified at once.  TO BE COM	IMMEDIATE CAUSE (Final	List only one cause on ee	ch line.			aa cardlac or respi	ratory arreat,	Approximate interval Between Onset and Death
	disease or condition resulting in death)	DUE TO (OR AS A OR A PRUME	AC 1	MICH	noc-			2 weeks
or other traumant great, ERTIFICATION		ATMAL	FIBNICE OF):	14770	7			
	Sequentially list conditions, if any, leading to immediate							
E S	CAUSE (Disease or Injury		CONSEQUENCE OF):	AICU.	NC-			
RTIFICATION	thet initiated events resulting in deeth) LAST	DUE TO (OR AS A (	CONSEQUENCE OF):					
Injury, o		1						
shows any inju	PART II. Other significant condition	s contributing to deeth bu	t not resulting in	the underlying	ceuse given in Pa	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
2 ≥	DID TOBACCO USE CONTR	PIRITE TO CAUSE OF	DEATH VEC		UNCERTAIN			1 TES 2 NO
M 23 s	25. WAS CASE REFERRED TO MEDICAL	2	6. PLACE OF DEATH		UNCERIAIN	Ц		
or item YSICI/	EXAMINER?	HOSPITAL: 1   Inputient 2   ER/Output	tlent 3 DOA 4	THER: Nursing Home	5 Residence 6	Other (Specify)		
Y PH	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y WOF		8d. DESCRIBE HOW II	YJURY OCCURE	D
28 is	2 Accident Investigation 3 Suicide 8 Could not be datarmined	26a. PLACE OF INJURY - building, atc. (Specifi	At home, farm, atre	et, factory, office	2	8f. LOCATION (Street a City or Town, State)	nd Number or Ru	ral Route Number,
Item 2	29a. CERTIFIER (Check only	CIAN: To the best of my knowle	dge, death occurred :	st the time, date i	nd place, and due to	the cause(s) and man	ner en eteted	
MPORTANT: If ite	MEDICAL EXAMINE	R: On the basis of examination						se(s) and menner as stated.
E H	296. SIGNATURE AND TITLE OF CERTIFIER	1 en 00	2000		29c. LICENSE NUMBI D46257	ER	29d. DATE SIG	TEO (Month) Day, Year)
2   €	30. NAME AND ADDRESS OF PERSON WHO						φ/	11/86
	EDWIN CASTANEDA		314 FRANK	LIN AVE	. BERLI	N MD 218	11	
	31. DATE FILEO (Month, Day, Year) 31. DATE FILEO (Month, Day, Year)	52. REMSTRAR'S SIGNAT	on Rardall					
	MAIL A A A							



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

**CERTIFICATE OF DEATH** 

FOR STATE REGISTRAR

1 -

DHMH-16 Rev 1/89

REG. NO.

	1. DECEDENT'S NAME (First	, Middle, Last)	2. ()						2. DATE OF DEATH	DAY	YEAR 3.	TIME OF DEATH
	Marga			is se	1)				June 11 1996 1			420
	4. SOCIAL SECURITY NUMBER 231-07-782		5. SEX	6. AGE (In yrs.	77	IF UNDER 1 Y		UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPL Country)	ACE (State or Foreig
	9			70	YRS.				Sept.20,			rginia
~ I	90. FACILITY NAME (If not in			ш	i	Baltimore Cit						
CTOR	Johns Hopki		ayview iv.	П		Daitimore City			/	001	CTIIIOT	COLCY
шп	10e. STATE	10b. COUNTY				c. CITY, TOWN OR LOCATION					10	d. INSIDE CITY
DIR	Maryland	Balt:	imore		Ba	Baltimore County						YES 2XX N
ĭ.	10e. STREET AND NUMBER				101. ZIP CODE				10g. CITIZ		T COUNTRY?	
NER	58 Blister	St.			21220					USA		
FU	11. MARITAL STATUS  1 Never Married 2	Merried	12. WAS DECEDEN	YES 2	NO If yes, specify Cuben, Mexico			n, Puerto Rican, atc.)	s or No-	Bleck, V	American Indian Vhite, etc.	
B≺	3 Widowed 4 Dive		IF YES, GIVE Y	MAR OR DATES		1 ☐ YES 2 ☐ NO Specify:					Specify:	White
		CEDENT'S EDUC		16a.		CEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/IND 16b KIND OF BUSINESS/IND 16b KIND OF BUSINESS/IND					USTRY	- WILLIAM
LETEI	Elementary/Secondary (		College (1-4 or 8	+)	life. Do NOT us	Do NOT use retired.)						
COMPL	12 yrs.		N/A		Secr	retary			Churc		71	
8	17. FATHER'S NAME (First, A John King	Aiddle, Last)					18	. MOTHER'S NA	ME Margacet herine Shu	Catheri	ne Iho	■pson
BE	190. INFORMANT'S NAME (	Type/Print)		1	10h MAII ING	ADDRESS /S	Street end I		Route Number, City or To		Code)	
2	Edward B. Ru			- 1		58 Blister St. Baltimore, Maryland 21220						20
	200. METHOD OF DISPOSIT	TION			CEANDDATEC	F DISPOSITION	ON (Name	of	DATE 20c. L	OCATION —	City or Town	
	Cemeton 3   Removal from State   Cemeton 5   Other (Specify)   Cemeton, crematory or other place   Meadowridge Memorial Pk. 6-14-96 Baltimore, Md.											
-1	21. SIONATURE OF FUNERA	AL SERVICE LIC	ENSEE	. /		22. NA	ME AND	ADDRESS OF FA	CILITY			
	* Heath	les Z	essal						Rd. Baltin	nore	Md 2	1236
	23. PART I. Enter the d				death. Do n							Approxima
	ahock, or t		List only one ca	use on aach	lina.							Interval Ba
	disease or condition resulting in death)	<b>→</b>	Phe	un	oni	a						1400
	DUE TO (OR AS A CONSEQUENCE OF);											
Z	Sequentially list conditions, b. SIP Wierra CA Rulation 20											day
CATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING  DUE TO (OR AS A CONSEQUENCE OF):  Pure SS wife Long S										9 50	
FIC	CAUSE (Disease or Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):											
RTIF	resulting in-death) LAST  d. Malunti Tron											
S	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINI											
EDICAL	510	MIT	- × >	•			,	3	PERFO	DRMED?	A	WAILABLE PRIOR TO
EDI	Gash	** 0:	. 10 5 ( )						1 YES	3 NO		F DEATH?
N. M	DID TOBACCO L				EATH YE	S $\square$ NO	οП	UNCERTAI	N X			TYES 200
< 1	25. WAS CASE REFERRED				LACE OF DEAT							
SICI	1 YES 2 NO		HOSPITAL:	☐ ER/Outpatien	e 3 🗆 DOA	OTHER:	g Home	5 Residence	8 Other (Specify)			
РНҮ	27, MANNER OF DEATH		28e. DATE O (Month,	F INJURY Day, Year)	28b. TIM	E OF 28	8c. INJUR WORK	Y AT	28d. DEŞCRIBE HOW	INJURY OC	CURED	
ВУ	Natural 5 2 Accident	Pending Investigation						2 NO				
ED	3 Suicide 8 4 Homicide	Could not be determined	28e. PLACE building	OF INJURY — A	t home, farm, s	street, factory	y, office		281. LOCATION (Street City or Town, Stet	et end Number (e)	or Rural Roo	ite Number,
1	200 CERTIFIER		W - 2-2-2-					10.000 mar a 10.000	C-2- V I V-1-	0-116-20		
COMPL	(Check only								to the cause(s) end m			and meaner as a
S				warmington enc	iror investigatio	n, in my opli			time, date end plece,			
ш	29b. SIGNATURE AND TITL	E OF CERTIFIE	25				2	OC. LICENSE NU	MBER	29d. DAT	E SIONED (	fonth, Day, Year)
00	0 73 3 10 11 16										111	,16
- 1	30. NAME AND ADDRESS O								1 1 0 5			
TO E	30. NAME AND ADDRESS	P PERSON WIT	12 Cm	o e w	auch		M	NO.	2102	- Italy	133	June
- 1	31. DATE FILED (Month, Day	im T	B ar	e e ve	ough		MD	Tzar	F NO	2	122	J

gira for file

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

17554

Physician		1. Decedent's Nam				,						2. Data of Month	Death	ay	Year	3. Time of
/Medical Examiner	ŀ	Emily 4a. Facility Nama (		erine on, give street a	Stee				-	4b. City, To	wn, or L	ocation of De	-		of Death	5:27
	ı	Johns	Hopkin:	s Bayvie	ew Med	dical	Cente	er		Balt:				N/	A	
Funeral Director		5. Social Security N 219-10-	6. Sex 1 ☐ M 21	- 32		(In yrs. last birthday) M		1 Year Days	If Under Hours	24 Hrs. Min.	8. Data of 0 1 2 5	Birth (Part) 1		9. Birthpiace (Stata or Forai) Maryland		
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ms 23s or 28s-f show rmust be notified at neral Director		MD.	Balt	imore			,Town or Lo dalk	ocation							10	od. Inside City 1 ☐ Yas 2
ie B28		10e. Street and Nu	ımber					10f. Zip	Coda				10g. C	itizan of \	What Count	try?
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ten 27 is merke other traumatic		19e. Informant's N	lamo/Deletion	chin /Tuma Prin	né]		10h Malli	na Addraga	/Ctroot	and Numb	or or Du	mi Davida Num	nhar City	or Tour	Ctata Tin	Codob
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important: any injury once.		21. Signatured Funeral Service Licensee  22. Name and Address of Facility Bradley-Ashton Funeral Home, Inc. 2134 Willow Spring Rd. Balto., MD. 2														
	4	Onse Immediate Cause (Final										or respiratory	, 411001,			Approximate Interval Between
Medical aminer		disaasa or conditio	on			cord h	nernia	ation								Interval Betwee Onset and De
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State Registrar

Released on Approval by Medical

31. Date filed (Month, Day, Year)

JUN 1 3 1996

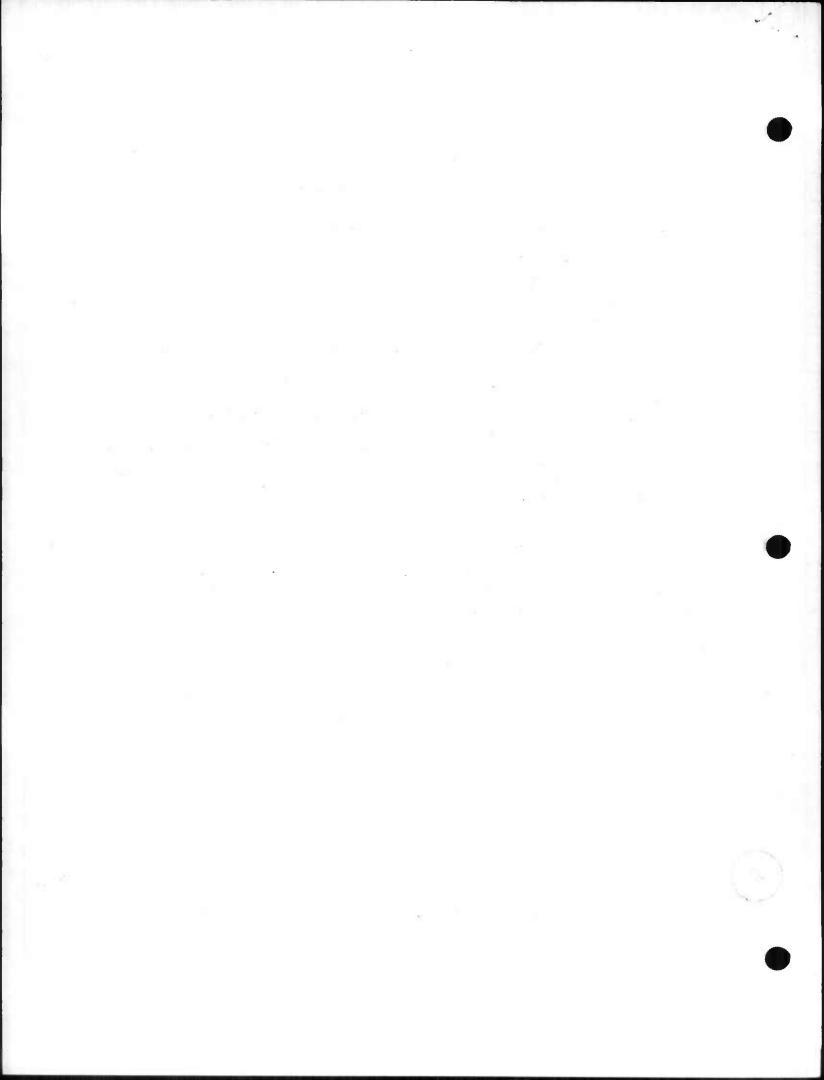
32 Registrar's Signature

DHMH 16 Rev 6/95

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JE VITAL RECORDS, P.O. BOX 6876	VSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 6876	INTER OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a	LINESTOR: After this certificate has been signed by the attending physician and completely filled in by the fi In 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ARE if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIENE REG. NO.						
	DECEDENT'S NAME (First, Middle, Last)     Mary Anne	Sebrell		ckelfo		2. DATE OF DEATH MONTH June 11	1956	3. TIME OF DEATH 4:24 A M				
	4. SOCIAL SECURITY HUMBER	5. SEX 8. AGE (In		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6. BI	RTNPLACE (State or Foreign				
	229-20-9254	1 M 2X F 7	1 YRS.	NTHS DAYS	HOURS MIN.	July 09 19	24 Vi	rginia				
	9e. FACILITY NAME (If not institution, give street	et and number)	98	. CITY, TOWN O	R LOCATION OF DE	ATN	9c. COUHTY O					
NO N	1412 Clark Ave.			Luther	ville		Baltimore					
[ [	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY		10e CITY T	OWN OR LOCAT	ON		10d, INSIDE CITY					
DIRECTOR		imore		rville				LIMITS?				
ERAL	100. STREET AND NUMBER 1412 Clark Ave.			2	ZIP CODE 1093		10g. CITIZEN OF WHAT COUNTRY? USA					
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Narried 3 Widowed 4 Divorced	FORCES? 1 YES	MAS DECEDENT EYER IN U.S. ARMED ORDER OF HISPANIC ORIGIN? (Specific Cuben, Mexican, Puerto Rican, et 1 VES 2 NO Specify:					ACE — American Indian, lack, White, atc. pacify: White				
8	15. DECEDENT'S EDUCA (Specify only highest grade co	TIOH	16e. DECEDENT'S US	UAL OCCUPATIO	H	16b. KIND OF BUSI	NESS/INDUSTR	Y				
COMPLETED		College (1-4 or 5+) +6	ine. Do NOT use re School	etired.)		Educa	tion					
COM	17. FATHER'S HAME (First, Middle, Last)  ISaac	н	Farme		18. MOTHER'S HA	ME (First, Middle, Melden So		ebrell				
BE	19adC  19a, INFORMANT'S NAME (Type/Print)	11.	H. Farmer Ann Bell  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip C									
2	Lloyd G. Shackelfo	21093										
	20a_METNOD OF DISPOSITION 1	al from State 20b.	we of VA 6-	-14-96   Carrison, Md.								
	21. SIGNATURE OF FUNERALISERVICE LIPERGEE 22. NAME AND ADDRESS OF FACILITY RUCK TOWSON Funeral Home, Inc.											
	· KARE	_				York Rd. To						
CERTIFICATION	23. PART I. Enter the diseases, or co ahock, or heart feliure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A Gasha f	ch line.					Approximate Interval Between Onset and Death  3 / 75				
MEDICAL C	PART II. Other significant conditions	contributing to deeth be	ut not resulting in	the underlying	g cause given in	Part I. 24e. WAS AH A PERFORN 1 TYES 2	ED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
ž	DID TOBACCO USE CONTRI				UNCERTAI	ИП						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE OF DEATH	THER:								
YSI	1 TYES 2 NO	1 Inpatient 2 ER/Outp	etient 3 DOA 4	☐ Hursing Hom		6 Other (Specify)						
	27. MAHHER OF DEATH  1 Natural 5 Pending	28a. DATE OF IHJURY (Month, Day, Year)	28b, TIME (	Y WO	URWAT RK? /ES 2 HO	28d. DESCRIBE HOW IH.	JURY OCCURE	D				
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF IHJURY building, etc. (Spec	— At home, ferm, stre			261, LOCATION (Street an City or Town, State)	d Number or Ru	iral Route Number,				
COMPLET	29a. CERTIFIER Check only	IAN: To the best of my knowl	edge, death occurred	at the time, date	and place, and due	to the cause(a) and menn	ner as atated.					
MO	one)	On the beals of exemination	and/or investigation,	In my opinion, d	eath occured at the	time, data and place, and	due to the cau	use(a) and menner as stated,				
BE	29b. SIGHATURE AND TITLE OF CERTIFIER	NED (Month, Day, Year)										
10	30. HAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, P	rint) L'h	ai H	2-105	13.	althurmo				
JUN 13. 1996 32. REGISTRAS'S SIGNAPHOLIC												



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State of Maryland / Department of Health and Mental Hygiene 96 17556

in al	Decedent's Nama (First, Middla, Last	/								40 Series	4.00
al		_		CII	TATET S		2. Dete of Dee Month	Day	Yaar	3. Tima	
	ROY	James		SH	IVELY		JUNE 8	, 1996		8:0	U AI
er	4e. Facility Name (If not institution, give		CENTI	7D		TOWS		4c. County of	YLAN	ID.	
	5. Social Sacurity Number 6. Se		a (In yrs. lasi		Jndar 1 Yaar						or Form
		<b>Ж</b> м 2□F	77		nths Days			, 1918	9. Birthple Countr Dela	ware	or Forei
	10a. Stata 10b. County		10c. City, T	own or Location	n				10	d. Inside (	City Limit
ŏ	Md Paltimo	220	Coci	roverni 1	10					1 □ Ya	s XIIN
rec	10e. Street and Number	T.E.	- CCCs	-			1	0g. Citizen of W	hat Countr	y?	
a D	10319 Malcolm C	ircle #F			21030			US	A		
ner	11. Marital Status	12. Was Decedant I	Ever In U,S.	13. Was I	Decedent of	Hispanic Orlgin? (S	Specify Yes or No-				
	1 Never Merried 2 Married	TY Yas 2□N	No				to moun, atc./		s, vermen, er	G.	
d b	3 Widowed 4 Divorced	Yaar or Datas	WII								
lete	15. Decedant's Edu (Specify only highast grad	ication la <i>completed</i> )	1	6a. Decedant's	Usual Occu of work done	pation during most of wo	rking	16b. Kind of Bu	sinass/Indu	stry	
dmo	Elementary/Secondary (0-12)	College (1-4or 5	+)					Constr	uctio	n	
	17. Fathar's Nama (First, Middla, Last)						ma (First, Middla, i	Maidan Sumama	a)		
0	Noble	James		Shiw	elv	Mae			Bı	own	
-					-		urai Routa Numbei	, City or Town,			
	Ruth Shively			L0319 M	alcolm	Circle	#F Cockey	sville,	Md.	2103	30
	20a. Mathod of Disposition		20b. Plac	of Disposition	(Nema of	ace)	Data	20c. Location - (	City or Tow	n, Steta	
							6-12-96	Timoniu	m, M	1.	
f	21. Signature of Funerel Servica Licens	66				ess of Fecility			,		
	+ WX	$\sim$									
+	23a. Part1. Enter tha disaasa, or comp	ications thet caused	the daath. I	Do not antar the	mode of dy					Approxime	ete
	Immediata Ceuse (Final disease or condition										
, i	resulting in death)					BUDWAW			İ		
E I		b			1	EURYSM	_		i		
Exa	sequentially list conditions, if any, laading to Immadieta		Dua to (or as	a consequano	e or):				1		
Ca	that initiated events	C	Dua to (or as	a consequence	e of):						
Ned Sed	rasulting in deeth) Lest		,						i 1		
an		d							1		
SICI	Part It. Other significant conditions cor	ntributing to death bu	ıt not resultin	g in tha undarly	/Ing causa g	iven in Pert I.	23b. Did to	bacco use con	tribute to 1	he cause	of dea
Phy	CELLIII.TTTS						1 🗆 Y	es 2 No	3 Probe	bly 4	Unkn
۵	CDDDODIID						-				
e e e	ANEMIA						24a. Was a perform	n eutopsy ned?	eval	able prior	rto
n D									of de	eath?	cause
ဂ် ပ							1 🗆 Y	as 2 XNo	10	Yes 2	No
e B	25. Wes casa rafarred to medical examiner?	Jospital:					ath (Check only or	a)			
2	ILI Ids ZIAINO	1 L Inpatia			J DOA	4 U Nursing i					
o	1 Watural 5 ☐ Panding	(Month, Day	Year) 28	Injury			280. Dascribe no	ow injury occurre	<b>9</b> 0		
lcal	3 ☐ Suicida 6 ☐ Could not be	28a Piace of Iniu	inv - At home				28f Location (S	reet and Numbe	er or Rural	Routa Nu	mher
2	4 ☐ Homicida determined	building, atc	(Specify)	, iaiii, siiaai, ii	actory, office				, or riorar	TODIA TVO	
	29a. Certiflar 1 X Certifying Phys	lcian: To the bast o	f my knowie	dga, daath occu	rred at tha t	ima, data and plece	e, end dua to tha c	eusa(s) and mar	nar as sta	ted.	
	one) 2 Madicat Exami	nar: On the basis of and manner sta	axamination ted.	and/or Invastig	ation, In my	opinion, daath occi	urred at tha time, d	ete and piece, a	nd dua to t	ha causa	(s)
Σ	29b. Signeture end titia of certifiar				29c. Licen	se number	2		_		
	( )	in	9400	>	D.	37254		6-8	· U		
	BOON P. LIM,	M.D.,	7620	YORK R	OAD,	TOWSON	, MARYL	AND 2	L204		
Police Completes by Dhysiolan Madical Examines	medical Certification: 10 be Completed by Phy	Md. Baltimo  10e. Street and Number  10 319 Malcolm C  11. Marital Status  1 Never Merried 2 Married  3 Widowed 4 Divorced  15. Decedant's Edu (Specify only highast graded)  16. Secondary (0-12)  17. Fathar's Nama (First, Middla, Last)  Noble  19a. Informant's Name/Raiationship (T)  Ruth Shively  20a. Mathod of Disposition  1 Burlei 2 Cramation 3 F  4 Donetion 5 Othar (Specify)  21. Signature of Funerel Servica Licens  23a. Part 1. Enter tha disaasa, br compless shock, or haart feliure. List only of the self-shock or haart	Md   Baltimore	Md.   Baltimore   Cock	Md.   Baltimore   Cockeysvil	Md.   Baltimore   Cockeysville	Md. Baltimore   Cockeysville   10e. Street and Number   10f. Zip Coda   210.30   210.30   210.30   211. Martal Status   12. Was Decodent Ever in U.S.   11   News Merited 2  20 Married   210.30   12   20   30   210.30   12   20   30   211. Martal Status   12   20   30   212. Martal Status   12   20   30   213. Mass Decedent of Hispanic Origin? (First 2)   10   10   30   30   214. Status   12   20   30   30   30   215. Decedent's Education   12   20   30   30   30   30   216. Decedent's Usual Occupation (Give and oncoming most of we first 20   30   30   30   30   30   217. Father's Name (First, Middia, Last)   10   30   30   30   30   30   218. Informant's Name/Relationship (Type, Print)   198. Mailing Address (Street and Number or First 20   30   30   30   30   30   30   219. Informant's Name/Relationship (Type, Print)   198. Mailing Address (Street and Number or First 20   30   30   30   30   30   30   30	MG. Baltimore Cockeysville  106. Street and Number  107. Zip Code  10319 Malcolm Circle #F  108. Was Decedent of Hispanic Origin? (Spacify Yes or Normal Forests?)  111. Markla Status  112. Was Decedent of Hispanic Origin? (Spacify Yes or Normal Forests?)  113. Markla Status  113. Decedent of Manager  114. Markla Status  115. Decedent of Manager  115. Decedent of Manager  116. Decedent's Susual Cocupation  (Specify only highest greats combleted)  117. Father's Nama (First, Middle, Last)  Noble  118. Mochar's Nama (First, Middle, Last)  Noble  119. Informant's NamaRelastonship (Type, Print)  Ruth Shively  Nae  110. Making Address (Street and Number or Rusal Rouse Number of Business)  110. Specify or Specify  110. Making Address (Street and Number or Rusal Rouse Rusal	Md. Baltimore Cockeysville  10s. Stress and Number  10s. Stress and Number  10s. Stress and Number  10s. Stress and Number  10s. Stress and Number  10s. Stress and Number  10s. Stress and Number  11s. Marital Status  12 Was Depositent Ever in U.S.  17 Was 20 Stress and Number  11s. Marital Status  12s. Was Depositent Ever in U.S.  17s. Stress and Number Conging (Specify Yea or No- 17s. Specify College, Maccion, Plant Final Status  17s. Specify College, Maccion,	Md. Baltimore Cockeysville  10.5 Poods  10.10319 Malcolm Circle #F  10.10319 Malcolm C	Mil. Baltimore Cockeysville   101. Ze Code   109. Citizen of What Country   101. Ze Code   109. Citizen of What Country   101. Ze Code   103. 19 Malcolm Circle #F   101. Ze Code   103. 19 Malcolm Circle #F   101. Ze Code   103. 19 Malcolm Circle #F   101. Ze Code   103. 19 Malcolm Circle #F   101. Ze Code   103. 19 Malcolm Circle #F   101. Ze Code   103. 19 Malcolm Circle #F   103. 19 Malcol

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State of Maryland / Department of Health and Mental Hygiene

				Certi	ficate of	Death	F	Reg. No.		
		1. Decedent's Neme (First, Middle, Las	1)				2. Dete of Dee	eth		3. Time of Deeth
Physic		ELLEN AMANDA SIS	SKEY				JUNE Month	12 19	Yeer 96	2:15 AM
/Med Exam		4e. Facility Neme (If not Institution, give	street end number)			4b. City, Town,	or Location of Deeth	4c. County	of Deeth	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
- LAGIN		8362 ELM RD.				MILLERS	VILLE	ANNE	ARUNI	DEL COUNTY
Funera		5. Sociel Security Number 6. Se			f Under 1 Yeer	If Under 24 H	rs. 8. Dete of Birth	h .	9. Birthp	place (State or Foreign
Directo		201-16-7273	□M 20ÅF 71	Yrs.	fonths Deys	Hours M	8/13/24	, rear)		NSYLVANIA
v		Usuel Residence of Decedent								
ylen		10a. Stete 10b. County	10c. Cit	ty, Town or Locat	ion				1	10d. Inside City Limits
the Maryler 28s-f show	5	MARYLAND ANNE ARUN	NDEL MI	LLERSVII	LLE					1 ☐ Yes 2 No
7 28 Y	1 2	10e. Street end Number			10f. Zip Code			10g. Citizen of V	Vhat Cour	ntry?
23a c	<u>e</u>	8362 ELM ROAD			211	08		U.S	5.A.	
be filed within 72 hours after death with the Manyland tal Hyglene. d other than "natural", or frems 23a or 28a-f show event, the Medical Examples must be notified at	Funeral Director	11. Meritel Stetus	12. Wes Decedent Ever in U Armed Forces?	,S. 13. Wes	s Decedent of I	Hispanic Origin?	(Specify Yes or No- erto Rican, etc.)	14. Rac		can Indien,
after you is	5	1 Never Merried 2 Merried	1 ☐ Yes 2 X No		Yes 2 No		ento Mican, etc.)		k, White,	
urs a	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yeer or Detes:	10	Yes 201 No	Specify:		Specify	WHIT	.E
2 ho	Completed	15. Decedent's Ed	ucation	16e. Deceden	t's Usuel Occu	pation		16b. Kind of Bu	usiness/In	dustry
hin .	P P	(Specify only highest grad	College (1-4or 5+)	life. DO	NOT use retire	during most of v	vorking			
d will	5		NONE	HOMEMA	AKER			OWI	N HOM	ſΕ
off off	Be	17. Fether's Neme (First, Middle, Last)				18. Mother's N	lame (First, Middle,	Meiden Suman	10)	
Alenta Al	70	JOHN	W	ILSON		MARGAI	RET		NASH	i
d 2 should be filed within 72 hours after death with the Maryle th and Mental Hyglene. 7 is marked other than "natural", or items 23a or 28a-f show tranmatic event, the Medical Examinet must be nothed at		19e. Informent's Name/Reletionship (T	ype, Print)	19b. Meiling A	Address (Stree	t end Number or	Rural Route Numbe	r, City or Town,	Stete, Zip	Code)
and 2 ealth a n 27 is	1	ELMER HERMAN SISKE	EY (HUSBAND)	8362 H	ELM ROA	D, MILLI	ERSVILLE,	MD 21:	108	
- T 5 5		20a. Method of Disposition	20b. F	Plece of Disposition	on (Neme of	an)	Dete	20c. Location -	City or To	own, Stete
Pages nent of I nrt: If its iry or o		1 Ø Buriei 2 ☐ Cremetion 3 ☐ I 4 ☐ Donetion 5 ☐ Other (Specify,	Hemovel from State	cemetery, cremete			6/14/96	ויים דמים	Z MA	DVIAND
ortan		21. Signeture of Funerel Service Licens	- Chronous	1	ame and Addre		SINGLETON			
permit. Page Department of Important: If any Injury or			1 5 11	1	and and riggi		1 SECOND			
		Muchael o	- gaffe	1						61
		23a. Pert1. Enter the disease, or comp shock, or heert feilure. List only of	licetions that cade of the deet and cause on each line.	th. Do not enter t	he mode of dy	ing, such as card	liac or respiretory er	rest, '	1	Approximate Interval Between
Physician	_								i	Onset and Death
/Medica Examine		Immediate Cause (Finel disease or condition resulting in deeth)  a. Obstructivelung Disease								
LAGITITIE		resulting in deeth)		or es e conseque						
P #	Ine In	_								
certificate be axecuted adding physician and use as the burlel-transit	Examiner	Sequentially list conditions,	Due to (c	or es a consequer	nce of):				i	
an a same		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury								
ysic he b	edicai	thet initieted events resulting in death) Last	C. Due to (o	or as e consequer	nce of):					
ng pt	Med	1030king in Goduly East							1	
eath certifica ettending pl			d						1	
0 0 %	Physician	Pert II. Other significant conditions co	ntributing to death but not res	uiting in the unde	erlying cause gi	ven in Pert I.	23b. Did t	obacco use co	ntribute to	o the cause of death?
that the de ed by the e	t,	DI 100	17:1:	· 7	/	0	101	100 2 No	3 □ Pro	bably 4 Unknown
s tha	by F	Neumatora	ALIMANS	, levi	pher	al	_	0		
v requires that the been signed by th should be detache	8	1/ 1/	No		t .			en autopsy	24b. W	ere eutopsy findings
23 (0)	Completed	Vascular 3	1sease				perior	med?	co	ompletion of cause death?
The law ite has b	E						400			11
99 —		OF Management of the state of					1 D Y	1	11	Yes 2LYNo
iclar certif	Be	25. Wes case referred to medical exeminer?	Hospitei:		_ Ot	hor	Deeth (Check only o			
this aldi	. To	1 Yes 2 No 27. Menner of Deeth	1 □ Inpatient 2 □		3LI DOA	4 LI Nursing		lence 8 Oth		y)
or Man	ertification:	27. Menner of Deeth 28e. Dete of Injury 28e. Dete of Injury 28e. Impury 28e. Injury et 28e. Inju								
Attending ir deeth. ector: After by the fune	cat	2 Accident investigation 3 Sulcide 6 Could not be	000 Bloom (1)	-ma 6:	11.	Yes 2 No	20f Loonting (6	Broad and Alm-	or or Dec	al Route Number
	TT.	4 ☐ Homicide determined	28e. Plece of Injury - At he building, etc. (Specify		e, ferm, street, fectory, office  28f. Location (Street and Number or Rural Route Number, City or Town, State)					
papital or hours effu meral Dir y filled in	O									
Hospita 14 hours Funeral	lical	(Check only 2 Medical Exami	reician: To the best of my kno Iner: On the basis of examina	wiedge, deeth oc ition end/or invest	curred at the ti tigation, in my	ime, dete end ple opinion, deeth oc	ace, end due to the o courred et the time, o	euse(s) end me date end piece,	enner as s and due to	teled. o the cause(s)
- O - B	2	one)	end menner steted.							

State Registrar

DR. PETER A. HOLT, 5601 LOCH RAVEN BLVD., SUITE 509, BALTIMORE, MD 32. Registrer's Signeture

30. Name end eddress of person who completed cause of deeth (item 23a) (Type, Print)

29c. License number

29d. Dete/signed (Month, Day, Year)

DHMH 16 Rev 6/95

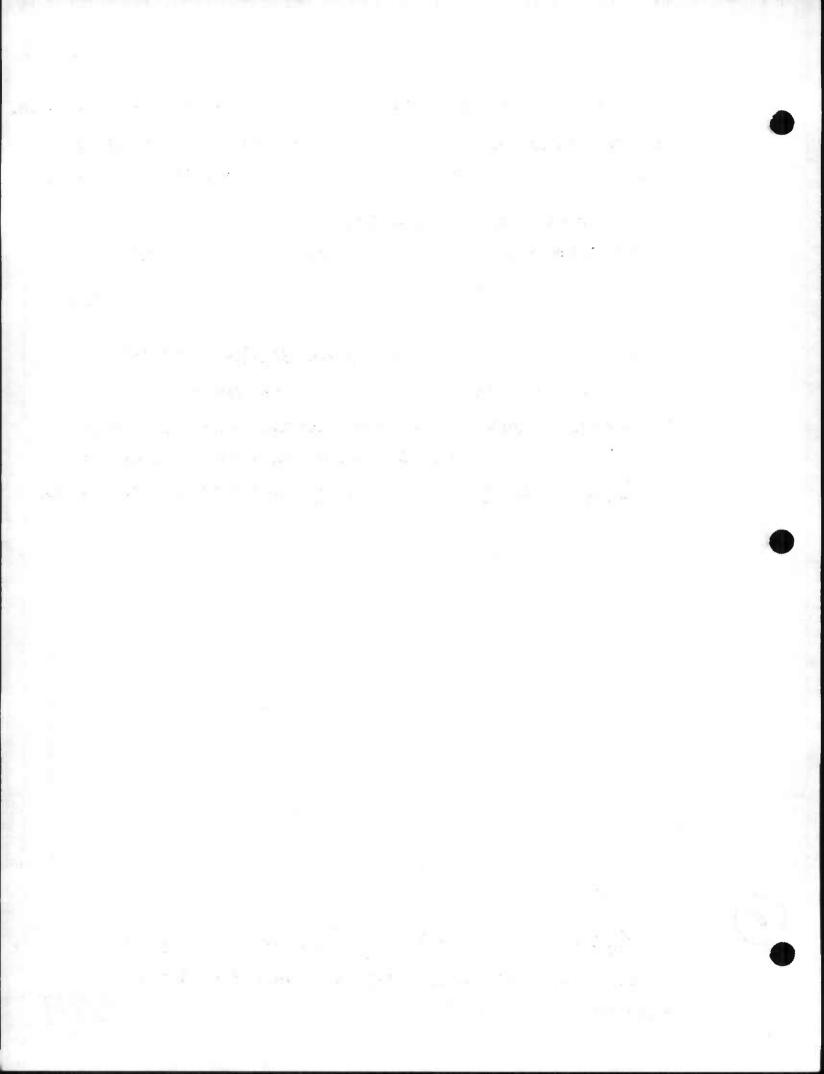
31. Dete filed (Month, Day, Year)

JUN 13 1996

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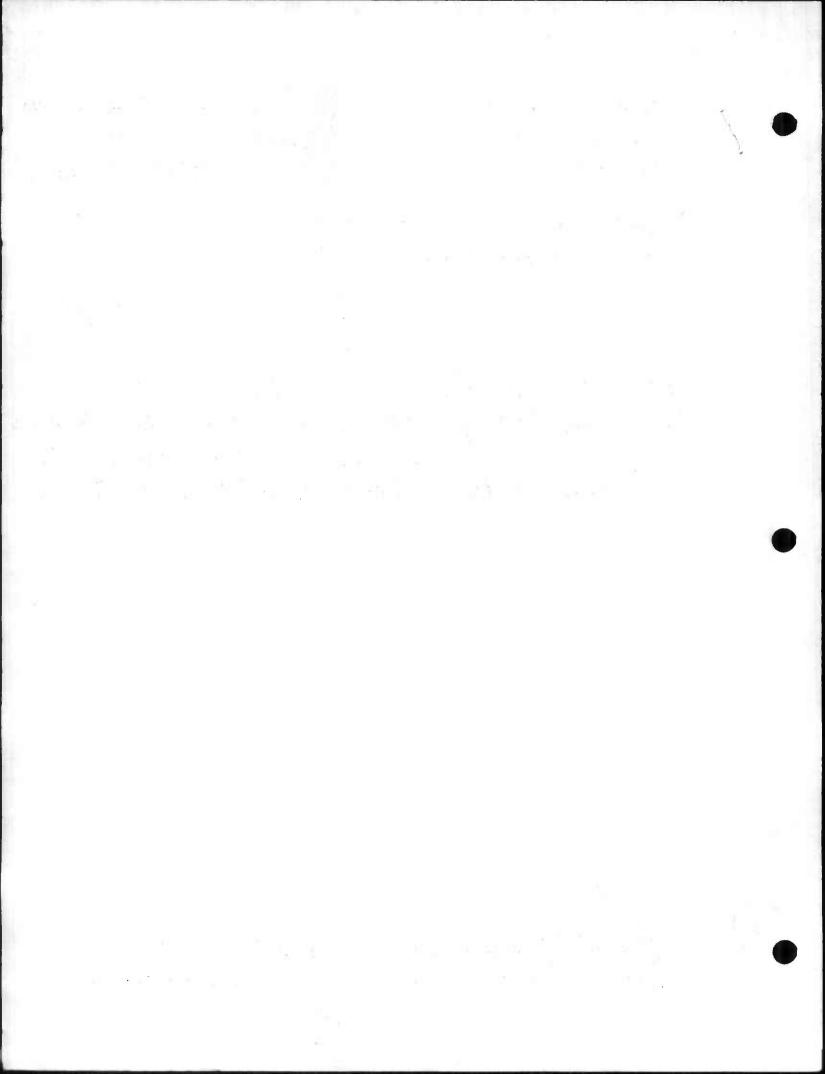
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				Cer	tificate of	Death		Reg. No.		
Dhuaia	-	1. Decedant's Nama (First, Middla, L	,				2. Data of Dea	_	Year	3. Tima of Death
Physic /Medi		Fletcher	Ottinger	Todd			_	7, 199		11:50p.m
Exami		4a. Facility Nama (If not institution, g	iva street and number)			4b. City, Town, or Lo	ocation of Death	4c. County	of Death	•
Funeral Director		115 Schoolho 5. Social Sacurity Number 6. 170-26-9336 Usual Rasidance of Dacedant		yrs, last birthday) Yrs.	If Under 1 Year Months Days		8. Data of Birtl (Month, De)	Car 7, Year) 15, 1934	9. Birthp	County  Diace (State or Foreign  Dinsylvania
land w		10a. Stata 10b. County	10c.	City, Town or Lo	cation				-	Od. Inside City Limits
the Marylan r 28a-f show	Director	MD Carrol	County	Sykes						1 ☐ Yas ♣☐ No
ith with	rai Dir	115 Schoolhouse	e Road		10f. Zip Coda 217	84		10g. Citizen of U.	What Cour	itry?
or the	by Funeral	11. Marital Status  1 □ Nevar Married 2 □ Married  3 □ Widowed 4 □ Divorced	12. Was Dacedant Evar in Armad Forcas?  1  Yes 2 No If Yas, Giva Yaar or Datas:	l'	Vas Decedant of I Yas, specify Cub	Hispanic Origin? (Spi an, Maxican, Puarto Specify:	ecify Yas or No- Rican, atc.)		ce - Amaric ck, Whita,	
72 hours "netural",	eted	15. Decedant's E (Specify only highast g	Education	16a. Deced	ent's Usual Occup	pation	ina	16b. Kind of B	usinass/Ind	dustry
within ene. then	Completed	Elamantary/Secondary (0-12)	Collega (1-4or 5+)			during most of works		G1		
should be filed with nd Mentel Hygiene. marked other than imatic avant, the	Co	10		Heav	Equipme	Woodwor ent Operat 18. Mothar's Name	or	Const	ructi	on
be filed ntel Hygie od other avant, tr	Be	17. Fathar's Nama (First, Middla, Las				18. Mother's Name	a (First, Middla,	Meidan Sumar	na)	
d 2 should th end Men 7 is marks traumatic	To		ick O. Todd	401 44 11	-14.44.015.70		Packer			
d 2 s th en 7 in r		19a. Informant's Name/Ralationship				and Number or Run				
		Mrs. Ruby Lee To	odd (Wife)	<ul> <li>b. Placa of Dispos</li> </ul>	Schoolhou		Sykesvi	lle, MI	217	84 State
		1 ☐ Burlal 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Spec	Removal from State	camatary, cram	atory or other pla	Serv. 6/		Hampste		
pemit. Pag Department important: I any Injury o		21. Signature of Funeral Service Lice 23a. Part 1. Enter the disease, or cor shock, or heart feilure. List only	dill		Nama and Addra	TUNERAL HO	ME & CH	IAPEL (I	2.0. 1	Box 195)
Physician /Medical Examiner	Examiner	Immediate Cause (Finel disease or condition resulting in death)	a. GLoble Due to	wtmu o (or es a conseq	Mult				i.	Months
death certificate be executed e attending physician and of for use as the burlel-transit	Medical	Sequentially list conditions, it any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last	c	o (or as a consequence of or a consequence of or a consequence or a consequence of or a consequence of or a consequence of or a consequence of or a consequence of or a consequence of or a consequence or a consequence of or a consequence of or a consequence or a consequence of or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or						
che the	Physician/	Part II. Other significant conditions	contributing to death but not	rasulting in tha un	darlying causa giv	van in Part I.		-		the cause of death
Physicism: The law requires that the this certificate has been signed by the rel director, page 2 should be detached	by Pt						101	res 2 ™No	3 Prol	bebly 4 ☐ Unknow
law requires that es been signed b	Completed by						24a. Was a perfor	an autopsy med?	CO	ara autopsy findings allable prior to mpletion of cause death?
The law ate hes page 2	mo						1 U Y	as 2 No		Yas 25 No
icien: The	Bec	25. Was casa raferred to medical				28. Placa of Deeti				
S 00	To E	axaminer?	Hospital:	ER/Outpatien	3□ DOA Oth	nar: 4 Nursing Ho		ence 6 Oth	nar (Specifi	(4
Attending Physic death.  actor: After this by the funerel di		27. Manner of Death 1 Natural 5 Panding 2 Accident invastigetic	28a. Data of Injury (Month, Dey Year	28b. Time of Injury	28c. Inju		28d. Dascribe h	ow Injury occur	red	
if or Attending after death. Director: After d in by the fune	Certification:	3 Sulcida 6 Could not 1 4 Homicida detarmined	28a. Piaca of Injury - A building, atc. (Spa		eat, factory, offica		28f. Location (S City or Tow		ber or Rura	al Routa Number,
o in Hospital or Att	edicai C	29a. Certifiar 1 Certifying P (Check only one)	hysician: To the best of my immer: On the basis of exame and manner stated.	knowledga, daath ination and/or Inv	occurred at tha tire	ma, data and place, opinion, daath occurr	and dua to tha c ed at tha tima, d	ausa(s) and materials	anner as st and due to	ated. the cause(s)
comp	Me	29b. Signatura and titla of certifier		1.D.	29c. Licans	5a number	2	29d. Data signe	Month,	Day, Year)
6		30. Neme and addrass of person who	completed cause of death (I	Item 23a) (Type, 8	Print) &	D33681 KESVILLE	MO	21784	, , 6	
Sto	to	M. MCEVOY MI 31. Date filed (Month, Day, Year)	1370 CO	oneliable	VL, 47	NOT THE		-101		
Sta Registr		JUN 1 3 1996	Tanada Maria							



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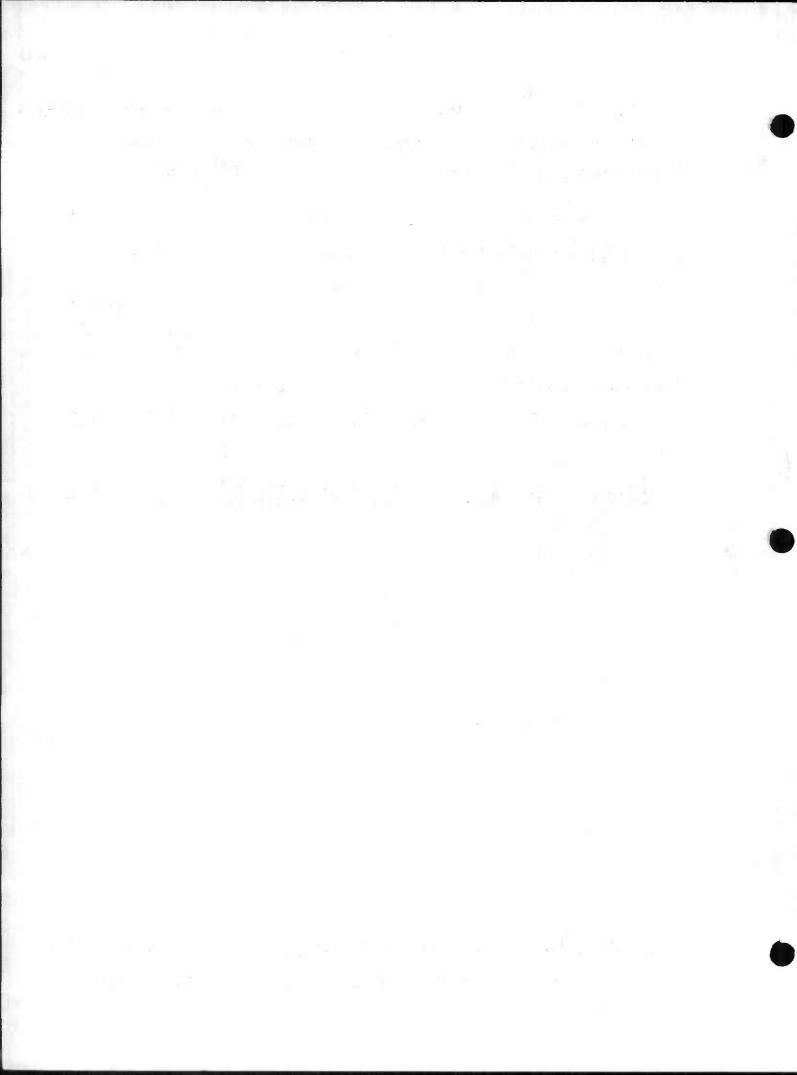
				Otate of Marylan	Certificate of		Reg. I		. 700
Е	Dhusia		1. Decedent's Nama (First, Middla, Las				2. Data of Death Month	Day A Yaar	3. Tima of Death
	Physici /Medi		De'Sean	Trusty			06	09 96	1110 Am
}	Examir		4a. Facility Nama (If not institution, give			4b. City, Town, or Loc	1000	c. County of Death	
			Sinai Hospi	tal		Baltim	ore	NIA	
	Funeral Director		5. Social Security Number 6. S		Ast birthday) If Undar 1 Year Months Days	If Under 24 Hrs. Hours Min.	8. Data of Birth Month, Day, Yes	196 Mg	place (Stata or Foraign ntry)
	and w		10a. Stata 10b. County /	10c. City	y, Town or Location				10d. Inside City Limits
	Aanyt she	ō	Marchall N/A		Raltimar	0			WYas 2□No
	28a	Director	10e. Street and Number		30/T/11/01 101. Zip Coda		100	Citizan of What Cou	ntn/2
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0	772 hours after death with the Manyand "natural", or items 23s or 28s-f show polical Exammer must be notified at	Funeral	1 Nevar Married 2 Married	Armed Forces? 1 ☐ Yas 2 No	If Yas, specify Cut		Rican, atc.)	Biack, Whita,	
0	al', o	by	3 ☐ Widowed 4 ☐ Divorced	If Yas, Giva Yaar or Datas:	1 ☐ Yas 200 No	Specify:		Specify: NO	aro
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Ma	C/ @		19a. Informant's Name/Raiationship (7		19b. Mailing Addrass (Strea	t and Number or Hura	D1.13	011	Med 7101
_	Tan Haali Haz		20a. Mathod of Disposition	I rusty	iace of Disposition (Nama of	111150H	DIU F/a	Location - City or T	our State
ğ	T to T		1 Burial 2 Cramation 3	Ramoval from Stata	ematery orematory or other pla	(ce)	13/96/	Location - City of the	own, state
Baltimore,			4 □ Donation 5 □ Other (Specify 21. Signature of Funeral Service Licen		22. Nama and Addr	ass of Encility	110	1/1>0001	ne,ma.
m	Departm Departm Importar any inju		D/ ladabl	Y W. A.	1/ Joseph L	Russ	Funera	Hom	9-1-11
			The Boat of Bullion	a. Muck	1 2222 U	1. North	Ave. B	alto, Mo	1.21216
			23a. Part1 Enter the disease, or comp shock, or heart failure. List only	ona causa on aach iina.	n. Do not antar tha moda of dy	ing, such as cerdiac o	r raspiratory arrast,	i	Approximeta Intarvai Between Onset and Death
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	Examiner		disaasa or condition rasulting In death)	a. Respirat	ory failure				24 hr.
		ē				and in man	-Н.		2
	ata be executed hysician and tha buriel-transit	Examiner	Sequentially list conditions	b. Muscle w	eakness, co	U DCI O INI	opainy	1	3 months
<b>5</b>	ficata be executed physician and is tha buriel-transi	EX	Sequentially list conditions, if any, laading to immadiata cause. Enter Underlying Ceusa (Diseasa or injury		s arms	-01.00	s. C1-50		4 months
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	iffice as		rasulting in daath) Last	disea:		)			
ROX	ath certif attending for use a	an/		d. Orsere				i	
	tha daath cert y the attending sched for use	sicia	Part II. Other significant conditions co	ontributing to death but not rase	ulting in the underlying ceusa gi	ivan in Part I.	23b. Did tobac	co use contribute t	to the cause of death?
r Ö	that the di	Physician/M	Failure to	thrive			1 ☐ Yes	2 No 3□Pro	bably 4 Unknown
Ś	8 5 8	by	taliance 40	TUTIVE					
or Vital Record	v requires been sign should be	P P					24a. Was an au performed	? a\	/ara eutopsy findings /ailabla prior to
ပ္ပ	S S S	Completed						CC	omplation of causa death?
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<u> </u>	ysician: The s certificate director, pag	Be	25. Was cesa rafarred to medical			26. Place of Daeth	(Check only ona)		
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	ang Ph h. After thi funaral		27. Manner of Daath 1 Natural 5 ☐ Panding	28a. Data of Injury (Month, Day Year)	28b. Tima of 28c. Injury Wo	ry at 2	28d. Describe how in	jury occurred	
0	Attanding r death. octor: After by the fune	atle	2 Accidant invastigation			Yas 2□No			
DIVISION	or Attance efter deatl Director: In by tha	Certification:	3 ☐ Suicida 6 ☐ Could not be determined	28a. Piace of Injury - At he building, atc. (Specif)	oma, farm, street, factory, office	2	28f. Location (Street City or Town, St	and Number or Run eta)	al Routa Number,
2	ours of ours of orei Di filled i								
-	Hely fi	edical	29e. Certifiar 1 ▼ Cartifying Phy (Check only one) 2 ■ Medical Exam	inar: On the basis of axaminat	wledga, daath occurred at tha ti ion and/or Invastigation, in my	ima, date end piace, a opinion, daath occurre	and dua to the cause and at tha tima, data a	(s) and mannar as a and place, end due t	stated. o the ceuse(s)
1	within 2 mours effer death.	Med	29b. Signature and title of certifier	and mannar statad.	29c Licen	sa number	294	Data signed (Month,	Day Year)
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,	-		20 Name and address of	LERS MEN	-100 D4	+128		0/7/90	0
-	2		30. Nama and addrass of parson who co	complated ceusa of death (Itam	i Hospital of	Baltimor	e alloi	W. Belveke	exp A
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	Registr	_	JUN 13 1996						



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			Certificate of	Death	Reg	. No.		
-		1. Decedent's Neme (First, Middle, Last) *D.			2. Data of Death	Dev	Vone	3. Time of Deeth
Physic /Med		MICHELLE WINDE	R		JUNE	11 10	196	3:580N
Exami		4a. Fecility Neme (if not institution, giva streat and number)		4b. City, Town, or Lo		4c. County	A	
		JOHNS HOPKINS HOSE		BAUNN			A	
Funeral Director		219-80-2486 10M 2AF 36	. last birthday) If Under 1 Yea Months Days		8. Deta of Birth Month, Dey, Y	1959	9. Birthpla Count	ace (Stete or Foreign
F		Usual Residence of Decedent  10a. State 10b. County 10c. C	ity, Town or Location				10	Od. Insida City Limits
Mary Hah	tor	MD NA B	ALTIMOR	F				1 No 2 No
th with the 23s or 28, at he not	al Director	2543 W. COLDSPRING L	-ANE 101. Zip Code	215	100	Citizen of W		try?
ours after death with the Marylae raf, or Items 23a or 28a-f show Examiner must be notified at	by Funeral	11. Meritai Status  1 Nevar Married 2 Married 3 Widowed 4 Divorced  12. Wes Decedent Ever In UArmed Forces? 1 Yes, Give Yeer or Detes:	J,S. 13. Wes Decedent of If Yas, specify Cu	Hispenic Origin? (Spa ban, Maxican, Puarto I Specify:	cify Yes or No- Rican, atc.)		- America k, White, a	
72 ho	eted	15. Decedent's Education (Specify only highest grade completed)	16a. Decedent's Usuel Occu (Give kind of work done	ipation a during most of working		b. Kind of Bu		Page 1
d with plene. r than	Completed	Elemantary/Secondary (0-12) College (1-4or 5+)	life. DO NOT use retir	ed)	K	CHIC	_	RESTAURA
4.2 should be filed h and Mental Hygi I is marked other traumatic event, i	Be	17. Fether's Neme (First, Middle, Last)		18. Mother's Neme	1	_	9)	
hould d Mon marks marks	2	NORMAN SMOOT		HELEN	MIND			
1 is my		19e. Informent's Name/Relationship (Type, Print)	19b. Melling Address (Street	A .	)	1 00	Stete, Zip	Code)
Tang Health em 27 ther		LICIED INTROGE	3101 Sum7	ter the	Date 20	c. Location -	City or Toy	em State
Page ment of uny or o		1 Burial 2 □ Cramation 3 □ Ramovel from State 4 □ Donation 5 □ Other (Specify)	cematary, crematory or other pl	metery 4	2/1-1	1	1	, md
Deband Deband Impoor any in		21. Signature of Funerel Service Licenses	22. Name and Add March F 4300 (1	uneral, t	pre-ly	alto.	mo	1. 21215
Physician		23e. Pertl. Enter the classes, or complications that caused the deashook, or heart here. List only one cause on each line.			r respiratory arres			Approximate Interval Between Onset and Deeth
/Medical Examiner		resulting in death)	- SERIJ		9		5	2 WEEKS
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certificete be executed uding physician and as the burletransit	Medical		or as a consequence of):					/ / / / /
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0 0 2	sicia	Pert II. Other eignificant conditions contributing to death but not re-	sulting in the underlying cause g	iven in Pert i.	23b. Did tobe	eco uee cor	tribute to	the cause of death?
d by detec	by Physician	DIABETES, HIPERT	MOIZMA		1 🗆 Yee	36 NO	3 Prob	ebly 4 Unknow
aw requir	Completed				24a. Wes an parforme	autopsy d?	ava	ra autopsy findings illable prior to inpletion of cause death?
The ate h	Con				1 ☐ Yes	2 DNO	1 🗆	Yes 2□ No
dclan: The	Be (	25. Was case referred to medical examiner?		26. Placa of Deeth	(Check only one)			
Physician: this certific	10	1 Yes 2 No Hospitel: 1 Inpatient 2	EN/Outpatient 3 DOA		ne 5 🗆 Residen	e 8 □Othe	er (Specify	)
or The une	Certification:	27. Manner of Deeth    Second	28b. Time of Injury M 1[	ury at ork? □ Yes 2 □ No	28d. Describe how	Injury occurr	ed	
of or Attend efter death Director: A	Sertific	3 ☐ Sulcide 4 ☐ Homicide  6 ☐ Could not be determined  28e. Plece of Injury - At he building, etc. (Special Coulding)	nome, ferm, street, fectory, office (fy)	2	28f. Location (Stre City or Town,		er or Rurai	Routa Number,
To the Hospital or A within 24 hours efter To the Funeral Director Completely filled in b	edicai C	29a. Certifier (Check only one)  2 Medical Examiner: On the basis of axaminer and menner steted.	owledge, deeth occurred at the etion end/or invastigation, in my	time, dete end pleca, e opinion, death occurre	end due to the ceu ed at the time, date	se(s) and ma and piace, a	nner es sta ind dua to	ated. tha causa(s)
Vithin To the	Me	29b. Signeture and title of certifier	29c. Licar	nsa number	290	. Data signed	(Month, E	Day, Year)
1		Knoth Thomasmo	Resident in	6/6/	17	UNE	(1.1	996
9		30. Name end eddress of person who completed cause of death (Ite	m 23a) (Type, Print)	10 TOHN	is Hopk	INS F	MA	TAT -
0.	10	31. Date filed (Month, Day, Year) 1. 32. Registrat Sign		0 00111		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1001	1110

Registrar



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middla, Last) 2. Deta of Deeth 3. Time of Courth Month **Physician** WILBERT WILKES 7:204 1996 JUNE 6 /Medical 4e. Facility Neme (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** BALTIMORE LIBERTY MEDICAL CENTER n/a 7. Aga (In yrs. lest birthday) If Undar 1 Yaar If Undar 24 Hrs. 8. Dete of Birth Pay, Year) 952 5 Social Security Number 9. Birthpleca (State or Foreign greenville, NC **Funeral** 1√2 M 2□ F Months Deys Hours Min 238-88-3067 44 Yrs. Director Usual Residence of Deceden the Maryland 10a State 10h County 10c. City. Town or Location 10d. Inside City Limits "natural", or items 23a or 28a-f ahow 1 X Yes 2 No BALTIMORE Director MD n/a 10g. Citizen of Whet Country?
UNITED STATES 10e. Street end Number 10f. Zip Code Pages 1 and 2 should be filed within 72 hours after death with 1 nent of Health and Mental Hygiene.
Int: If item 27 is marked other than "natural", or flema 23a or 2 iry or other traumatic avent, the Medical Examinet must be in 21215 AVENUE 4122 PARK HEIGHTS Funeral 11. Merital Status 12. Wes Decedent Ever in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puarto Rican, atc.) Race - American Indian, Biack, White, etc. XX Yes 2 No If Yes, Give Yeer or Detas: Nevar Merried 2 Married unk. Specify: BLACK 1 ☐ Yes 20XNo Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Giva kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) WINCHESTER & SONS LABORER 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme)
IDA MAE KNIGHT Be MILFORD D. WILKES P 19e. Informent's Neme/Relationship (Type, Print)
JAMES WILKES 19b. Meliing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code CASADE DRIVE, ABINDON, MARYLAND 21009 20e. Method of Disposition
1 ☐ Buriei 2 ☐ Cremetion 3 ☐ Removei from State 20b. Piace of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Stata MEMORIAL GARDENS 6-11 DUNDALK, MD VOSHELL 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Funerei Service Licensee 22. Neme end Address of Fecility WM. C. MARH FH.-1101 E. NORTH Part 1. Enter the disease, or complications that caused the death. Do not antar tha mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final PNUEMON/A with SEP 31.5 disaesa or condition resulting in deeth) Examine Due to (or es a consequence of): UNICNOWN Examiner IMMUNO- DEFICIENCY SYNDRIME ALQUIRED physician end s the burial-transit law requires that the death certificate be executed Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Last Due to (or es e consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequence of) signed by the a Pert II. Other significant conditions contributing to deeth but not rasulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 Probably 42 Unknown DEMENTIA þ 24b. Were autopsy findings aveilable prior to 24e. Wes en eutopsy performed? MALNUTRITION completion of cause of death? certificate has t lirector, page 2 s 1 ☐ Yes 2 No 1 ☐ Yas 2 ☐ No Attending Physician: 25. Wes case referred to medical exeminer? Be 26. Place of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No ۴ 1 Inpatient 2 ER/Outpatient 3 DOA this 27. Manner of Deeth 28b. Time of 28e. Pate of Injury (Month, Dey Year) 28c. Injury at Work? 28d. Describe how injury occurred Natural 5 Pending rather death. 2 Accident 1 Tyes 2 No investigation 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Pieca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) Mospital of Att 4 Homicide Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner es stated.

2 Medical Examiner: On the basis of axemination and/or investigation, in my opinion, deeth occurred et the time, date and plece, and due to the cause(s) end mannar stated. edical 29e, Certifier (Check only one) 29b. Signatura and title of certifler 29c. License number 29d. Data signed (Month, Day, Year) MD. D 23300 Print) Liberty hedieve cener 2600 Liberty RD. 13A2TO. ND, 21215 30. Name end address of person who completed cause of death (Item 23e) (Type, Print)

PATEL.

32. Registrar's pagetres

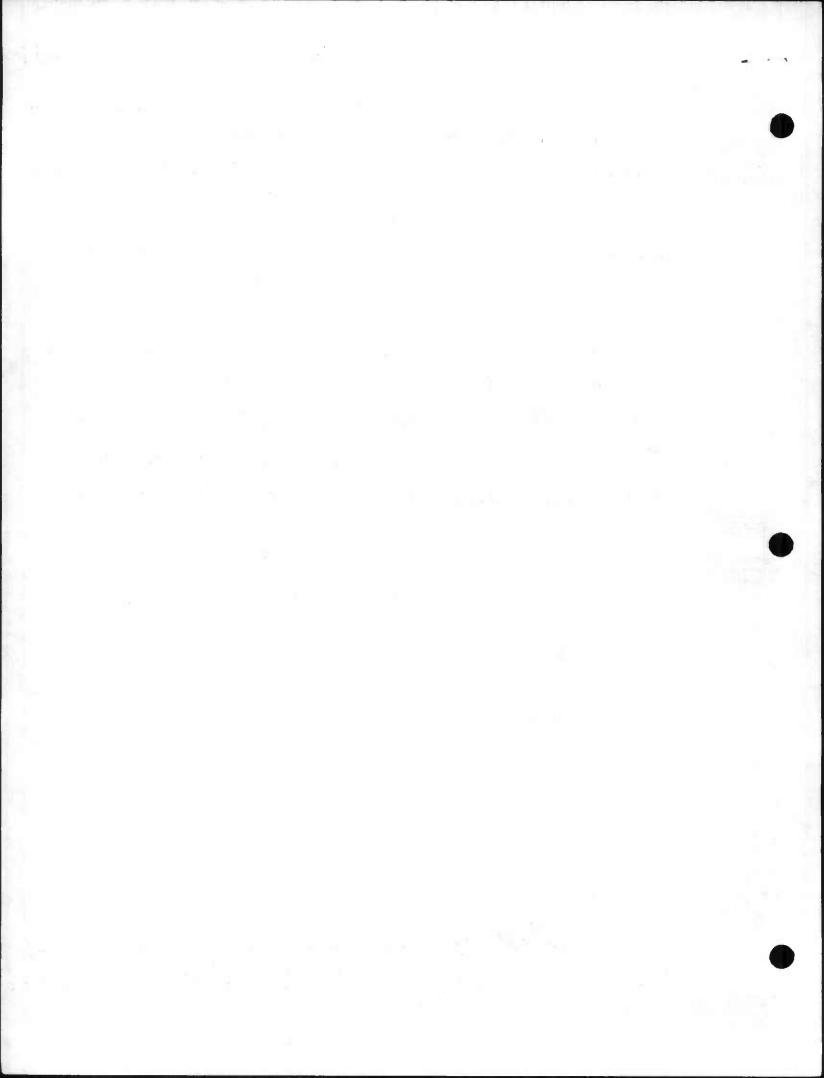
State Registrar

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31. Dete filed (Month, Day, Year)

JUN 1 3 1996

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#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 17562 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month Year **Physician** Jerome WEBER 12, June 1996 12:01a.m. /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Baltimore county Baltimore Franklin Square Hospital If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month), Deys | Hours | Min. | Oct. 10,1931 5. Social Security Number 7. Age (In yrs. last birthdey) 9. Birthplace (State or Foreign 6. Sax **Funeral** 12KM 2□ F 214-30-7271 Yrs. 64 Director Maryland Usual Residence of Deceden the Maryland 10e. State 10c. City, Town or Location 10b. County 10d. Inside City Limits 28a-f ehow must be notified at 1 ☐ Yes 2 ☐ No Director Maryland Baltimore County Baltimore 10e. Street and Numbe 10f. Zip Code 10g. Citizen of What Country? 5 filed within 72 hours after death with 35 Sipple Avenue 21236 U.S.A. Herns 23a 12. Was Decedent Ever in U.S.
Armed Forces?
1 ② Yes 2 □ No
If Yes, Give 11/3/52- Was Decedent of Hispenic Orlgin? (Specify Yes or No-It Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, etc. 11. Meritel Status 1 ☐ Never Married 2 X Merried Baltimore, Maryland 21215-0020 6 1 ☐ Yes 2 ☐ No Specify: Specify: White by 3 ☐ Widowed 4 ☐ Divorced "natural". 9/1/54
16a. Decedent's Usuel Occupation
(Give kind of work done during most of working life. DO NOT use retired) Completed 15. Decedent's Education 16h. Kind of Business/Industry (Specify only highest grade completed, nd Mental Hygiene. marked other than Eiementery/Secondary (0-12) College (1-4or 5+) Painter Union 12th Grade 17. Father's Name (First, Middle, Last) permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: if them 27 is marked other any injury or other treumatic event pages. 18. Mother's Name (First, Middle, Maiden Surneme) Be William Unknown Weber Estelle Unknown Gerkey 19a, Informent's Name/Relationship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Marsha Lee Weber/Wife 35 Sipple Avenue, Baltimore, Maryland 21236 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other place) 6/15/96 Dete 20c. Location - City or Town, State 1 ☑ Buriai 2 ☐ Cremetion 3 ☐ Removal from Stete Gardens of Faith Cemetery Baltimore, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Funeral Service Liganses 22. Neme end Address of Facility John C. Miller, Inc. 23a. Parti. Enter the disease, or complications that cable of the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 21206 Approximate Interval Between Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical · Sepsis Examiner 3 days Due to (or as a consequence of) Examiner End stage prostatic cancer with metastasis 2 years Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diaease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): The law requires that the deeth certificeta be as Box 68760, physician Physician/Medical the Due to (or as a consequence of) for use as signed by the eld be detached f P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Records, þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? page 2 s certificate 1 Yes 2CNO 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attanding Physicien: 24 hours after death.
Funeral Director: After this certifica Be director. 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1X Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA funeral 28a. Date of Injury (Month, Dey Year) 27. Manner of Deeth 28b. Time of Certification: 28c. Injury at Work? 28d. Deacribe how injury occurred 1 Natural 2 ☐ Accident 5 Pending within 24 hours after death.

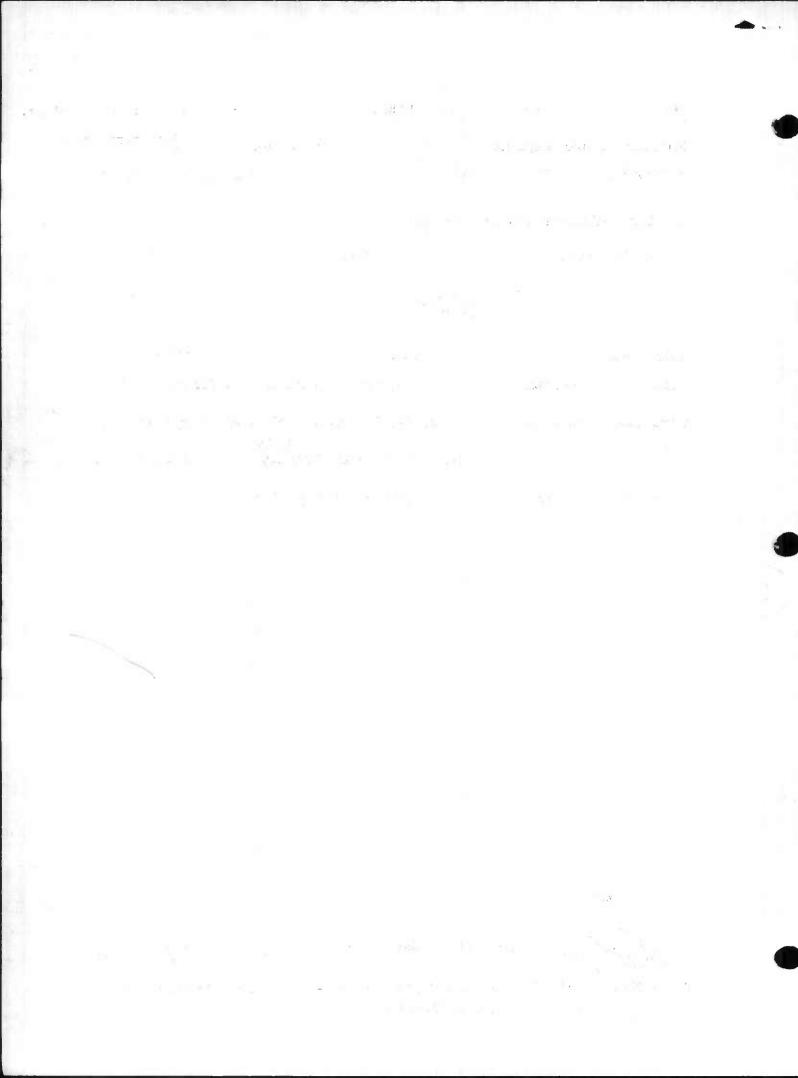
To the Funeral Director: All completely filled in by the fu 1 ☐ Yes 2 ☐ No Investigation 6 Could not be determined 3 Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) Piaca of Injury - At home, farm, street, factory, offica bullding, etc. (Specify) 4 ☐ Homicide edical 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated. 29a. Certifier (Check only one) 2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner stated. To the 29c. License number 29b. Signeture and title of dertifier 29d. Dete signed (Month, Dev. Year) ne and address of person who completed cause ot death (Item 23a) (Type, Print) Dr. Anthony Campbell 9000 Franklin Square Drive Baltimore, Maryland 21237

State Registrar 31. Date tiled (Month, Day, Year)

JUN 13 1996

32. Registrar's Signature Dands Registrary Signature Dands Registrary Signature Dands Registrary Dands Registra

DHMH 16 Rev 6/95



WBALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3 should DIRECTOR 2108 DULANEY VALLEY ROAD RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY MARYLAND BALTIMORE burial-transit permit. FUNERAL 10a STREET AND NUMBER 2108 DULANEY VALLEY ROAD 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES BY 3 XWidowed 4 Divorced funeral director, page 5 should be detached for use as the COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementery/Secondery (0-12) College (1-4 or 5 +) 3 YEARS Nurse 17. FATHER'S NAME (First, Middle, Last) te e CLARENCE REINHART B notified 19m. INFORMANT'S NAME (Type/Print) 2 ELLEN W. KRAUK pe 20a. METHOD OF DISPOSITION
1X Buriet 2 Cremetton 3 Removat from State must Donetton 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE filled in by the medical **IMMEDIATE CAUSE (Finel** the cremation, disease or condition lariosclevolic completely resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF) DIVISION OF VITAL RECORDS, P.O. BOX 6876 and com HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): the attending physician at Mental Hygiene prior to if sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): thet initieted avents resulting in deeth) LAST MEDICAL Health and any Shows has been s Dept. of H PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL Hem certificate h h the State I EXAMINER? HOSPITAL: Inpatient 2 - ER/Outpatient 3 --27. MANNER OF BEATH 28e. DATE OF INJURY (Month, Day, Year) marked, this ( 1 Matural 5 Pending Investigation BY FUNERAL DIRECTOR: After twithin 72 hours after death 2 Accident 3 Suictde 92 6 Could not be COMPLETED 4 Homicide 500 IMPORTANT: If Item THE F BE 223 9 OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, 32. REGISTRAR'S SIGNATURE

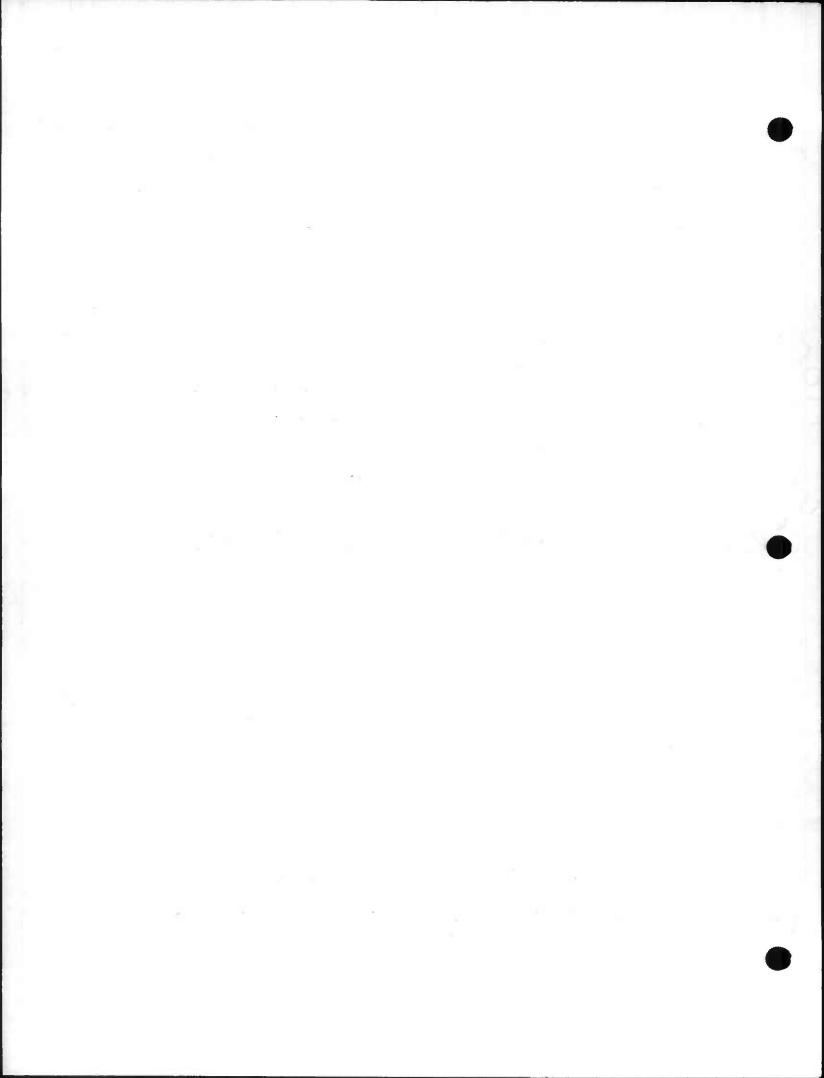
FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1, DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH RUTH ANNA WALTERS June 4. SOCIAL SECURITY NUMBER 6. AGE (In vrs. lest birthday 7. DATE OF BIRTH JE UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS HOURS 1 M 2 X F 187-16-2184 73 10/6/22 PENNSYLVANIA 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH LUTHERVILLE BALTIMORE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LUTHERVILLE 1 YES 2 X NO 10g. CITIZEN OF WHAT COUNTRY? 101. ZIP CODE 21093 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: Specify WHITE 180. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY PRIVATE PRACTICE - DOCTOR 18. MOTHER'S NAME (First, Middle, Maiden Surname) BERTHA DREISBACH 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8023 YELLOWSTONE ROAD KINGSVILLE, MD 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State DULANEY VALLEY MEM. GAR. 6/15/96 COCKEYSVILLE, 22. NAME AND ADDRESS OF FACILITY JOHNSON FUNERAL HOME 8521 LOCH RAVEN BLVD TOWSON, 21286 23. PART / Enter the diseases, or complications that caused the death. Do not enter the mode of dying, shock, or heart fellure. List only one cause on each line. Interval Between **Onsat and Death** PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 26. PLACE OF DEATH (Check only one) 4 Nursing Home 5 Residence 8 Other (Specify) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO 28e. PLACE OF INJURY — At home, ferm, atreet, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1 CERTIFIENT PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(s) end menner es stated. 2 MEDICAL EXAMINER: On the basic of exemination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH-16 Rev 1/89



JUN 1 3 1996



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legiple.

State of Maryland / Department of Health and Mental Hygiene

17564

						Cei	titicate	e of	Death			Reg. No.		
Dhunia		1. Decedant's Nama (First, Mi	ddia, Last)								2. Data of Dea Month		Year	3. Tima of Death
Physic /Medi		Mary Willow	er Wrig	ht							JUNE	7,1996		10:30 A.
Exami		4a. Fecility Nema (If not Institu			r)			- 4	b. City, Tov	wn, or Lo	cation of Death		y of Deeth	
		410 Latimer 1	Road					Ι.	Joppat	town	P	Harfo	ord C	ounty
Funeral		5. Social Security Number	6. Sax		ge (in yrs. last	birthdey)	If Under	1 Year	if Under 2	24 Hrs.		h		place (Steta or Foraign
Director		215-03-5374	1□ M	2X F	86	Yrs.	Months	Days	Hours	Min.	8. Data of Birt (Month, De AUG. 23	1909	Mary	yland
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2 Sing A	Je J	10e. Street and Number					10f. Zip	Coda				10g. Citizen of	What Cou	intry?
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atter deuth with the Maryla atter 23a or 25e-1 sho princer must be notified at	Funeral Director	11. Meritel Stetus	12. W	as Dacedan	t Evar in U,S.	13. \	Vas Deced	ant of H	ispenic Orig	n? (Spe	ecify Yas or No- Rican, etc.)	14. Re	ce - Ama/	Ican Indian,
the state	F	1 Navar Marriad 2 N	erried 1	rmed Forces □ Yas 2 🖸	t Evar in U,S. ? }No				n, Maxican	, Puarto	Rican, etc.)	Ble	ock, White	, atc.
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liled within 72 hours after Hygiene. ther then "natural", or the mt, the Medical Examin	P	15. Daced	ent's Education	)	1	6a. Deced	ant's Usua	Occup	ation		- 1	16b. Kind of E	usinass/ir	ndustry
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10 H 10		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cramatio	n 3 □Ramov	al from State	B		sition (Nam natory or or			i	Deta	20c. Location		
Pa ant: uny		4 ☐ Donation 5 ☐ Othar			St. J	Iosepl	n Cem	eter	У	J	UNE17	Fullert	on,	Maryland
permit. Pages 1 and Department of Health Important: If New 27 any Injury or other tr once.		21. Signeture of Funeral Servi	or Consee	21	-				s of Fecility					
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the	Physician	Part II. Other significant cond	tions contributi	ing to daath	but not resultin	g in tha ur	idarlying ca	ause giv	an in Pert I.		23b. Did t	obacco use co	ontribute 1	to the cause of death?
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death. ctor: A y the fu	fica	3 ☐ Sulcida 6 ☐ Cou		Place of Ir	niury - At homa	farm stra	at factory				28f. Location /5	Streat end Num	ber or Rur	ral Routa Number.
after Dire	Certification:	4 Homicida data	iriiiied	building, a	njury - At homa itc. (Specify)	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	at, actory	, 011100			City or Tow	m, Stata)		
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To the Hospital or Attand within 24 hours after deati To the Funeral Director: completely filled in by the	Mec	29b. Signatura and titla of certi		na marinar s	nateu.		200	Licence	number			29d. Data sign	ad (Month	Dev Yearl
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17565

						Cei	rtificate of	Death			Reg. No.				
	Physic /Medi		1. Decedent's Name (First, Middle, La: ALPHONSE		YOCUM					2. Deta of De Month June	1 <sup>Day</sup> ,	1 9 9 6	3. Time = Death 4:20 AM		
4	Exami	ner	4a. Facility Nama (If not institution, given SAINT JOSEPH I		CENTE	R			own, or Lo	MD		ity of Death	DE		
	Funeral Director		5. Sociel Security Number 6. S 181-12-5258		a (In yrs. lest		If Undar 1 Yaar Months Deys	r If Undar	24 Hrs.	8. Dete of Bir (Month, De May 6,	th	9. Birtho	pleca (Stata or Foreign		
	within 72 hours after death with the Maryland ene. than "natural", or flerns 23s or 28s-f show he Medical Examiner must be notified at	ctor	Usuel Residence of Decedent  10a. Stata 10b. County  Maryland N/A		10c. City, T	own or Lo						1	0d. Inside City Limits 1 ☑ Yas 2 ☐ No		
	vith th	Funeral Director	10e. Street and Number				10f. Zip Code				10g. Citizen o				
	eath v	erai	2712 Westfield	AVENUE  12. Wes Decedant E	Evar in U.S.	13.1	21214	Hispanic Orl	Idin? (Spe	orify Yes or No	United	State ace - Americ			
21215-0020	be filed within 72 hours after death with the Maryla ntal Hygiene.  Id other than "natural", or flems 23a or 28a-f ehow event, the Medical Examiner must be notified at	by	1 ☐ Never Merried 2 ☑ Merried 3 ☐ Widowed 4 ☐ Divorced	Armed Forces? 1 ⊠ Yas 2 □ N if Yee, Give Yaar or Datas:	lo		Wes Dacedant of If Yas, specify Cul 1 ☐ Yes 2 🖄 No			Rican, atc.)	Spec	lack, Whita,	atc.		
15-(	n 72 h	ietec	15. Decedent's Ed (Specify only highast gra	lucation de co <i>mpleted)</i>	1	6a. Deced (Giva	dent's Usuel Occu kind of work done DO NOT use retire	ipation during mos	t of worki	ing	16b. Kind of	Business/Inc	dustry		
212	withir than than	Completed	Elementery/Secondary (0-12)	College (1-4or 5			asing Ag				Bake	ry			
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	is 1 and 2 should of Health and Mer Item 27 Is marks other traumatic		19e. Informant's Neme/Relationship (1 Shirley L. Yocum/			2712			er or Ruri		er, City or Tow imore, Ma		Code) 21214		
Baltimore,			20a. Method of Disposition  1 ☑ Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specif)		ceme	atary, crer	sition (Nama of metory or other pion Faith Cer		6,	Deta /14/96	20c. Location Baltimor				
Balt	permit. Page Department of Important: if any Injury or once.		21. Signature of Funarel Sarvice Licensee Brian A. Willem  22. Nama and Address of Fecility Leonard J. Ruck Funeral Home, Inc.  5305 Harford Road Baltimore, Maryland 21214												
	Physician /Medical Examiner	er.	23e. Pert1. Enter the disease, or com shock, or heart feilure. List only Immediete Cause (Finel disease or condition resulting in deeth)	PNEUN	16.			ing, such es	cerdiec o	or raspiratory e	rrast,		Approximate Interval Between Onset and Death		
ox 68760,	n certificate be executed anding physician and use as the burial-transit	n/Medical Examiner	Sequentially list conditions, if any, leading to immediata ceuse. Enter Underlying Cause (Disease or Injury that initiated events rasulting in deeth) Lest	c	Due to (or es										
P.O. Bo	that the death c ed by the attence detached for us	Physician	Pert tt. Other significant conditions of DIABETES MEI		it not resultin	g in the u	nderlying ceuse g	iven in Pert t	l.				the cause of death?		
of Vital Records,	requires een sign hould be	Completed by	PERIPHERAL V	/ASCULAR	DISE	ASE				24e. Wes	en eutopsy ormed?	av	ere autopsy tindings allable prior to mpletion of cause		
Re	The law ata has b page 2 s	omp								10	Yes 2 No		death? □Yes 🔏 No		
ita	iclen: Th	Bec	25. Wes case referred to medicel examiner?					28. Place	e of Deeth	(Check only					
<b>€</b>	hyaic nis ca al dire	10	1 Yas 2 No	Hospitel: 1 X Inpatiar		Outpatien	I SLI DOA				dence 6 □C		y)		
6	death. The funer	Certification:	27. Manner of Death  1 Neturel 5 Pending 2 Accidant investigetion 3 Suicide 6 Could not be		Year)	b. Time of Injury	M 1	Yas 2	No		how injury occ		I Control Number		
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	o 1 vit		29b. Signeture and title of certiller	ww	2			3725	4		29d. Date sign	ned (Month,			
	4		30. Name and address of person who denoted BOON P. LIM,	mD 7620	York	a) (Type,	Print) ad Tows	son, l	Mary	land	2120	)4	1		
	Sta · Registr		31. Dete filed (Month, Day, Year)	32. Registre	r's Signature										
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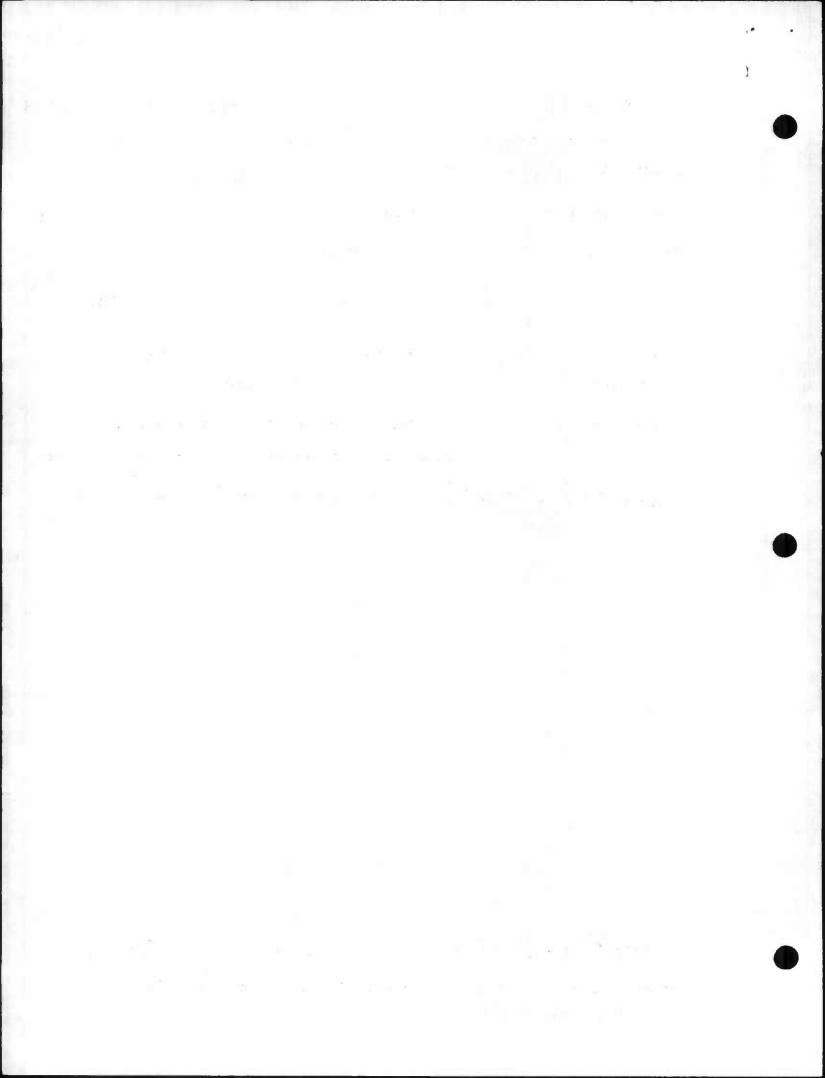
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death 1996 **Physician** Anna Theresa Zahn June 6, 8:10 PM /Medical 4e. Fecility Nama (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Stella Maris Hospice Towson Baltimore 5. Sociel Sacurity Number If Undar 24 Hrs. Hours Min. 7. Aga (In yrs. last birthday) if Under 1 Year Birthplace (Stata or Foreign Country) 8. Dete of Birth (Month, Day, Year) **Funeral** Months Deys 1□ M 2□ F 218-46-3158 80 Yrs. Director May 30, 1996 Maryland Usual Rasidance of Decadent with the Menyland 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Medical Examiner must be notified at MD Baltimore Baltimore 1 ☐ Yes 2 No Director 10e. Street end Number 10f. Zip Coda 10g. Citizan of What Country? 5500 East Avenue 21206 U.S.A permit. Pages 1 and 2 should be filed within 72 hours after death v Depertment of Heelth and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23s any injury or other traumatic event, the Medical Examinet must once. Funeral 12. Was Decedant Evar In U,S. Armed Forces? 1 ☐ Yas 2 ☐ No If Yes, Give Wes Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Maxican, Puarto Rican, atc.) 11. Meritel Stetus 14. Race - American Indien, Black, Whita, atc. 1 Navar Married 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: White þ 3 ☑ Widowed 4 ☐ Divorced Yaer or Dates Completed 16a. Decedant's Usuel Occupation (Giva kind of work done during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Spacify only highest grada complated) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collage (1-4or 5+) Homemaker Home 12 17. Fethar's Nema (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) John Harant Marie Tischer 19a. Informant's Neme/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Marie Rosendale 7312 Rush Road Baltimore, Maryland 21206 20b. Place of Disposition (Nama of 20a. Mathod of Disposition Data 20c. Location - City or Town, State 1 Burial 2 □ Cramation 3 □ Ramoval from Stata Gardens of Faith Cemetery6/10/96 Baltimore, Maryland 4 □ Donation 5 □ Othar (Specify) 21. Signeture of Funaral Service License 22. Name end Addrass of Facility The Dippel Funeral Home Inc. 7110 Belair road Baltimore, Maryland 21206 23a. Pant1. Entar the disaase, or complications that cause the daath. Do not antar tha mode of dying, such as cardiac or respiretory errest, shock, or haert failure. List only one cause on each line. Approximata Intarvel Batween Onset end Deeth Physician ALZHEIMER /Medical Immediata Ceuse (Finel diseese or condition rasulting In death) Examiner Examiner physician and the buriel-transit the death certificata be executed Sequantially list conditions, if any, leeding to immadiata causa. Entar Undarfying Causa (Disease or injury thet initiated evants resulting in death) Last Dua to (or as a consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequance of): 88 ettending USe 10 ed by the e Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 ☐ Yee 2 ☐ No 3 ☐ Probably 425 Unknown à should I 24b. Wara autopsy findings evailable prior to complation of cause of deeth? 24a. Was an autopsy performed? Completed 1 ☐ Yes 20 No 1 TYes 2 No To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certific completely filled in by the funeral director, 25. Wes case rafarred to medical axaminar? Be 26. Place of Death (Check only ona) Hospital: Other: 42 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yas 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpetient 3 ☐ DOA 27. Mennar of Death 28a. Data of Injury (Month, Day Year) Certification: 28b. Tima of 28c. Injury at Work? 28d. Describe how injury occurred 1 Natural 5 Panding Investigation 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be detarmined 3 Suicida 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 4 Homicide edicai 29a. Certifier 1💆 Certifying Phyeician: To tha best of my knowledge, deeth occurred at tha tima, date and piece, and due to the cause(s) end menner as stated. (Check only one) 2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and mennar statad. 29b. Signature and title of certifier 29c. Licansa number 29d. Date signed (Month, Day, Year)

State Registrar Ebrahim Ipakchi MD 7600 Osler Drive Suite 301 Towson, Maryland 21204 32 Aggistrer's Signature Randelle

30. Nama end address of person who complated causa of daeth (item 23a) (Type, Print)

31. Date filed (Month, Day, Yaar) JUN 13 1996



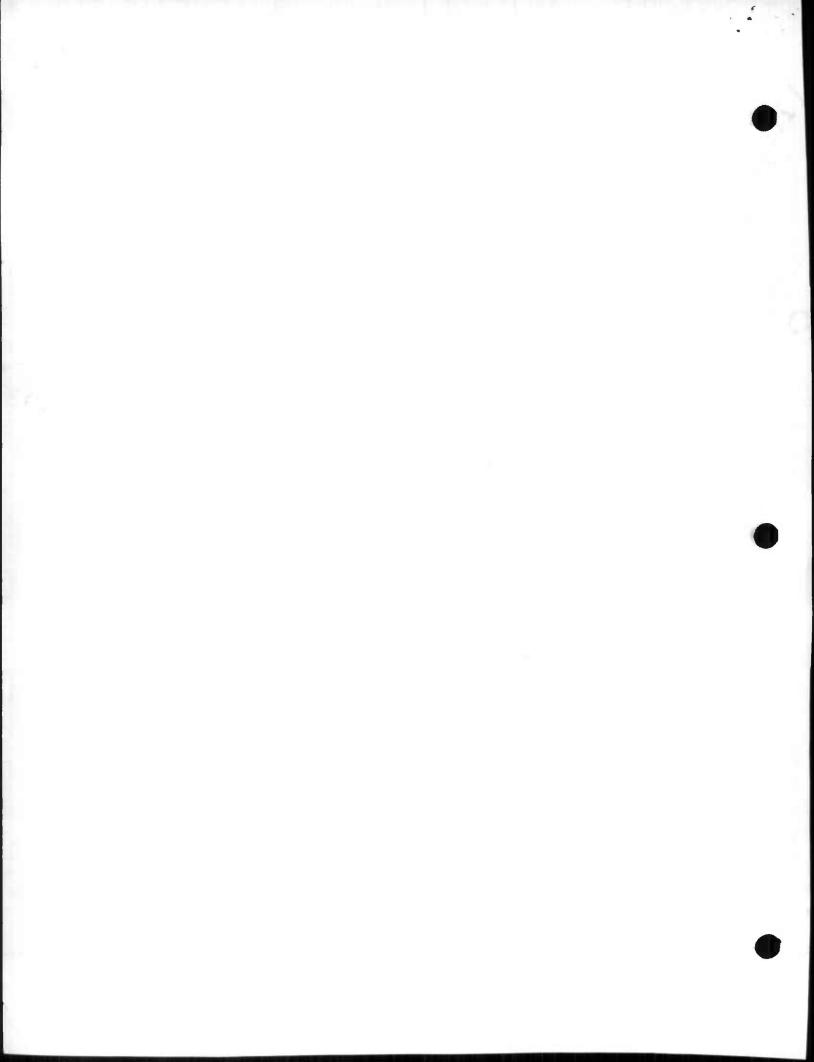
item #1, filmg 736, 6/14/96,cyw, per fh

FOR STATE

1 -REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) Irvin Adams 2. DATE OF DEATH 3. TIME OF DEATH JUNE 6:53 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIFTH 8. BIRTHPLACE (State or Foreign DAYS 1 XXM 2 □ F HOURS MIN YRS. 213-12-2277 78 Feb. 4 1918 MARYLAND 9a. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR LORIEN RIVERSIDE NURSING HOME HARFORD 10a. STATE 18c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE CO. GLEN ARM 1 YES 2 X NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5460 HILLSRISE ROAD 21057 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2XX Married If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 TYES 2 XNO BY Specify. 3 Widowed 4 Divorced 1936/1938 BLACK ETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highe funeral director, page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12th grade Laborer Beth Steel once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) 76 Irving H. Adams Irene E. Holmes notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Elwood Adams/Brother 1813 N. Bentlou Street, Baltimore, Maryland 21216 ě 20a. METHOD OF DISPOSITION
1 √ Burlal 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, Stata must 1 Burial 2 Cremation 4 Donation 6 Other (Specify) Garrison Forest Veterans 6/12 Owings Mills, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE PICENSE 22. NAME AND ADDRESS OF FACILITY WILLIAM C. BROWN COMMUNITY F/H 1206 W. NORTH AVENUE ± 4 medical 23. PART I. Enter the disesses, or complications that caused the dec filled in by th. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or haert failure. List only one cause on asch line. Interval Betw 00 IMMEDIATE CAUSE (Finsi Onset and Death n and completely fille to bunal, cremation, the disease or condition\_ resulting in death) traumatic CERTIFICATION Sequantisity list conditions, been signed by the attending physician of the auth and Mental Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury or other DUE TO JOR AS A CONSEQUENCE OF that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 TES 2 NO Vascul 1 YES 3 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH has be PHYSICIAN: YES NO 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH /Chi this certificate h with the State I 1 - YES 2 NO HOSPITAL OTHER ME 3 DOA 6 27. MANNER OF DEATH 28s. DATE OF INJUSTY 28c. INJURY AT WORK? marked, TIME Q 28d, DESCRIBE HOW INJURY OCCURED 1 YES 2 NO After th B 26e. PLACE OF INJURY — All home, farm, street, factory, office building, stc. (fipecity) 3 🔲 Suicide 28f. LOCATION (Street and Number or Plural Ploute Number City or Team, Street - 00 COMPLETED 6 Could not be DIRECTOR: / 28 4 Homicide Hem 25s. CERTIFIER LESTIFYING PHYSICIAN: To the best gland FUNERAL within 72 h = TO THE HOSPITA
TO THE FUNERA
De filed within 7;
IMPORTANT: I 2 MEDICAL EXAMINER: On the DATE SIGNED (Month, Day, Year) BE 1986 9 nercect 32 MEGISTRABUS SIGNATURE JUNA DAY SON PONDER

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

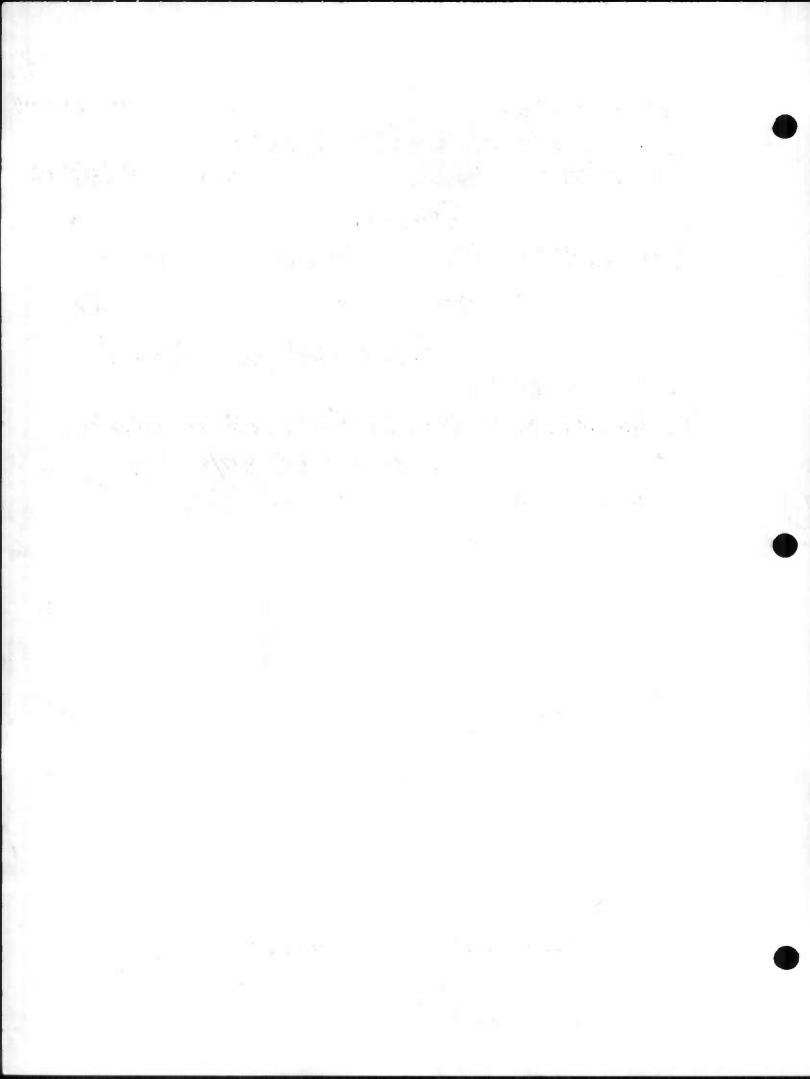
DHMH-16 Rev 1/89



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

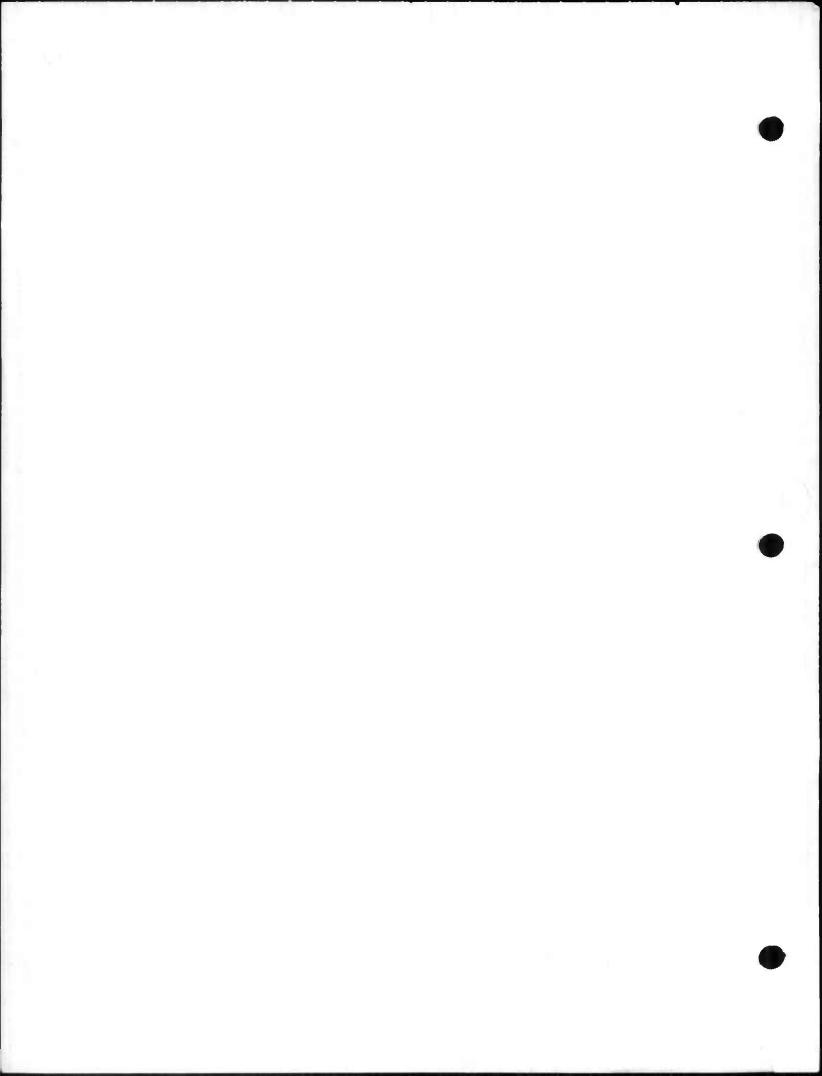
				Certific	ate of Death	Re	g. No.		
Physic		Decedent's Nama (First, Miscla, Las	cum			2. Data of Death		91	3. Tima of Death
/Medi Examii		4a Facility Nema (If not institution, gra	MENOO! N	ba. Ctr	PAH-i	Location of Death	4c. County o	of Death	
Funeral Director		5. Social Sacurity Number 5. Social Sacurity Number 83 Usual Rasidance of Dacadant	ox M 2□ F  7. Age (In yn	Yrs. H Ur Yrs.	der 1 Year II Under 24 Hi hs Days Hours Mi	Month, Day,			PoliNA
r 28a-f show	ctor	10a. Stete 10b. County	A 12	ity, Town or Location Altimor	E			10d	i, inside City Limits 1  Yas 2 No
eth with th	Funeral Director	6000 Bellon	JA AVE.	10f.	2/2/2	10	og. Citizen of W	hat Country	7
vithin 72 hours after death with the Manyland within 72 hours after death with the Manyland ene.  than "natural", or items 23s or 28s-f show the Medical Exercine must be notified at	by	11. Marital Stetus  1 ☑ Navar Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	12. Wes Dacedant Evar in Armed Forces?  1 Yes 2 No. If Yas, Giva Yaar or Datas:		cedant of Hispanic Origin? is pecify Cuban, Maxican, Pus s 2 No Specify:	(Specify Yas or No- into Rican, atc.)		- American c, White, ato	
D 5 L	Completed	15. Decedant's Ed (Specify only highast grad Elamantary/Secondery (9-12)	ucation da com <i>plated)</i> College (1-4or 5+)	16a. Decedant's L (Giva kind of Ifa. DO NO	sual Occupation work dona during most of w Tusa retired)	orking E.E.	PAIL	olnass/Indus	stry
yland build be file Mental Hy wrked other	To Be C	17. Fathar's Nama (First, Middle, Last)	Brucum	,,	1, 1	ama (First, Middla, N	faiden Sumema	2)	
ore, Mar as 1 and 2 sho of Health and item 27 is m	1	Pal. Informant's Name/Flolationship (7.	in Bister	19b. Mailing Addi 1230 Place of Disposition (	3, WERTH	DEN BO	. BAI	E. N	la.
DSAITIMOFE, pemit. Pages 1 ar Department of Hea Important: If Item: any injury or othe		1 Burial 2 Cremetion 3 L 4 Donation 5 Other (Specify, 21. Signature of Funaral Service Licans		aceso	or other play DEST	6/17/76 OCKS 7	UNEC	AL /	OME
Physician		23a. Part1. Enter tha diseasa, or composhock, or haart failura. List only c	plications that causad the date one cause on each line.	ath. Do not enter tha r	LENTEAU noda of dying, such es cerdi	ec or respiretory arra	st,	A In	pproximeta starval Batween shoset and Deeth
/Medical Examiner		immediata Causa (Final disease or condition rasulting in death)	a	for se s concentioned	Liver		iona		6 mmli
acuted and transit	Examiner	Sequantially list conditions,	b. Dua to	D ( au (or as a consaquence)	ites Mel	luts		1	
X OS/OU, ertificate be executed ling physician and se as the burial-transit	/Medical E	Sequantially list conditions, if any, leading to immadiate cause. Enter Undarlying Ceuse (Disaase or Injury that initiated evants rasulting in death) Last	c. Due to (	or es a consequence	of):				
death certificate at the attending place as the death of the attending place as the death of the the attending place as the death of the the attending place as the death of the the attending place as the death of the the	lan	Part II. Other significant conditions co	dntributing to death but not ra	sulting in the underlying	g causa given in Pert I.	23b. Did tol	bacco use con	tribute to th	ne cause of death?
v requires that the death cert been signed by the attendin should be detached for use	by Phy		ementia			1 🗆 Ye	es 2 No	3 Probab	Unknown
D C m (D	Completed					24a. Was ar perform	autopsy red?	availa	autopsy findings abla prior to plation of cause ath?
						1 □ Ya	s 2 No	1□Y	as No
OI VICAL Physician: T this certificat ral director, pi	Be	25. Was casa raferred to medical examinar?	Hospital:	7	Other	eeth (Check only one			
Phys rrthis eral di	5 To	1 Yas 2 No 27. Mannar of Death	28a. Date of injury	☐ ER/Outpatient 3☐ 28b. Tima of	28c. injury at Work?	Homa 5 ☐ Rasida 28d. Dascribe ho			
offing th.: After	tion	1 □ Natural 5 □ Panding 2 □ Accident invastigation	(Month, Day Year)	Injury M	Work? 1 ☐ Yes 2 ☐ No				
To the Hospital or Attending Phywithin 20 within 24 hours after death.  To the Funeral Director: After this completely filled in by the funeral	edical Certification:	3 Suicide 6 Could not be determined	28a. Placa of Injury - At I building, etc. (Spec	noma, farm, street, fec	tory, office	28f. Location (Str. City or Town		or Rural R	outa Number,
To the Hospital within 24 hours of To the Funeral completely filled	edical	29a. Certifier (Check only one)  1 Certifying Phy Medical Exami	sician: To the best of my kn iner: On the basis of examin and manner steted.	owledge, daath occurr ation end/or Invastigat	ed at tha time, date and plac- ion, In my opinion, deeth occ	e, and dua to the ca curred at the time, de	usa(s) and man ta and place, e	nar as state nd due to th	ed. e ceuse(s)
To t with To t	2	29b. Signatura and title of cartifiar	un mon		29c. Licansa number 0 6 4		OG. Data aigned		
6		30. Nama and addrass of person who co	SABAPATH		D3064 o Erdman	Are.	BALTO	MD	21213
Sta	te	31. Deta filed (Month, Day, Year)	32. Registrar's Sign						

DHMH 16 Ray 6/95



a	DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aner ment. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transf be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
		TO THE HOSP	TO THE FUNE be filed within	IMPORTANT

	1 - FOR STATE REGISTRAR	TATE OF MARYLAND / D	EPARTMENT OF H		NTAL HYGIENE REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)	1		2.1	DATE OF DEATH	3. TIME OF DEATH							
	JOHN W. BI	alobrze	SKi		UNE 12	2 1996 8:52 AM							
	4. SOCIAL SECURITY NUMBER 213 14 3252	B. BIRTHPLACE (State or Foreign Country) Maryland											
	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH												
DIRECTOR	Lorien Riverside	Lorien Riverside Nursing Home Becamp May and Harford											
Diameter 1	10s. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCA	пон	1	10d. INSIDE CITY							
	Md. Harfo	ord	Joppa			LIMITS?							
FUNERAL	100. STREET AND NUMBER 1016 Joppa Road	g. CITIZEN OF WHAT COUNTRY?											
3		WAS DECEDENT EVER IN U.S. ARME		21085	RIGIN? (Specify Yes or N	No.— 14. RACE — American Indian							
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES  W. W. 2	If yes, ap	ecity Cuben, Mexican, Pu ** NO Specify:		Black, White, etc. Specify: White							
B	15. DECEDENT'S EDUCATION (Specify only highest grade company)	ON 16a. DECE	DENT'S USUAL OCCUPATION	ON	16b. KIND OF BUSINES								
COMPLET	Elementary/Secondary (0-12) Co	oflege (1-4 or 5+)	kind of work done during mo to NOT use retired.)	ist of working	Moving	CO							
₽ M	9 17. FATHER'S NAME (First, Middle, Last)	Įv.	lover										
	Frank Bialobra	zeski		Anna Do	First, Middle, Maiden Sumi	ame)							
BE	19a. INFORMANT'S NAME (Type/Print)		MAILING ADDRESS (Street )			ate. Zin Code)							
2		Mary Diane Rawlings, Niece  19b. MAILING ADDRESS (Street and Number or Rural Rouse Number, City or Yown, State, Zip Code) 1016 Joppa Rd. Joppa, Md. 21085											
3	20s. METHOD OF DISPOSITION  1 Date   20s. LOCATION - City or Town, State   20s. PLACE AND DATE   20s. LOCATION - City or Town, State   20s. METHOD OF DISPOSITION   20s. LOCATION - City or Town, State   20s. LOCATION - City												
	21. SIGNATURE OF FUNERAL SERVICE LICENSE		Rosary C	emetery		Dundalk,Md							
	► (·0 P. S)	no Q		les S. Ze		Son Inc.							
	23. PART I. Enter the diseases, or comp	Mostless that saved the dark	6224	Eastern	Ave Bal	lto_Md							
	shock, or heart failure. List IMMEDIATE CAUSE (Final	only one cause on each line.	ii. Do not enter the mo	de or dying, such as	cardiac or respirato	ry arrest, Approximate Interval Between Onset and Death							
1	disease or condition resulting in death)  a. Jepsis 1												
_	DUE TO (ON AS A CONSEQUENCE OF):  C. HEAMARLY D. ST. T.C. T.M.  [UKCh]												
5	Sequentially list conditions, If any, leading to immediate  b. DUE TO (OR AS A CONSEDUENCE OF):												
3	CAUSE (Disease or Injury  C. DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUE	ENCE OF):										
	PART II. Other significant conditions contributing to death but not requisites in the undertying course size is 1944.												
A P	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24e. WAS AN AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE												
MEDIC	_ as 31001	103			1 - YES 2 1	NO COMPLETION OF CAUSE OF DEATH?							
×						1 - YES 2 NI NO							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)												
Sic		OSPITAL: Inpetient 2 - ER/Outpatient 3 -	QTHER:	e 5 Residence 6									
五	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	26b. TIME OF 28c. IN.		. DESCRIBE HOW INJUR	RY OCCURED							
B	2 Accident 5 Pending Investigation		M 1 🗆	YES 2 NO									
COMPLETED	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)  28f. LOCATION (Street and Number or Flural Floute Number, City or Town, State)												
=	29a. CERTIFIER Check only	: To the best of my knowledge, death	occurred at the time, date	and place, and due to th	e cause(s) and manner	en stated							
₹						e to the cause(s) and manner as stated.							
	290. STONATORE AND TITLE OF CERTIFIER	(0)		26c. LICENSE NUMBER	290	d. DATE SIGNED (Month, Day, Year)							
TO BE	Shelletille			D2833C	1	June 12, 1996							
۴	SETHANE AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DEATH (ITEM 2	27 (Type, Print)	00 100	V2200	JUNE 12, 1996							
	31, DATE FILED (Month, Day, Year)	11. BEGISTRAR'S SIGNATURE	1.00	10100		17 (17 0101)							
	JUN 1 4 1996	Julia Davidson-Man	louters.										



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible

	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		9110101	
	State of Maryland / Department of Health and I Certificate of Death	Mental Hygiene Reg. No.	96	17570
1. Decedent's Neme (First, Middle, Lest)		2. Dete of Deeth		3. Time of Deet

Physicia /Medic Examir

**Funeral** 

Director

Department of Health and Mental Hygiene.
Important: if item 27 is marked other than "natural; or items 23s or 28s-f show any injury or other traumatic event, than "natural; or items to notified at 00ncs.

bermit. Pages 1 and 2 should be filed within 72 hours after death with the Meryland

Saltimore, Maryland 21215-0020

Physician /Medical Examiner

within 24 hours after death.

To the Funeral Director: After this certificate hes been signed by the ettending physician and completely filled in by the funeral director, page 2 should be deteched for use as the buriel-transit To the Hospital or Attanding Physician: The law requires that the death certificate be executed

Division of Vital Records, P.O. Box 68760,

an al	STELLA	JC	SEPHINE	Ξ	ВО	YD				JUNE	10,199	Yeer 6	16:37	
er	4e. Fecility Neme (If 2053 JOE			ber)					own, or Lo	cation of Deeth		y of Deeth	RE	
	5. Social Security Nu 229-16-18	99	Sex 1□M 2√F	7. Age (In yrs	s. last birtho	Mont	der 1 Yeer hs Deys		24 Hrs. Min.	8. Dete of Bir (Month, De March	y, Year)	9. Birthp Vir	olece (State or Foreign ntry) ginia	
TOL	Usuel Residence of 10a. State  Maryland	10b. County Baltin	10c. C	City, Town o		svill	e				1	0d. Inside City Limits 1 ☐ Yes 2 🕱 No		
Completed by Fur		10e. Street end Number 11212 Sheradale Drive				10f.	Zip Code	1087			10g. Citizen of			
	11. Maritel Status  1 Never Married 2 Married 3 Widowed 4 XDivorcad  12. Wes Dec Armed F 1 Yes, Gif Ye			ces? 2 <b>X</b> ] No	U,S.	If Yes, s	cedent of I specify Cub	en, Mexica	n, Puerto	ecify Yes or No Rican, etc.)	Ble	14. Rece - American Indien, Bleck, White, etc. Specify: White		
	15. Decedent's Education (Specify only highest grede completed)  Elementery/Secondery (0-12)  12th grade  College (1-4or state)			4or 5+)	(C	ecedent's U Give kind of ife. DO NOT okkeej	work done Tuse retire	petion during mos d)	st of worki	ing	16b. Kind of B Foreig Forwar	n Fre	ight	
	17. Fether's Name (First, Middle, Lest)  Joseph P. Servonsky  18. Mother's Neme (First, Middle, Maiden Sumeme)  Victoria Urban													
	19e. Informent's Neme/Relationship (Type, Print)  Mr. John Boyd (son)  19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code)  11212 Sheradale Drive, Kingsville, MD 21087  20e. Method of Disposition  20b. Plece of Disposition (Name of Dete 20c. Location - City or Town, Stete											1087		
	1 \text{XBurlel 2 \textsuperscript{Cremetion 3 \textsuperscript{Removel from State}}} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \													
	22. Name end Address of Fecility Schimunek Funeral Homes, Inc. 9705 Belair Rd., Baltimore, MD 21236  23a. Part 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate													
-	shock, or heert Immediate Ceuse (F disease or condition resulting in deeth)	feilure. List only	one cause on ee	ch line.	nuit	ple	I	Nicu			1031,		Approximete tritervel Between Onset end Deeth	
sician/medical Examiner	Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury c.													
IN MEGIC	thet initiated events ' Pue to (or es e consequence of):  d.													
	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.  23b. Did tobacco use contribute  1 Yes 2 No 3 P									ntribute to				
to be completed by rm	24e. Wes en eutopsy performed?									eva con	ere eutopsy findings allebie prior to impletion of cause deeth?			
200	25. Wes case referre exeminer?					of Deeth	(Check only o	res 2 No	19	Yes 2□No				
ameanon: 10	XX Yes 2 □ No Hospitel: 1 □ Inpatient 2 □ ER/Outpetient 3 □ DOA							yet rk? Yes 20X	No /	niver	now injury occur	w Injury occurred  A authorized and Number or Rurel Route Number.		
medical cer unication:	one)	Certifying Ph Medical Exar	nysician: To the be	is of examine	owledge, de etion end/o	r investigeti	ed et the tie on, in my d	pinion, dee	d pleca, e th occurre	and due to the ded at the time, d	ceuse(s) end madete end plece,	end due to	the ceuse(s)	

29c. License number

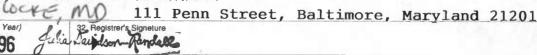
OCME

29d. Dete signed (Month, Day, Year)

JUNE 11,1996

State Registrar 31. Dete filed (Month, Dey, Year) JUN 1 4 1996

29b. Signature and title of certifier



address of person who completed cause of deeth (Item 23a) (Type, Print)

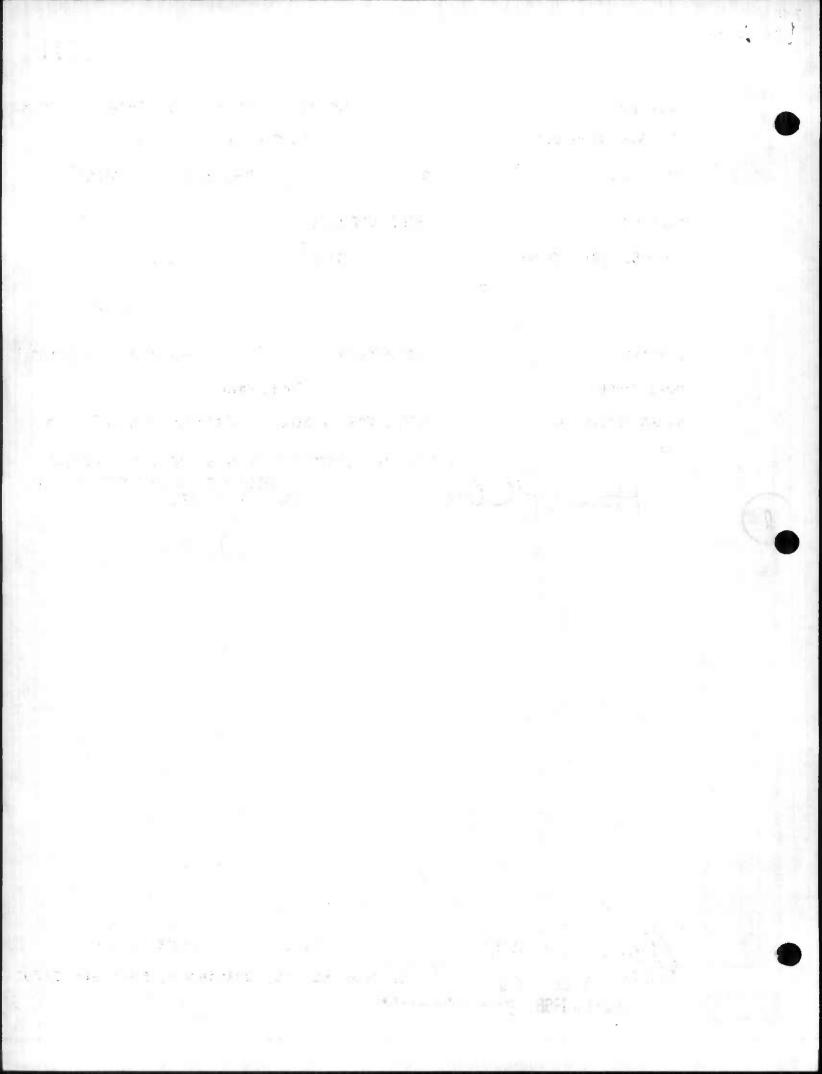
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State of Maryland / Department of Health and Mental Hygiene 96 | 7571

	T. e street and number			Е			2. Deta of Dee Month JUNE ocation of Death	Day 11	Yeer 1996 by of Death	3. Time of D		
4e. Fecility Neme (if not institution, give 338 S. SPRING CC 5. Social Security Number 6. S 218–46–6956 Usual Residence of Decedent	e street end numbe OURT ax 7. A			E	4b.	City, Town, or L	JUNE ocation of Death	11	1996	12:59		
338 S. SPRING CO 5. Social Security Number 6. S 218–46–6956 Usual Residence of Decedent	OURT							4c. Count	y of Death			
5. Social Security Number 6. S 218-46-6956 Usual Residence of Decedent	ax 7. /	Aga (In vrs. la										
218-46-6956 Usual Residence of Decedent		5. Social Security Number 6. Sax 7. Aga (In yrs. last birthday) If Undar 1 Yaar If Under 24 Hr								N/A		
			ast birthday) 50 Yrs.			f Under 24 Hrs. Hours Min.	(Month, Dey	, Yeer)	Coun	itry)		
		10c. City	, Town or Lo	cation					1	0d. Inside City		
MARYLAND N/A  10e. Street end Number			BALT	IMORE								
	OUDT			10f. Zip Co						itry?		
338 S. SPRING CO		nt Ever in U.S	S 13 V	21202			ecify Ves or No-					
1 Never Married  Marriad	Armed Forces 1 ☐ Yas 2 X If Yas, Giva	No		_			Rican, etc.)	Ble	ock, Whita,	atc.		
15. Decedent's Ed	lucation		16a. Deced	ent's Usuel C	Occupation	on	T	16b. Kind of B				
(Specify only highest gree	de com <i>pletad)</i>	. 5. \	(Give )	kind of work o	done dun	ing most of worl	ring					
12th grade	Collage (1-40)	5+)	HOUS	EKEEPE	R			Country   Country				
17. Fethar's Name (First, Middla, Last)						3. Mother's Nam	e (First, Middle,					
James Knotts						Doris	Payne					
19e. informent's Neme/Reletionship (7	Type, Print)		19b. Meilin	g Addrass (S	treat and			r, City or Town	, Stete, Zip	Coda)		
Joseph Custis/Son			2318	Jeffer	son	Street,	Baltimo	ore, Ma	rylan	d 21205		
20a. Method of Disposition			aca of Dispos	sition (Name	of or place)		Dete	20c. Location	- City or To	wn, Stete		
		0				RY 6	-14-96	RATTIM	IORE	ΜΔΡΥΙ ΔΝ		
21. Signetura of Funerei Sarvica Lican	500	MLJ	22.	Nama and A	Address	of Fecility 171	-14-30	DUCTIL	COMM	MITTY F		
WILLIAM C. BROWN CO										NIIA E		
23a Part I Enter the disease or com	Totions that saus	ad the death	Do not ente	r the made o						Assessment		
Sequentielly list conditions, if any, leeding to immadiate case. Extent lighter than case.												
Cause (Disease or Injury that initiated events resulting in daeth) Last  Due to (or es e consequanca of):									1			
	d											
Pert II. Other eignificant conditions co	ntributing to death	but not result	ting In the un	darlying caus	se given I	In Pert I.	23b. Did to	bacco use co	ontribute to	the cause of		
OBesity												
							24e. Wes en autopsy 24b. Were autopsy					
									COL	inpletion of cau		
										Yas 2□ No		
25 Was case referred to medical						DI(D				JYas ZLING		
examiner?	Hospital:	inst 005	D/Outsetlest		Other		11/12	-				
27. Menner of Deeth	28a. Dete of Inj	ury 2								1)		
1 Naturel 5 Pending Investigation	(Month, D	ey Year)	Injury	M			200. 20001.00 11	ow injury cocci				
3 ☐ Sulcida 4 ☐ Homicide  6 ☐ Could not be datermined  28e. Placa of Injury - At home, ferm, street, factory, office building, etc. (Specify)							28f. Location (Si City or Town	reet end Numi n, Stata)	ber or Rura	Routa Numbe		
29a. Cartifier (Check only one)	Iner: On the besis	of exeminetic	ledga, death on end/or inve	occurred et ti estigetion, in i	he time, o	date and place, on, deeth occur	and due to the cred et tha tima, d	euse(s) end m ate end placa,	enner es st	eted. tha ceusa(s)		
(Check only 2 TyMedical Examiner: On the besis of exemination and/or investigation. In my opinion, death occurred at the time, date and place, and due to the cause/s												
9b. Signafure and title of certifier	29b. Signafure and title of certifier 29c. Licansa number								29d. Date signed (Month, Day, )			
29b. Signature and title of certifier	0.00			1								
29b. Signature and title of certifier  10. Name and address of person who co	lemo					.M.E.		JUNE 1				
	3   Widowed 4   Divorcad  15. Decedent's Ed (Specify only highest gre  Elamantary/Secondery (0-12)  12th grade  17. Fethar's Name (First, Middla, Last)  James Knotts  19e. Informent's Neme/Reletionship (1)  Joseph Custis/Son  20a. Method of Disposition  XIXBurial 2   Cramation 3   4   Donetion 5   Other (Specify)  21. Signetura of Funerel Sarvica Lican  And December	Amed Forces:    1	Armed Forces?    Armed Forces?   Armed Forces?   Armed Forces?     Armed Forces?   Armed Forces?     Armed Forces?   Armed Forces?     Armed Forces?   Armed Forces?     Armed Forces?   Armed Forces?     Armed Forces?   Armed Forces?     Armed Forces?   Armed Forces?     Armed Forces?   Armed Forces?     Armed Forces?   Armed Forces?     Armed Forces?   Armed Forces?     Are Forces?     Armed Forces?     Are Forces?     Armed Forces?     Are Governed by Period College (1-4or5+)     Armed Forces?     Armed Forces     Armed Forces?     Are Governed By Period College (1-4or5+)     Armed Forces     Armed Forces?     Armed Forces     Armed College (1-4or5+)     Armed Forces	1 Never Married ACM Marriad   Yas, 2 No   Yeer or Dates:   1   Yes 2 X   Yeer or Dates:   1	1   Never Married   X/Married   1   Yas, Giva   Year or Dates:   1   Yas, Giva   Year or Dates:   1   Yas, Giva   Year or Dates:   15. Decedent's Education   (Specify only highest grade completad)   16a. Decedent's Usuel Occupation   17. Fethar's Name (First, Middle, Last)   1.   1.   1.   1.   1.   1.   1.   1	1   Yes   2   No   Specify	Armad Forces   1   Newer Married   XX Married   1   New 2   XX Sund   1   Yes   XX Sund   1   Yes   XX Sund   1   Yes   XX No   Specify:   1   Yes   XX No   Sp	11. Maria Status   12. Was Decedent Ever in U.S. Armed Forces?   12. Was Decedent of Hispanic Origin? (Specify Yes or No-Ity's 2/Q No Specify:   12. Was Decedent of Hispanic Origin? (Specify Yes or No-Ity's 2/Q No Specify:   12. Was Decedent of Hispanic Origin? (Specify Yes or No-Ity's 2/Q No Specify:   12. Was Decedent of Hispanic Origin? (Specify Yes or No-Ity's 2/Q No Specify:   12. Was Decedent of Hispanic Origin? (Specify Yes or No-Ity's 2/Q No Specify:   12. Was Decedent of Hispanic Origin? (Specify Yes or No-Ity's 2/Q No Specify:   12. Was Decedent of Hispanic Origin? (Specify Yes or No-Ity's 2/Q No Specify:   13. Rail Specify:   14. Rail Specify:   12. Was Decedent of Hispanic Origin? (Specify Yes or No-Ity's 2/Q No Specify:   12. Was Decedent of Hispanic Origin? (Specify Yes or No-Ity's 2/Q No Specify:   12. Was Decedent of Hispanic Origin? (Specify Yes or No-Ity's 2/Q No Specify:   12. Was Decedent of Hispanic Origin? (Specify No Specify:   12. Was Decedent of Hispanic Origin? (Specify No Specify:   12. Was Decedent of Hispanic Origin? (Specify No Specify:   12. Was Decedent of Hispanic Origin? (Specify No Specify:   12. Was Decedent of Hispanic Origin? (Specify No Specify:   12. Was Decedent of Hispanic Origin? (Specify No Specify:   12. Was Decedent of Hispanic Origin? (Specify No Specify:   12. Was Decedent of Hispanic Origin? (Specify No Specify:   12. Was Decedent of Hispanic Origin? (Specify No Specify:   12. Was Decedent of House International Origin? (Specify No Specify:   12. Was Decedent of No Specify:   12. Was Decedent of No North Origin? (Specify No Specify:   12. Was Decedent of North Origin? (Specify:   12. Was Decedent of	11. Marinal Status   12. Was Decedent of Hispenic Origin? (Specify Yes or No. If Yes, 2019)   12. Was Decedent of Hispenic Origin? (Specify Yes or No. If Yes, 2019)   12. Was 2019   12			

Registrar



### Please Type or Print in Black indelibie lnk. Assure All Copies Are Legible.

			State of Mai		artment of trificate of	Health and M Death		ene 9	6 17572	
Physic /Med Exami	ical	1. Decedent's Nama (First, Middle, Last)  RAYMOUS  4a. Facility Nema (If not institution, give s			URKE	4b. City, Town, or Lo	2. Data of Deeth Month O 5	Day 27 /		
Funeral Director		5. Sociel Security Number 6. Sax 1920	YLAND HOSP M 2□F	(In yrs. lest birthdey) 48	If Undar 1 Yael Months Deys		8. Date of Birth (Month, Dey, June 26	N/ Year) 1947	9. Birthpiace (State or Foreign Country)	
th with the Maryland 23a or 28a-f show ast be notified at	Director	Usual Rasidance of Decedant		10c. City, Town or Lo			10	g. Citizen of W	10d. Insida City Limit	
ath with 23s or suit be		1108 W. SARATOGA ST			212			U.S.	U.S.A.	
5-0020 72 hours after de natural, or fleens fical Examiner.	Completed by Funeral	11. Maritai Stetus  1 \( \) Nevar Married 2 \( \) Marriad  3 \( \) Widowed 4 \( \) Divorced	<ol> <li>Was Decedant Ev Armed Forces?</li> <li>1 ☐ Yes 2 ☑ No If Yas, Giva Year or Detes:</li> </ol>	var in U,S. 13. V	Vas Decedant of I Yes, specify Cul I ☐ Yes 2 ☑ No	Hispanic Origin? (Spe ban, Maxican, Puerto I Specify:			e-American Indian, k, White, etc.	
vithin within than than Max		15. Decedent's Educ (Specify only highest grede Elementary/Secondary (0-12) 12th	ation completed) College (1-4or 5+)	(Give life. L	lent's Usuai Occu kind of work done DO NOT use retin aborer	ipation o during most of worki od)	ing		Business/Industry Struction	
Maryland 2 d 2 should be filled h and Mernal Hygi 7 is marked other traumatic event, II	To Be C	17. Fathar's Nama (First, Middle, Last) Cephus C. Burke				18. Mothar's Name	Smith			
more, pages 1 ar ent of Hea this Hillsem 3 y or other		19a. Informant's Name/Raletlonship (Type, Print)  Gladys Townes/Sister  20a. Mathod of Disposition  XXBurial 2 Cremation 3 Remove from Stata 4 Donation 5 Othar (Specify)  19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State  1108 W. Saratoga Street, Baltimore Mar.  20b. Place of Disposition (Name of cometery, cremetory or other place)  Mt Zion Cemetery  15-31-96  Baltimore								
Baltill Baltil Baltill Baltill Baltill Baltill Baltill Baltill Baltill Baltill		23e. Pert1. Entar tha disaasa, or complic shock, or heart feilura. List only one immediata Causa (Final	.) (	11	Nema end Addr WILLIA 1206 W ar tha moda of dy	M C DDOLL	COMMUNICATION CO	ITY F/H	Approximata intarval Between Onset end Death	
Examiner	a lan/Medical Examiner	disease or condition resulting in death)	DI	ue to (or as a conseq	uenca of):	,				
Box 68760, eeth certificate be asscuted attending physician and I for use as the buriel-transit		edical	Sequantially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disasse or injury that initiated evants rasulting in death) Last		ua to (or as a consequal to (or a consequal to (or a					
P.O. Both at the deeth deby the atterded for atterded for the atterded for the atterded for the atterded for		Part ii. Other significant conditions cont	ributing to death but	not resulting in the ur	ndarlying cause g	ivan in Pert i.	23b. Did tob		stribute to the cause of death	
Record	Completed b						24e. Wes an perform	ed?	24b. Ware autopsy findings evallable prior to completion of cause of daath?	
of Vital I Physician: The this cartificate ral director, pag	Be	25. Was casa rafarred to medical axaminar?	ospital:		0	28. Placa of Death			TO TAS ZONO	
Vision of Attending Physic death. ector: After this by the funeral di	Certification: To	27. Manner of Daath 1 Whaturai 5 Pending invastigation 3 Suicida 6 Could not be detarmined	28a. Data of Injury (Month, Dey	Year) 28b. Tima of injury	28c. inju	ury at ork?  Yas 2 (NA)		v injury occurre		
the Hospital or hin 24 hours afte the Funeral Dir npletely filled in	fedical Cert	29a. Certifiar 1 Certifying Physi	cian: To the best of r	my knowledge, death xamination and/or inv	occurred at tha trastigation, in my	ima, date and piaca, e opinion, daath occurre	City or Town, and dua to tha cau ed at tha tima, dat	usa(s) and mai	nnar as stated. and due to tha cause(s)	

State Registrar

Who completed cause of death (Item 23a) (Type, Print)

5655-201 Columbia Rd. Columbia MD 21044

The formation with the court of Mills

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Dey Year BALLENTINE 12, 1996 JUNE 16:00 PM 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **JOHNS** HOPKINS HOSPITAL BALTIMORE CITY if Under 1 Yeer
Months Deys if Under 24 Hrs. Hours Min. 7. Age (In yrs. lest birthdey) 8. Dete of Birth (Month, Dey, Year) June 7 1916 Birthpiece (State or Foreign Country) 1□M 2□F 80 Maryland Usuel Residence of Decedent 10b. County 10c. City, Town or Location 10d. inside City Limits L Yes 2 No Baltimore 10f. Zip Code 10g. Citizen of What Country? 7961 Bank Street 21224 USA 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-It Yes, specify Cuben, Mexican, Puerto Rican, etc.) 12. Wes Decedent Ever in U.S. 14. Rece - American Indian, Armed Forces? Bleck, White, etc. 1 Never Married 2 Merried 1 ☐ Yes 2 ☐ No If Yes, Give X Specify: White 3 ☐ Widowed 4 ☐ Divorced Yeer or Detes: 16a. Decedent'a Uauel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Housewife Own Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Huffman Mary Barbara Miller 19e. intorment's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Nancy Regina Whipp (daughter) 500 Riverside Drive Essex, Maryland 21221 20b. Piece of Disposition (Name of cemetery, cremetory or other piece) Dete 20c. Location - City or Town, Stata 1⊠ Burial 2 ☐ Cremetion 3 ☐ Removel from Stete Moreland Mem. Park 6/15/1996 4 □ Donetion 5 □ Other (Specify) Baltimore, Maryland 21. Signature of Funeral Straige Licenses 22. Name end Address of Fecility Bruzdzinski Funeral Home P.A. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiec or respiratory errest, or heart failure. List only one cause on each line. Approximete Intervel Between Onset and Deeth MYOCAROLAL INFARCTION CORONARY ARTERY BYPASS

Due to (or es e consequence of): ANTERIOR MYOLARDIAL
Due to (or es e consequenca of):

**Physician** /Medical Examiner

Department of Heelth e important: If Item 27 is any injury or other tra

**Physician** 

/Medical

Examiner

**Funeral** 

**Director** 

Show r 28a-f sh notified

Peges 1 and 2 should be filed within 72 hours after death with the Maryland nent of Heelth end Mentai Hyglene.

altimore, Maryland 21215-0020

P.O. Box 68760.

Division of Vital Records,

Attending Physician:

6 Hospital

To the To the To the F

7 is merked other than "natural", or items 23s or traumstic event, the Mexical Examiner must be

REGINA

5. Sociei Security Number

214 30 6295

10e. Street and Number

10e. Stete

Maryland

11. Meritei Stetus

Frank

Directo

Funeral

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Completed

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Examiner Physician/Medicai þ Completed

Be

2

Certification:

Medical

ettending physician and for use as the burief-transit use as t hes certificata funeral director, After this 24 hours after deeth.

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Last

Immediete Cause (Finei disease or condition resulting In deeth)

20a. Method of Disposition

23b. Did tobacco use contribute to the cause of death?

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. IES, HYPERTENSION WAL PAILURE, RESPIRATION

1 Yes 2 2 3 Probably 4 Unknown 24a. Was en eutopsy performed?

26. Place of Deeth (Check only one) Hospitel: 1 Inpatient 2 ER/Outpetient 3 DOA

Piece of tnjury - At home, term, street, tectory, offica building, etc. (Specify)

24b. Were eutopsy tindings aveilable prior to completion of cause of death? 1 ☐ Yes 2 No 1 ☐ Yes 2

25. Wes case reterred to medical examiner?
1 Yes 2 No 27. Manner of Deeth 1 Ditatural
2 Accident 5 Pending investigation

28e. Dete of Injury (Month, Dey Year) 6 Could not be

28b. Time of 28c. Injury et Work? 1 ☐ Yes 2 ☐ No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

29e. Certifier (Check only one)

3 ☐ Suicide

4 - Homicide

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end manner as steted.
2 Medical Examiner: On the best of examination end/or investigation, in my opinion, deeth occurred et the time, dete and pieca, and due to the cause(s) end menner steted.

29d. Dete signed (Month, Day, Year) JUNE 12, 1996

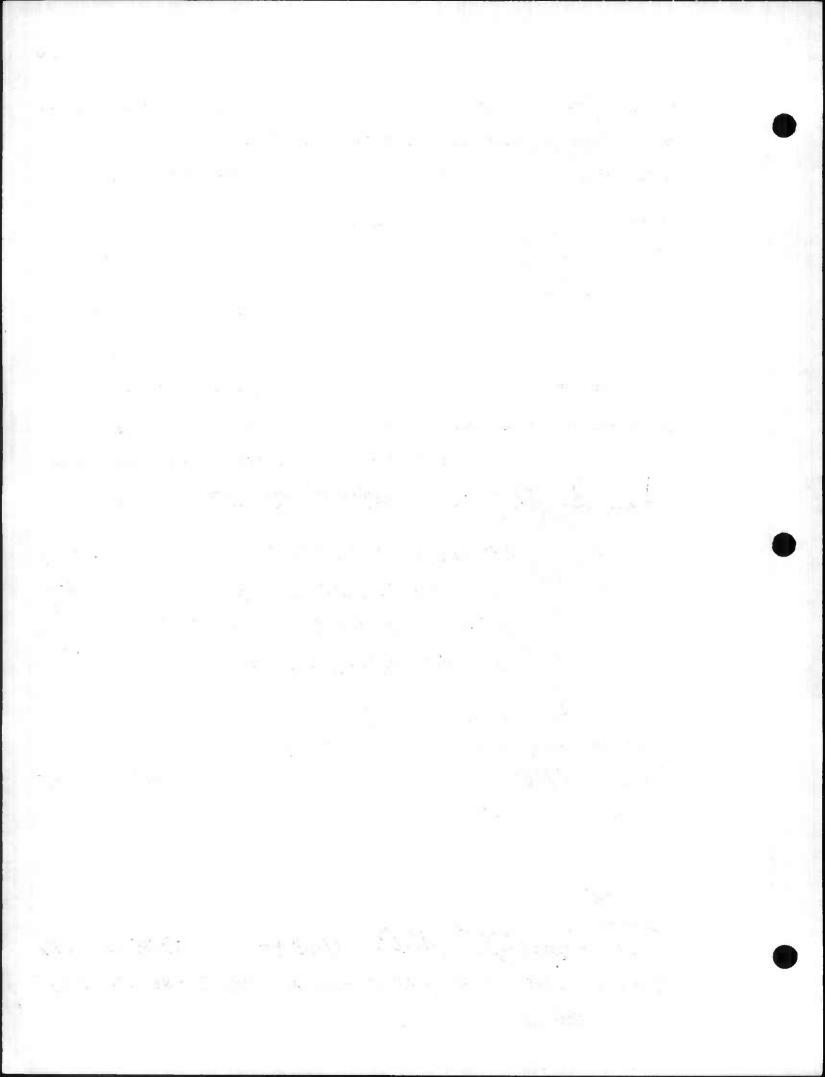
30. Neme and eddress of person who completed cause of death (Item 23a) (Type, Print)

HOSPITAL BAUTIMORE MOZIZOS JOHNS HOPKINS ANIEL

State Registrar

31. Dete tiled (Month, Dey, Year)

32. Registrer's Signature



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 most director, page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - FOR STATE REGISTRAR

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

_	REGISTRAR		- CL	.NIIII	CALE	OF	DLA	111	HI	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)  HELEN	BOO	1						2. DATE OF D	6	80	9%	3. TIME OF DEATH 2:40Pm
		SEX 6.  □ M 2 □ 7 F	AGE (In yrs. lest	birthday) YRS.	MONTHS	DAYS	HOURS	MIN,	AUG . 4	190°	7	Country	PLACE (State or Foreign y)  LYV1and
	9a. FACILITY NAME (If not institution, give street	and number)			9b. CITY,	TOWN 0	R LOCATI	ON OF DEA				NTY OF O	4
DIRECTOR	MedBridge Nursing	Center				R	ossv	ille				Ba1	Ltimore
EC	10s. STATE 10b. COUNTY			10c. CITY	r, TOWN OF	LOCAT	ION				-		10d. INSIDE CITY LIMITS?
		ltimore				Ess	ex						1 TYES 2 1 NO
FUNERAL	136 Wiltshire Roa	ıd				101	. ZIP COD	2122	21		10g. CIT	USA	VHAT COUNTRY?
BY FUN	11. MARITAL STATUS 12 1	. WAS DECEDENT ET FORCES? 1 I IF YES, GIVE WAR	YES 2-N		lf.	yes, sp	ecify Cubs	OF HISPANI an, Maxican Specify:	, Puerto Ricen	Specify:			
9	15. DECEDENT'S EDUCATION (Specify only highest grade com	ON Independit	18a. DE0	CEDENT'S	USUAL OC	CUPATIO	ON et of worki	og	16b. KINI	OF BUS	INESS/INC	USTRY	
COMPLETED		ollege (1-4 or 5+)	life.	Do NOT us	e retired.)		St Or WORM	''y					
MP	10th			Home	emake	r					home	3	
	17. FATNER'S NAME (First, Middle, Last)						18. MOT	Wand	ME (First, Middle	, Melden : OUS	Sumame)		
BE	Paul Belbot.  19a. INFORMANT'S NAME (Type/Print)		100	MAILING	ADDRESS	/Canada	and Mountain		oute Number, C	_	Cana Ti	Conto	
2	Elizabeth Bock		150						Baltir				21
	20a. METNOD OF DISPOSITION		20b, PLACE A					NOac	DATE			City or To	
	t ⊕ Burial 2 ☐ Cremation 3 ☐ Removal 4 ☐ Donation 6 ☐ Other (Specify)	from State	Parkw			erv		6/	11/96	Ba.	ltim	ore N	√d.
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE (7)	101111	1	22. N	IAME A	ND ADDRE	SS OF FAC					
	* R Tibral	10000	00						eral H				201
	23. PART i. Enter the diseases, or gome	plicetions that co	used the de	A Don					Balt:				Approximate
	shock, or heert fellure List  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a	Cardi	on each line						iony				Interval Between Onset and Death 3-4 Ms
		S CHO LO	AS A CONSEC	OUENCE OF	F): ,	,	0	1		h-	Jh	I A	and weak
NO	Sequentielly list conditions, b		AS A CONSEC	UENCE OF	D:		C	NU	0000	14/1	7	7 '	1000
EX	if any, leading to immediate cause. Enter UNDERLYING				,								
FI	CAUSE (Diseese or injury that initiated events	DUE TO (OF	AS A CONSEC	UENCE OF	F):								
CERTIFICATION	resulting in death) LAST												
./	ART II. Other significant conditions c	ontributing to de	eth but not r	esuiting i	in the unc	derlyln	g cauee	given in i	Part i. 24a	. WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS
EDICAL	E) Middle (0		OH KO	ing.	Other	lce	-	aus	MAG	PERFOR	-		AVAILABLE PRIOR TO COMPLETION DF CAUSE
		IN O	D A	non	1)				<i>\(\begin{array}{c} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\</i>	TES 2	PMO		OF GEATN? 1 YES 2 NO
Σ.	DID TOBACCO USE CONTRIB					10 E	] UNG	CERTAIN					
A	25. WAS CASE REFERRED TO MEDICAL				TN (Check o								
Sic		OSPITAL:	7/Outpatient 3	□ DOA	OTHER 4 Num	: ing Non	w 5 □ R	lealdenca	6 Other (Sp	ectfy)			
PHYSICIAN:	27. MANNER OF DEATN	28a. DATE OF IN. (Month, Day,		28b. TIM	E OF URY		URY AT		26d. DEŞCRIF	E NOW I	NJURY OC	CURED	
ВУ	1 Natural 5 Pending 2 Accident Investigation				М	1 🗌		□ NO					
8	3 Suicide 8 Could not be 4 Nomicide detarmined	IJURY — At ho . (Specify)	me, farm, a	atreet, facto	ory, offic	•		261, LOCATIO City or To	N (Street a wn, State)	and Numbe	r or Rural I	Route Number,	
COMPLET	29e. CERTIFIER 1 CERTIFYING PHYSICIAL	N: To the best of my	knowledge, de	ath occurre	ed at the tir	me, date	and place	e, end due	to the cause/a	and man	oper as ata	rted.	
N N	one) 2 MEDICAL EXAMINER: C												a) end menner as stated.
U C	29b. SIGNATURE AND TITLE OF CERTIFIER	1.3					29c. LIC	ENSE NUM	IBER		29d. DA	E SIGNED	(Month, Day, Year)
0	Marie N	(D)					D-	-38	754	+ .			0-96
٩	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE	OF DEATH (ITE	M 27) (Type,	Print)	3-Du	PAC			Mo	28.	MD	-21231
	31. DATE FILED (Month, Day, Year)	JAMESISTRAR'S		. ;									

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

4b. City, Town, or Location of Death

2. Dete of Deeth

7	1	ang	-	-9	-
7	6	-/	5	- [	5
			0	- 8	V

4c. County of Death

3. Time of Death

			Homewo	ood Ret	iremen	t cent	cer			Fred	erio	ck,	Md.	Fred	eric	K
	Funeral		5. Sociel Security N	lumbar	6. Sax		s. last birthday)	If Unda Months	r 1 Yaar	If Undar Hours	24 Hrs. Min.	8. Data	of Birth th, Dey,	Veerl	9. Birthple	ace (Stete or Foreign
	Director		214-22-	-7364	1 □ M 2 🔀 F	70	Yrs.	Months	Deys	Hours	MID.	1/	31/	1926	Balt	cimore, Md
	ט		Usuei Rasidance of	Decedent											200.00	/IMO20/110
	ylen How		10a. Stete	10b. County		10c. C	City, Town or Lo	ocation							10	d. Inside City Limits
	death with the Marylend ms 23a or 28a-f show rmst be notified at	to	MD.	Balti	more	E	Baltim	ore								1 ☐ Yes 2√2 No
	7 28	lre(	10e. Street and Nur	mber				10f. Zip	p Code				10	g. Citizen of	Whet Count	ry?
	3a o	<u>=</u>	1208 W	ester1	ee Plac	e. An	+ . 1 – D	21	1228	3				USA		
	deat	Funeral Director	11. Meritei Status	COOCLE	12. Was Dec	edent Ever in		Wes Dece	dent of I	Hispenic Ori	igin? (Sp	ecify Yas	or No-		e - America	
0	offer and and and and and and and and and and	F	1 Nevar Marri	iad 2 Marria	d 1 Yas	2XINo						Hican, et	C.)		ck, Whita, e	
02	el', o	by	3X Widowed	4 Divorced	If Yes, G Year or I	ive Detes:		1 ☐ Yes	2KJ No	Specify:				Specif	y: VV	hite
more, Maryland 21215-0020	ges 1 and 2 should be filed within 72 hours efter death with the Marylen it of Heelth and Mentel Hygiene. It for Heelth and Mentel Hygiene if item 27 is marked other than "naturel", or items 23a or 28a-f ahow or other traumetic event, the Medical Examiner must be notified at	Completed	/Snar	15. Decedent's	Education grada completad)		16e. Dece	dent's Usu	iel Occu	petion during mos	et of word	ina	1	6b. Kind of B	usiness/Ind	ustry
2	within ene.	ple	Elementery/Seco			1-4or 5+)	lifa.	DO NOT	ise retire	during mos	of Or WORK	irg				
21	giene.	, on	12yea	ars			Opth	almo	100	y As	sis	tant	,	Eye	Glas	s Co.
b	e filed el Hygid other vent, ti	Be (	17. Fethar's Nama	(First, Middle, Lo	est)		_			18. Mothe	er's Nema	a (First, A	Aiddle, N	faidan Sumar	ne)	
<u>a</u>	should be filed wand Mentel Hygie smarked other thurstic event, the	To	Ellwoo	od Guy	Gray					T	hel	ma N	1. S	Sippe1		
ar	2 should be is end Mentel is marked or		19e. Informent's Ne	eme/Reletionshi	p (Type, Print)		19b. Meili	ng Addres	s (Stree	t end Numb	er or Run	al Route	Vum <i>ber</i> ,	City or Town	, Stete, Zip	Code)
2	Heelth Heelth em 27 le		Son-Johr	n C. Ba	atzler		1074	7 Cc	orda	age W	a1k	,Col	umb	oia, M	id. 2	1044
9	of He of He item		20e. Method of Disp				Piece of Dispo	sition (Ne	me of	ice)		Dete	2	20c. Location	- City or Tov	wn, Stata
Ě	Peges nent of nt: if ite			☐ Cremation 3 5 ☐ Other (Spe	B ☐Removei from	Stete	estla	-			6	/14	/961	Marrio	ottsv	ville, Md.
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	Examiner		disease or condition resulting in death)	on	θ	V	05	(1)	( )							111YS
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	bed nsit	Examiner			b	OILV	10- KI	2/01	10	(8/1	(11)	41	129	10119	1000 1	1 Veg/5
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Box 68760,	es that the death certificate be executed igned by the ettending physician end be deteched for use as the buriel-transit	Physician/Medical			d											
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P.O.	the de	ysic	Pert II. Other signif	licant condition	s contributing to d	leath but not re	sulting in the u	inderlying i	cause gi	ven in Pert	1.	23b		_		the cause of death?
۵	that the ed by th deteche	F											1 □ Ye	s 20 No	3 Prob	ably 4 Unknown
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0	er the	ü	27. Menner of Death	h 5 Pending	28a. Date (Mor	of Injury oth, Dey Year)	28b. Time o	f	28c. Inju	ry et		28d. Des	cribe ho	w injury occur	rred	
0	ath. vr: Af	atic	2 Accident	Invastiga	tion			М		Yas 2	No					
Division	or Attending Physician: siter death. Director: After this certific in by the funeral director,	tfic	3 ☐ Suicida 4 ☐ Homicida	8 Could no determin	ad 289. Pieci	a of Injury - At ling, etc. (Space	home, ferm, st	reet, fector	ry, office				tion (Str		ber or Rural	Route Number,
Ö	S oft	Certification:	· · · · · · · · · · · · · · · · · · ·	/	Janu	g, o.c. (opac						<i></i>		/		
	To the Hospital or Attending Physician: The I within 24 hours efter death.  To the Funeral Director: After this certificate he completely filled in by the funeral director, page		29a. Certifier (Check only	1 Certifying	Physician: To the	best of my kr	nowledga, daat	h occurred	at tha ti	ma, data ar	nd piace,	and due	to the ca	usa(s) and m	anner as sta	ated.
	he H in 24 he Ft	edical	one)	Z   Medical E	caminer: On the b	pasis of examin oper stated.	etton end/or in	vastigation	ı, ın my	opinion, dee	ein occurr	ed at the	tima, de	na end place,	and due to	trie Cause(\$)
	To the Total	Σ	29b. Signature and	litie of certifier	( /	/	-	29	c. Licen	se number			29	d. Dete signe	ed (Month, E	Jay, Year)

State Registrar

West 9th Street Fred MARYland 31. Deta filed (Month, Day, Year) JUN 1 4 1996

complated causa of death (Item 234) (Type, Print)

30. Neme end addrass of person who

Casper

1. Decedant's Name (First, Middle, Lest)

4a. Facility Nema (If not institution, giva street and number)

**Physician** /Medical

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

17576

								Jeilli	ilcale UI	Dealli			Reg. No.			
	Physic /Medi		Decedent'a Name (First, Midd     Mae	fle, Last)			В	osto	cky			2. Dete of De Month June	Dev	96 Ye		3. Time of Deeth 7:30 AM
}	Exami		4a. Facility Name (If not institution Genesis Eld								wn, or Lo	cation of Deat		ounty of D Balti		2
	Funeral Director		5. Sociei Security Number 173–16–0452	6. Sex	d 21 <b>X</b> F	7	n yrs. lest birth		f Under 1 Year fonths Days			8. Date of Bi (Month, Di July		9.	Birthplac	ce (Stete or Foreign Sylvania
pur	3		Usuel Residence of Decedent  10a. Stete 10b. Count	,		10	c. City, Town	or Locati	ion						104	. Inside City Limits
Manyt	of a house	tor	PA Merc				Sharor								100	1 Yes 2 No
the	r 28a	Director	10e. Street end Number	-				1.	10f. Zip Code				10g. Citize	n of Whet	Country	n
th with	23a o	aD	987 Wengler A	ve.					16	146				U.S	.A.	
5-0020 72 hours after death with the Maryland	"natural", or itema 23a or 28a-f show edical Examiner must be notified at	by Funeral	11. Meritel Stetus  1 □ Never Married 2 □ Me  3 ☑ Widowed 4 □ Divorce	ried	Armed For 1 Yes If Yes, Gir Year or D	orces? 2⊠No ive	r In U,S.		s Decedent of its pec, specity Cub			ecify Yes or No Rican, etc.)		Race - A Bleck, W	/hite, etc	
Poor a	thurs		15. Decede	nt's Educa	tion		18a. C	Decedent	t's Usuel Occup	nation			16b Kind	of Busine	Whit	
- 5	- 20	Completed	(Specify only higher Elementary/Secondery (0-12)	st grade (	completed)	1-4or 5+)	1 (	Give kind	d of work done NOT use retire	during mos	t of worki	ing	100.11.10	or buonie	Joann Joan	All y
Illed within		EO	12		College (	1-401 54)		Sai	lespers	on			Wome	ns C	loth	ing
Maryland d 2 should be file	a d s	To Be (	17. Father's Name (First, Middle Charles	, Last)			Szabo				or's Name	(First, Middle	i illiooman	imeme) atz		
Z sho	and self		19a. Informant's Neme/Relation					_	Address (Street							
	EN F		Mrs. Debra Zat	kin	(Dau)	-			n Oaks	Dr We	st,				_	
Pages 1	すここ		20a. Method of Disposition  1 Burial 2 Cremation  4 Donation 5 Other (5		movei from	State		, cremeto	on (Neme of ory or other ple h Israe		6/	Dete 11/96	Hern	ition - City		
Parit.	Department Important: any injury o once.		21. Signature of Funeral Service	The	w >	Lo	1912		ame and Addre Sol Le O Reist	vinso	on &	Bros.	esvil	le, M	ID 2]	L208
Ph	ysician		23a. Part1. Enter the disease, o shock, ogheart fallure. Lis	r complica t only one	tions that o	sed the	death. Do no	ot enter th	he mode of dyi	ng, such es	cardiec o	or respiratory e	errest,		A	pproximete iterval Between inset and Deeth
	Medical aminer		tmmediate Cause (Fine) disease or condition		Broi	nchop	neumon	ia							One	e week.
	amme	Į.	resulting in deeth)	0,		Due	to (or as e co	nsequen	nce of):						1	
8	18it	듣		b	Alzi	heime	rs Dis	ease							Yea	irs.
certificate be executed	nding physician and use as the burial-transit	n/Medical Examiner	Sequentially list conditions, if any, teeding to immediate cause. Enter Underlying Cause (Disease or injury thet initiated events resulting in deeth) Lest	C			to (or as a co									
Jeet D	ed by the attendi detached for use	Physician/	Pert II. Other significant conditi	ons contri	buting to d	eath but no	ot resulting in t	the under	rlying cause gi	ven in Part i		23b. Did	tobacco us	e contrib	ute to th	ne cause of death
الم الم	d by t		Non-Ins	ulin	Deper	ndant	Diabe	tes i	Mellitu	IS		10	Yes 2	No 3	Probat	bly 4 Unknow
OI VIIGI DECORDS, P. Physician: The law requires that	is been signed I 2 should be det	Completed by			•							24e. Was	en eutopsy ormed?	24	avalla	autopsy findings able prior to eletion of cause ath?
T Je I	2 8	EO										10	Yes 2⊠	No	1 🗆 Y	res 20 No
2 2	is certificate director, pag	Bec	25. Wes case referred to medical examiner?	al						26. Place	of Deeth	(Check only	one)			
Physician:	9 0	2	1 ☐ Yes 2 ◯ No	Ho	spital:	Inpatient	2 ER/Outp	etient :	3□ DOA Ott	ner: 4X) Nu	ırsing Ho	me 5 Resi	idence 6[	Other (S	Specify)	
Attending P		atlon:	28c. Injury et Work?  1 ☑ Naturel 5 □ Pending (Month, Dey Year) 2 □ Accident investigation  28e. Date of Injury (Month, Dey Year) N/A. M 28b. Time of Injury Work? 1 □ Yes 2 □ XI								28d. Describe how injury occurred N/A.					
or Attending	s affection: Affer	Certification:	3 Suicide 4 Homicide  8 Could not be determined  28e. Plece of Injury - At home, ferm, street, factory, offica building, etc. (Specify)  N/A.								N/A.  28f. Location (Street and Number or Rural Route Number, City or Town, State)				loute Number,	
Hospi	To the form all blrect completely filled in by	edical (									nd manne ace, end	unner as stated. end due to the ceuse(a)				
ٿ	Total	Me	29b. Signature and title of certain 29d. Dete sign									signed (M	onth, De	y, Year)		
	2		► /V~&. (Q	all	2	-			D 30	469.		i	June 9	, 19	96.	
-	7		30. Name and eddress of person								g-1 mg -					
			N B Vellanki, MI				Jetori	ve,	#Suit	e 100	ET	licott	City,	MD_2	2104	2
	Sta Registr		JUN 14 1996 Year	gu	ia sai	ACOL-	المستعملة	6								

Registrar

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96

3. TIME OF DEATH GOOPM

2. DATE OF DEATH

DATE OF BIRTH

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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3 should		9a. FACILITY NAME (If not is	nstitution, give s	street and number)			9b. CITY,	TOWN O	R LOCATIO	ON OF DE				TY OF DEA	ľΝ	
2, 3	OB	LORIEN NUR		ENTER			COI	LUMB	IA, I	MD			HC	WARD		
	디디	RESIDENCE OF DE	10b. COUNT	v -		100 CIT	Y, TOWN O	ND LOCAT	104					1 4	d more on	PM
Pages	DIRECTOR	MD		ALTIMORE			WINGS								LIMITS?	
permit.		10e. STREET AND NUMBER		MULTINONE			MITACK		ZIP CODE				40- OTT		YES 2 T	
ed.	RA		DGE CO	TET				101					log. Ci i		COUNTRY	
physician. bunal-transit	FUNERAL	11. MARITAL STATUS	DOD CO	12. WAS DECEDER	T EVER IN	U.S. ARMED	13.1	WAS DEC		117 E NISPAN	IIC OBIGI	N? (Specify Yea	or No	USA	- American inc	dlan
by the hospital or attending physician be detached for use as the bunal-tra at once.	BY FL	1 Never Married 2 X 3 Widowed 4 Div	Married	FORCES?	YES	2 100	1	f yea, spe			n, Puerto	Ricen, atc.)			WHIT	
attend se as	ETED		CEDENT'S EDU		1	16a. DECEDENT'S (Give kind of	USUAL OC	CCUPATIO	N		16	b. KIND OF BUS	INESS/IND	USTRY		
al or atte		Elementary/Secondary (		College (1-4 or 5	+)	life. Do NOT u		Juning mo:	SI OF WORKIN	9						
ched	COMPL	1				RENT	AL MA	ANAG			_	MT. RO		1ANAGE	MENT	co.
the hor detach	8	17. FATNER'S NAME (First, A							18. MOTH			Middle, Malden	Sumame)			
uld be	BE		LIAM		FO	RBES					RIE				YEAGE	R
e retained by the hospit e 5 should be detached i notified at once.	2	194. INFORMANT'S NAME ( DAVID BALA		OUSE								nber, City or Town			.17	
Page 6 may be if director, page ner must be r		20a, METHOD OF DISPOSIT		novel from State		PLACE AND DATE					DAT	TE 20c. LOC	CATION —	City or Town	State	
funeral director, p xaminer must		4 Donation 5 Other	r (Specify)		HA	rery, crematory or c R SINAI	GARF	RISO	N FO	REST	6/1	1/96	OWING	SS MII	LS, M	D
deuth, Pag tuneral di L examiner		21. SIGNATURE OF FUNERA	AL SERVICE LI	CENSEE	1.1	1	22. 1	NAME AN	D ADDRES	SS OF FA		CO			200	T1:0
		SUR	the P	n. W	THE.		0.0	200				SOL LE				
It the death certificate be executed within the by the attending physician and completely filled in not Mental Hygiene prior to build, cremation, or not linjury, or other traumatic event, the mee	EDICAL CERTIFICATION	23. PART I. Enter the dehock, or he whock, or he management of the part of the	tions, districtions and the state of the sta	e. DUE TO  DUE TO  d.	OR AS A CO	CONSEQUENCE O	(ALC en: en:	ine	XX 7	Tene	7	24a. WAS AN. PERFOR	AUTOPSY MED2	24b. W	Approxin interval i Onset ar CJCC  ERE AUTOPSY RILABLE PRIOR DWPLETION DF	Batween and Death
ires sign	EDIC										_	1 TYES	(NO	01	F DEATH?	
has been signated between the beat of Healt n 23 shows	N. M	DID TOBACCO L	ISE CONT	RIBUTE TO CA	USE OF	DEATH Y	ES 🗆 1	10 D	UNC	ERTAI	N.Z			,	YES 2	NU
0 = -	CIAN:	25. WAS CASE REFERRED 1 EXAMINER?		HOSPITAL:	21	8. PLACE OF DEA	TN (Check o	only one)								
CIAN: ertifica the Sta	<u> </u>	1 TES NO		1 Inpatient 2	☐ ER/Outpat	tient 3 🗆 DOA	4 Num		• 5 □ Re	aldence	8 🗆 Oth	er (Specify)				
DING PHYSICIAN: The After this certificate death with the State marked, or Item	ВУ РНУ	27. MANNER OF DEATH  3 Natural 5  2 Accident	Pending Investigation	28s. DATE Of (Month, L		28b. TIN	IE OF JURY M	28c. INJI WO 1  Y		] NO	28d. DE	SCRIBE HOW IN	JURY OCC	CURED		
TTEN TOR: after	ETED	3 Suicide 8 1	Could not be determined	28a. PLACE ( building	of INJURY - , atc. (Specify	At home, farm,	street, facto	ory, office			28f. LO	CATION (Street a r or Town, State)	nd Number	or Rural Rout	e Number,	
= 28 B	COMPL		ICAL EXAMINE	R: On the basis of a											nd menner sa	stated.
TO THE HOSP! TO THE FUNEF De filed within IMPORTANT:	TO BE	296. SIGNATURE AND TITE	den						29c. LICE	25	ABER	56	1	·mo 6	Ples	6
		30. NAME AND ADDRESS O	Me	WE MO	, 110	55 27		STC!	KENF	B	,6	Cent	u, 7	nd Z	2045	
		IIIN 1 1 1996	ivai)	who Davids	AR'S SIGNAT	Lille							•			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.

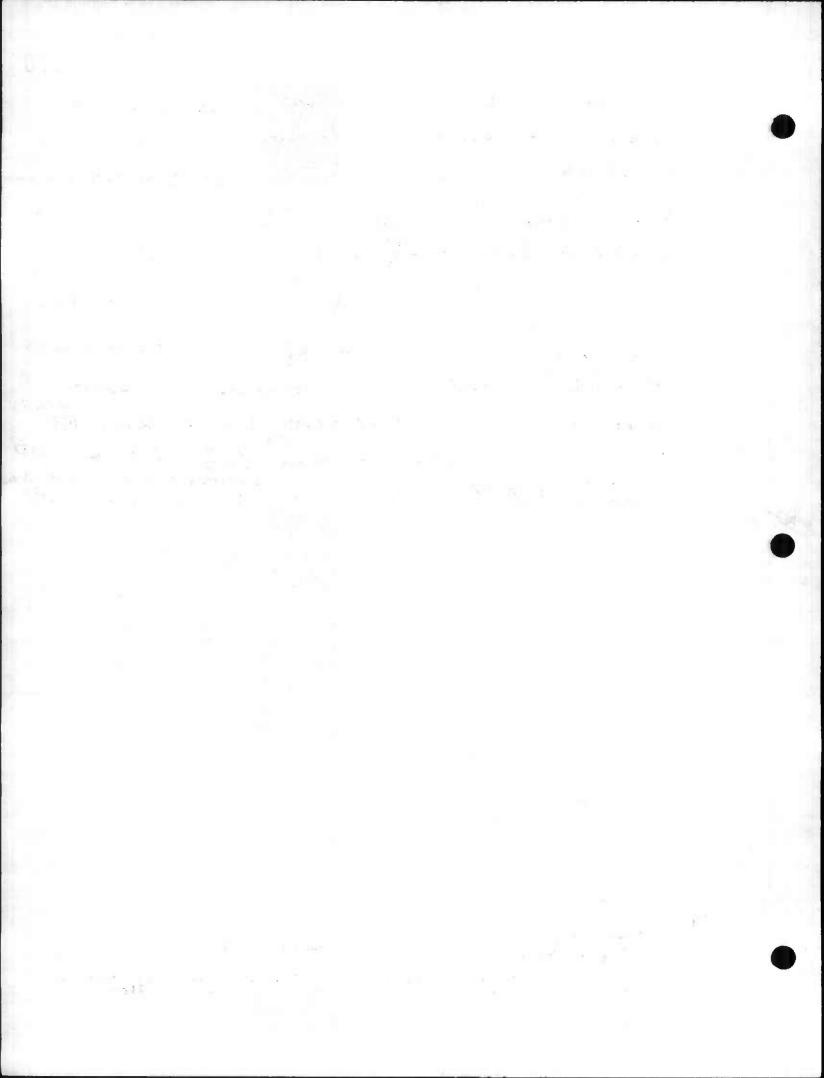
State of Maryland / Department of Health and Mental Hygiene

Physicia	an	1. Decedent's Neme (First, Middla, I	Last)	L		CHE	20 NE	2. Data of De Month	Dey	Yaar	3. Tima of Death
/Medic	al	4a. Facility Name (If not institution, s	give streat and n	umber)			4b. City, Town, or	レンソル Location of Daati		996 of Deeth	
		JUIVERSIM	05	MARMIL			BAUTA			1111	more
uneral irector		250-24-8805	Sax	7. Age (in yrs	s. last birthday) Q Yrs.	If Under 1 Yeer Months Days	If Undar 24 Hrs. Hours Min.	8. Dete of Bir (Month, Da	th ly, Year) 29,1924	9. Birthpl	lace (Stata or Fore try)  A Carel
N H		Usual Rasidence of Decedant  10e. Stete 10b. County		10c. C	City, Town or Loc	cation				10	0d. Inside City Lin
28a-f show	ctor	MD Carol	ine		Pres	ton					1□Yas 2
23a or 28a-f shoust be notified at	Funeral Director	10e. Street and Number 21269 Dove	r Bria	age R	d Lot	10f. Zip Coda 2/65	5		10g. Citizen of W		try?
al', or itema	by	11. Merital Stetus  1 Navar Married 2 Merried  3 Widowed 4 Divorced	Armed F	2.2 No Giva		Vas Decedent of I Yas, specify Cub	dispante Origin? (S an, Maxican, Puart Specify:	pecify Yas or No o Rican, etc.)	14. Race Black Specify:	- Americ k, Whita,	an Indien, etc.
natural', dical Ex	eted	15. Decedant's (Specify only highest (	Education	<del>f</del> )	16a. Deced	ant's Usual Occup	pation	rkina	16b. Kind of Bu	sinass/inc	dustry
the Me	Completed	Elamantary/Secondary (0-12) 8 th grade	Collega	(1-4or 5+)	1 1	OUSE W	during most of world)	Arig	Ho	me	make
000	To Be (	17. Fathar's Nama (First, Middla, La Richard	est)	out	en		18. Mothar's Nar		Maidan Sumami	e)	2
important: if item 27 is marked o any injury or other traumatic evo once.		19a. Informant's Neme/Ralationship  Joseph Cher  20a. Mathod of Disposition  Burial 2 Cremation 3  4 Donation 5 Other (Special Service Lice)	□Ramoval from cify)	(SON) 20b. G	Place of Dispos cemetary, cram	69 Desition (Nama of patory or other pla	(o) Park	Date June	Rd. Ph. 20c. Location - Glen Y	esta City or To Burn	wn, Stata
en g		Value ,	of Unis	11	11.2	10 -	11	< W)	Glen 1	Burn	Vie M
edical		23a. Part1. Entar tha disaasa, of so shock, or heert failura. List on Immediata Cause (Final disease or condition resulting in death)			ath. Do not anta		ng, such as cardiac	or raspiratory a			Approximata Intarval Between
edical iminer	er	Immediata Cause (Final	a. Po	Due to	Of EnAn	uance of):	DUEEDINE	or raspiratory a			Approximata Interval Between Onset and Deeth
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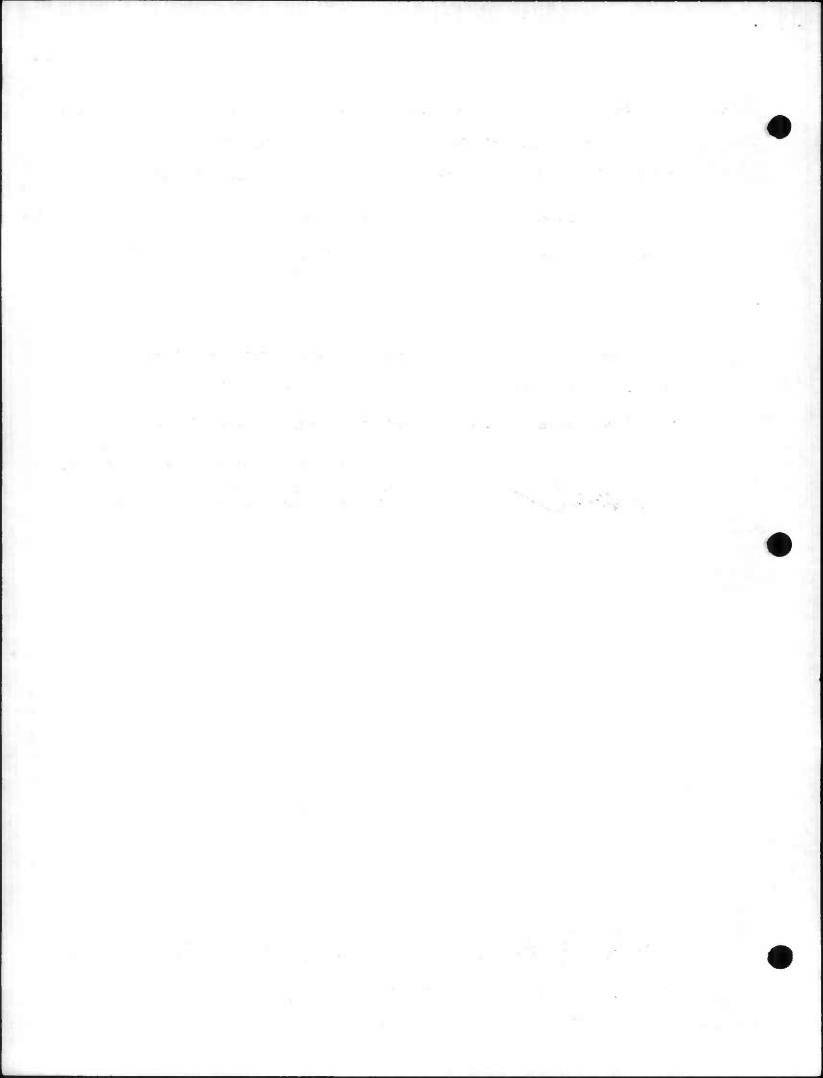
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Certificate of Death	Reg. No.	
	2 Date of Death	2 Time of Death

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Division  To the Hospital or Attend within 24 hours efter death	To the Funeral Direct completely filled in by	edical Certification:	29a. Certifier 1 Certifying Phyone) Certifying Phyone	/sician: To the best of and mannar sta	axamination and	, daath occurred Vor invastigatio	at the t	me, data end ple oplnion, deeth oc	ce, end due to the curred at the time	e ceuse(s) and ma , dete and pleca,	inner as s and dua t	statad. o tha cause(s)
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			30. Nama and addrass of person who	complated causa of da	ath (Itam 23a) (	Type, Print)	!	11	Ba (tim	11	20.1	1 21 -
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					Certifica	te of	Death	R	leg. No.		
Discussion.		1. Decedent'a Name (First, Middla, La						2. Date of Dea . Month		Vaar	3. Time of Death
Physici /Medio		Dorothy	Crawford					June	7°, 19	996	0912
Examin		4a. Facility Nama (If not Institution, giv	a street and number)			4	b. City, Town, or Loc	cation of Death	4c. County	of Death	
		Anne Arundel Me	dical Cente	r			Annapoli			ne Aru	ındel
Funeral Director		EI/ OO EIOE	ex 7. Aga (i □M 2□F	in yrs. last b	Yrs. If Und	ar 1 Yaar Days	If Undar 24 Hrs. Hours Min.	8. Date of Birth (Month, Day May 22,	Year) 1914	9. Birthple Counti Viro	ace (Stata or Fora y) jinia
		Usual Residence of Decedent  10a. Stata 10b. County	1	Oc. City. Toy	vn or Location					10	d. Inside City Lim
H sh	to	197-197. ILL - 197-	Arundel	Hano							1 □ Yas 2 □
128	Director	10e. Street and Number			10f. Z	ip Code		1	log. Citizen of V	What Count	y?
Mar o	ai D	1733 Maple Ave.				2107	6		US	SA	
turel', or items 23a or 28a-f show al Examiner must be notified at	by Funeral	11. Marital Status  1 Never Married 2 Married  3 V Widowed 4 Divorcad	12. Was Decedent Eve Armed Forcas? 1 Yes 2 No If Yes, Give Yaar or Dates:	er In U,S.	If Yes, sp	ecify Cuba	Ispanic Origin? (Spe in, Mexicen, Puarto F Specify:	cify Yes or No- Ricen, atc.)		e - Amarice ck, White, a	tc.
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o do	) Be	Percy Layne					Lula Jac		marcan coman	ray	
	2	19a. Informant's Name/Relationship (	Type Print)	19	h Mailing Addras	es (Stroot	and Number or Rura		r City or Town	State Zin I	Code)
r le		Donald Crawford					e., Hanove		21076	orara, Esp	3000)
if Health Itam 27 I other tra		20a. Method of Disposition		20b. Place	of Disposition (M	ama of		Date	20c. Location -	City or Tow	m, Stata
nent of I		1 ☐ Buriai 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specification 5 ☐	Removal from State		ary, cramatory or Green Mo		Cemetery 6	12/96	Baltin	more	Md
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s certificate director, pa	Be (	25. Was case referred to medical examinar?					28. Place of Death	(Check only or	na)		
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r death. actor: After th by the funera	Certification:	27. Manner of Death  1 Natural  2 Accident  5 Pending Invastigation	28a. Date of Injury (Month, Day Y		Time of injury	28c. Injur Wor 1 🗆	yat k? Yas 2 □ No	8d. Describe h	ow Injury occur	red	
efter deati Director: I in by the	ertific	3 Suicide 8 Could not be determined	28e. Place of Injury building, atc. (		arm, street, facto	ry, office	2	8f. Location (S City or Tow	treet and Numb n, Stata)	er or Rural	Routa Number,
hours uneral ly filled	edical C	29a. Certifier 1 Certifying Ph (Check only one)	ysician: To the best of n ninar: On the basis of ax and manner stated	amination a	e, death occurre nd/or invastigatio	d at the tir n, in my o	ne, date and place, a pinion, death occurra	nd dua to tha c nd at the time, d	ausa(s) and ma late and place,	annar as sta and due to	ited. tha cause(s)
n 24 h					2:	c. Licens	e number	2	9d. Date signe	d (Month, E	av. Year)
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Committee Philipping and the

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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Funeral Director		Social Security Number 220–44–5346	6. Sax 1 ☐ M 2		nge (In yrs. ias 98	t birthdey) Yrs.	If Undar Months	Yaar Days	If Undar Hours	24 Hrs. Min.	8. Date of Birt MARCH	<sup>h</sup> /24 <sup>a</sup> , <b>1</b> 898	9. Birthp	lace (Stata or Foreig
Aeryland f show ad at	1	Jsuai Residence of Decedent  0a. Stete 10b. Count	y N/A		10c. City,	Town or Lo							1	0d. Inside City Llmit
death with the Meryland ms 23a or 28a-f show r.must be notified at	1	0e. Street and Number	-			DAULI	10f. Zip (	Coda	21	215		10g. Citizen of V	Vhet Coun	ntry?
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P E DE C		3 Suicida 4 Homicide  8 Could not be datermined  28a. Place of injury - At homa, farm, streat, factory, of building, etc. (Specify)									28f. Location (S City or Tox		er or Rura	il Routa Number,
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours that county. Page 6 may be retained by the hospita	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH June 11, DAY 1996 YEAR 7:45 A Isadore Dixon 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 218-07-3685 1 M 2 - F 79 June24,1916 Virginia 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Maryland General Hospital DIRECTOR Baltimore City N/A RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MD N/A 1 X YES 2 | NO Baltimore FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2903 Forest Glen Road 21216 USA 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian. Black, White, etc. 1 Never Married 2 Married 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced Black. 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) H Elementary/Secondary (0-12) College (1-4 or 5 +) Information Desk City Hall COMPL 12th 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Herbert Dixon Emma Turner BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mary Dixon 2903 Forest Glen Road, Balto., MD 21216 20s. METHOD OF DISPOSITION
11 Burlal 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State rbutus Memorial Park 6/14 Arbutus, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE 23. PAPT . inter the diseases or complications that caused the death. Do not enter the mode of dying, euch ee cardiec or respiratory arrest, ock, Dr heert fallere. List only one cause on each line. Approximete interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition 2 days Bilateral Aspiration Pneumonia resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Chronic Atrial Fibrillation with Bradycardia 1 day CERTIFICATION Sequentieily list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO Dry Gangrene both heels 1 TES ZX NO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:
1414 patient 2 ER/Outpatient 3 DOA OTHER: ng Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At homs, term, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER

(Chack and CERTIFYINO PHYSICIAN: To like best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opigion, death occured at the time, date and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) H Westhew MA D25118 ▶ June 11, 1996 2

JUN 1 4 1996

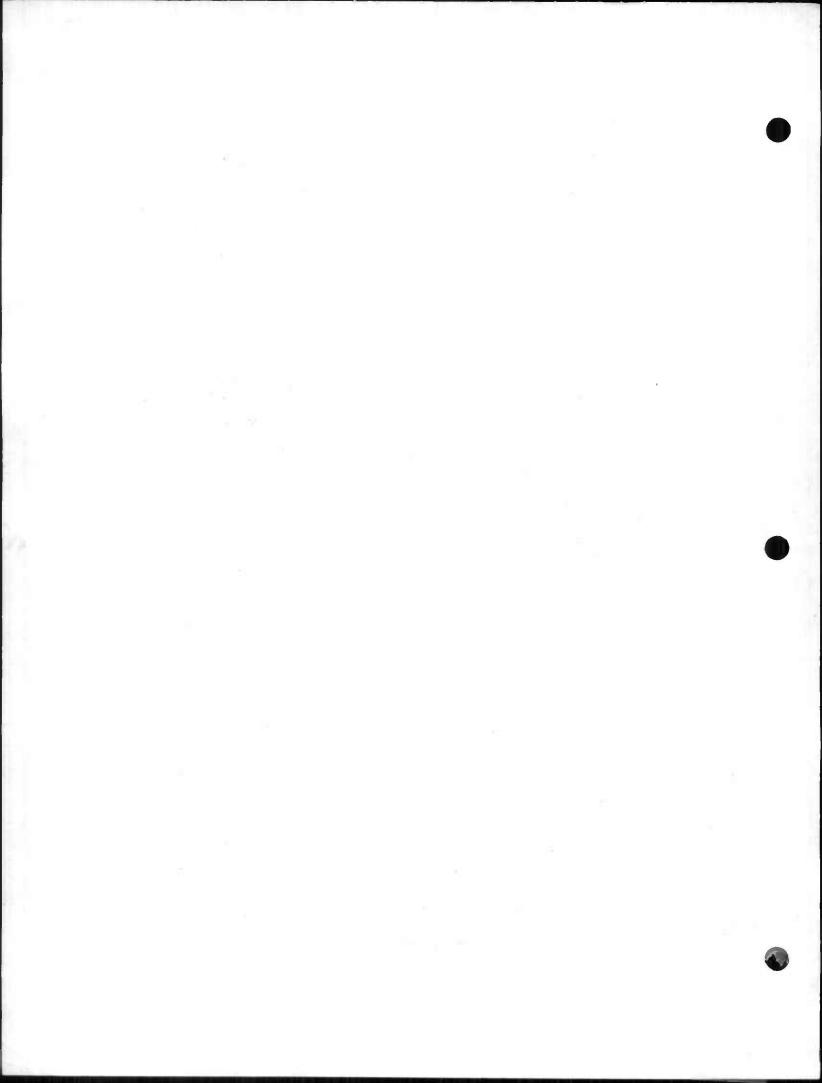
31. DATE FILED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

James Mathew, M.D. c/o Maryland General Hospital

A. BEGISTBAR'S SIGNATURE wha Davidson-Randall

DHMH-16 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the form. The form is precised by the intending physician and completely find in by the forms. Some 5 should be directed for use as the burial-transit permit. Pages 1, 2, 3 should be find within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation or minimal forms. The model of the forms are the burial-transit permit. Pages 1, 2, 3 should be find within 11 item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 touts I'll death. Page 6 may be retained by the hospital or attending physician.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

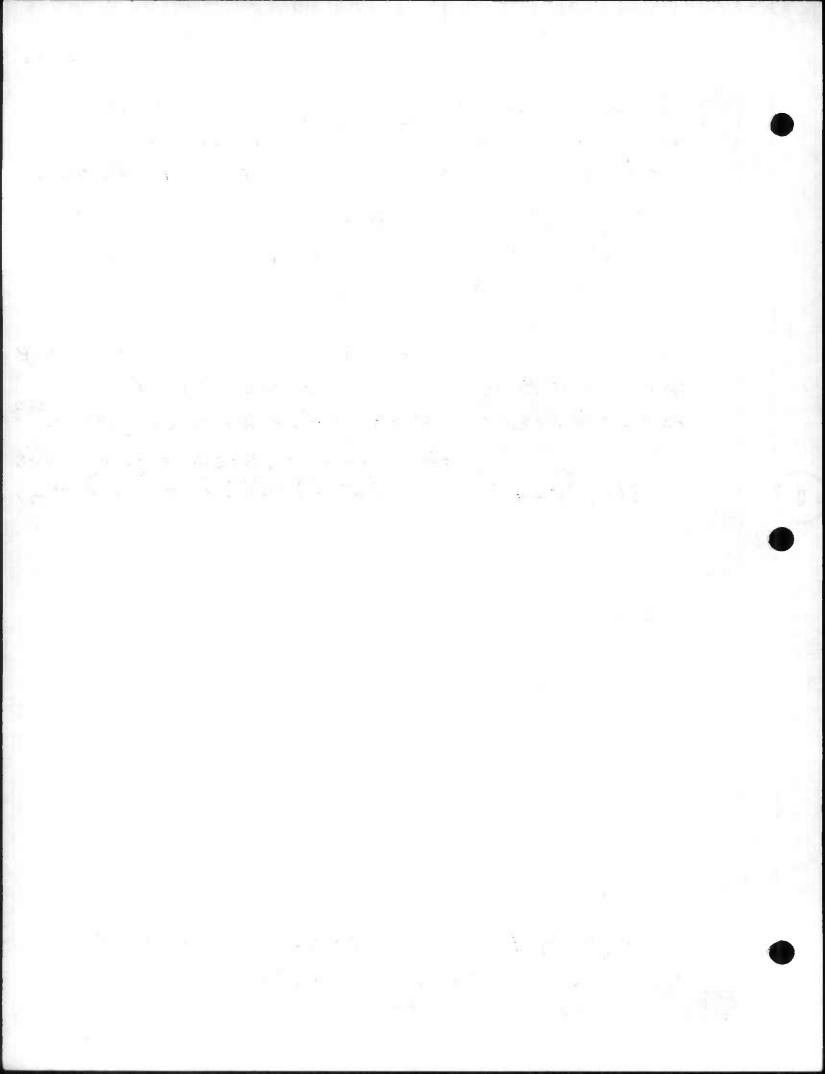
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	4. SOCIAL SECURITY NUMBER 216-01-4074		SEX	6. AGE (In yrs. In	, ,	IF UNDER	1 YEAR DAYS	IF UNDER	MIN.	7. DATE OF E (Month, De Aug . 2!	y, Ybar)	15	Countr	IPLACE (State or Foreign y)
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<u>[</u> [	RESIDENCE OF DEC		10c. CITY, TOWN OR LOCATION									10d. INSIDE CITY		
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AL	10e. STREET AND NUMBER						101	. ZIP COD				10g. CIT	IZEN OF V	VHAT COUNTRY?
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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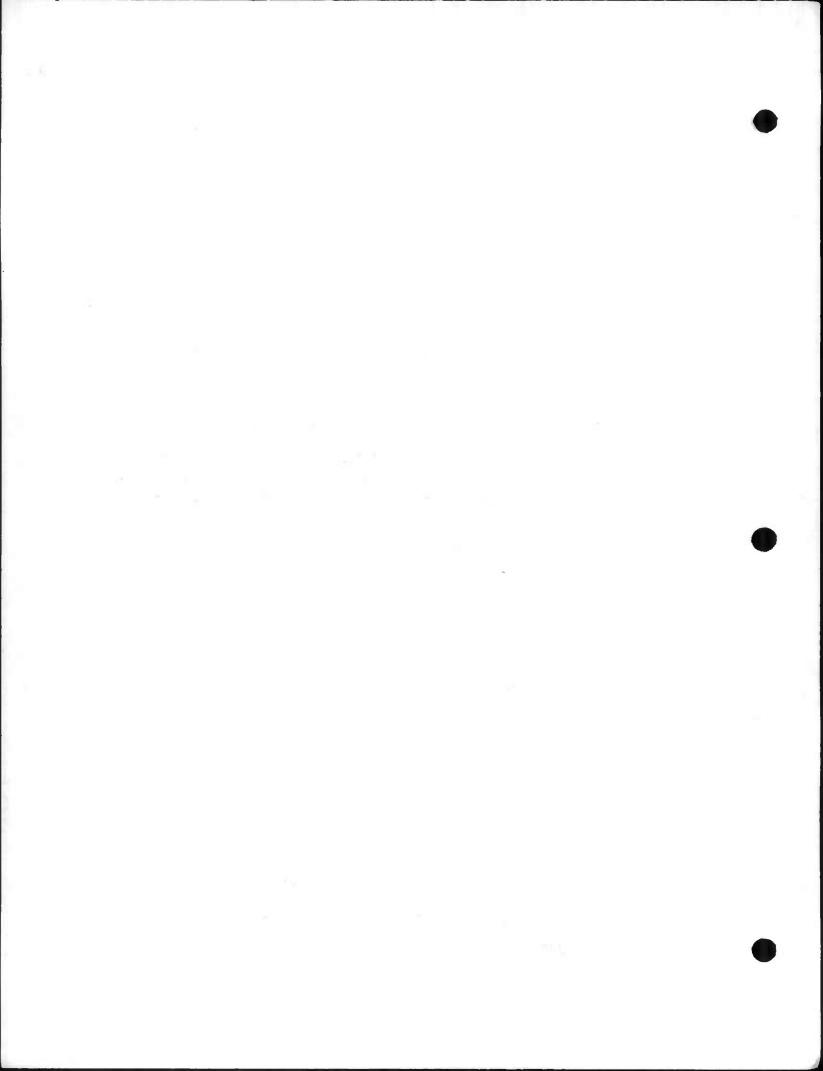
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# DIVISION OF VITAL RECORDS, P.O. BOX 68760,

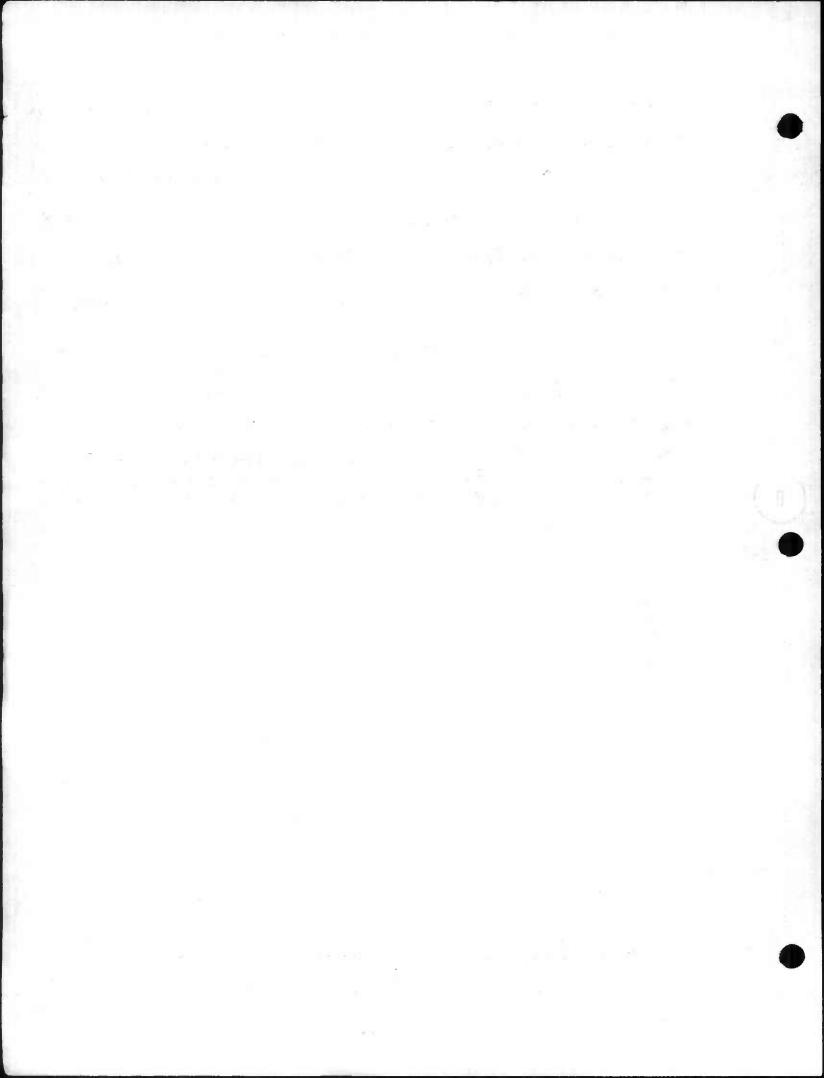
TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the least certificate be mecuned within cours into the course 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending available and properties that the properties of the prope
be filed within 72 hours after death with the State Dept. of Health and Mental Hygene prior to burial, cremation, or remonal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF	HEALTH AND	MENTAL HYGIEN		17000		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
	Lucy Racan	ello Franc	)			June 10	,1996 YE	8:15pm M		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. list birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH							IRTHPLACE (State or Foreign		
	040-12-0367	1 🗌 M 2 💢 F	85 yrs.			sept 4,	1910 <sub>N</sub>	ew York		
œ	8e. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH  1616 DOOL i + 1 - P.O. 2.4									
DIRECTOR	1616 Doolittle Road Essex Balt:									
REC	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION ESSEX									
					Lase			LIMITS?  1 TES 25 NO		
FUNERAL	100. STREET AND NUMBER	11- 71		1	Of. ZIP CODE	01001		OF WNAT COUNTRY?		
JNE	1616 Doolit	12. WAS DECEDENT EVER IF	NIIS ADMED	12 44 6 0	CENDENT OF HIGH	21221  INIC ORIGIN? (Specify Ye		SA		
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, a		an, Puarto Rican, etc.)		RACE — American Indian, Black, White, alc.		
ВУ	3 🔀 Widowed 4 🗌 Divorced				.s <u>X</u> speci	y.	1	White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	PCATION 9 completed)	16a. DECEDENT'S (Give kind of v	vork done during r	TION nost of working	16b. KIND OF BU	SINESS/INDUST	RY		
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+) 2yrs	Assembl		rker	Pitne	y Bowes			
МО	17. FATHER'S NAME (First, Middle, Last)	2110	Modelino	Juliche		AME (First, Middle, Maider				
BE C	Vito Racar	nello			2277 2727	nown	Collinging			
TO B	19a. INFORMANT'S NAME (Type/Print)		196. MAILINO	ADDRESS (Street	<u> </u>	Route Number, City or Tov	vn, State, Zip Code	p)		
٦	Marie Gallac	Ţi	1616	Dooli	ttle Ro	ad Balti	more M	d. 21221		
	20a. METHOD OF DISPOSITION  1 1 Burlal 2 Cremation 3 Ram		netery, crematory or of			1 1	CATION - City			
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LI		John R		AND ADDRESS OF F	14/96 Dar	ien Cor	necticut		
	· R T		00			neral Ho	me of	Essex		
$\dashv$	23. PART I. Enter the disesses, or	y Cons	elly	300	Mace Av	e. Balti	more M			
	shock, or heart failure:	List only one cause on e	ach line	wt enter tha ir	ode of dying, suc	on es cardiac or reep	iratory arrest,	Approximats Interval Between Onset and Daath		
	immediate cause (Finsi disease or condition resulting in death)  a. CONGESTIVE CARDIOMYOPATHY									
	resulting In death)	DUE TO (OR AS A	CONSEQUENCE OF	DTOWAO	PATHY			MONTHS		
Z	Sequentially list conditions,	ATHEROSO	CLEROTI(	CARD	IOVASCII	LAR DISEA	SE	YEARS		
ATIC	If sny, leading to immediate cause. Enter UNDERLYING	DUE TO OR AS A	CONSEQUENCE OF	T: 011112	20111000	Dim Diodi	101			
FIC	CAUSE (Disease or Injury that initisted events	C. DUE TO (OR AS A	CONSEQUENCE OF	j):	_					
CERTIFICATION	resulting in death) LAST	d.								
	PART II. Other eignificent condition	na contribution to death b	ut not requiting i	n the underlyl	na naven alven la	Part I ac man				
CAL						PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE		
ED		TRIAL FIBRI	ILLATION	A , DIA	BETES	1 YES	NO	OF DEATH?		
2	DID TOBACCO USE CONT	STROKE RIBUTE TO CAUSE O	F DEATH YE	S INO I	UNCERTAI	N []		1 Nes 2 No		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEAT	H (Check only one						
YSIC	1 VES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Oulp	entlant 3 🗆 DOA	OTHER: 4 Nursing Ho	me 5 Rasidenca	6 Other (Specify)				
H	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM		JURY AT	28d. DESCRIBE HOW	NJURY OCCURE	D		
BY	2 Accident Investigation	00- 01-05-05-10-05-0			YES 2 NO					
	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, etc. (Spec	— Al nome, farm, a	treet, factory, off	ca	28f. LOCATION (Street City or Town, State	and Number or Ru )	irel Route Number,		
9	29a. CERTIFIER	IOIAN To the standard of								
COMPLETED		ICIAN: To the best of my knowl ER: On the basis of examination						staft) and manner as stated		
	296. SIGNATURE AND TITLE OF CERTIFIE	- A - A - A - A - A - A - A - A - A - A			29c. LICENSE NU			NED (Month, Day, Year)		
H		7/1/2	0.		H355			E 11, 1996		
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,							
	DR. JOHN J.	LOH 1124 M	MACE AVE	E., BA	LTIMORE	, MARYLAN	ID 2122	21		
	31. DATE FILED (Month, Day, Year)	32. SEGISTRAPE SIGN	ATURE Handall	9						
	JUN 1 4 1990	3 0		gund						



State of Maryland / Department of Health and Mental Hygiene

					C	ertificate	of Death	B	eg. No.		, , ,	300	
			1. Decedant's Nama (First, Middla, Las	it)				2. Data of Deat	h		3. Tima o	t Death	
	Physic		KENNETH	GETZ				June	Day	99L	5:04	Y AM.	
	/Medi Exami		4a. Facility Nama (If not institution, give	street and number)		-	4b. City, Town,	or Location of Death	4c. County			1 (1.201)	
			JOHNS HULKINS	140511741	4		BALTI	NURE CHY	BALT	IMU	KE		
	Funeral Director		5. Social Security Number  2.2.0 - 1.2 - 6.147  Usuat Rasidence of Dacedant	ax 7. Aga (In y		Months	Yaar If Undar 24 I Days Hours M	Hrs. 8. Data of Birth (Month, Day,	Year)	9. Birthpia Country			
	inyland thow		10a. Stata 10b. County		City, Town o					100	d. Inside C		
;	the Mc	MD A.A. Sever N  10e. Street and Number 10f. Zip Code 10g. Citizan of the code 10g. Citizan of t							On China at 1	1 Yas 2 No		2 No	
1	s 23e or	Funeral Director	773 MARTIN CO			2	1144		U.	S.A.			
21215-0020	De filed within 72 hours aftar death with the Maryland stall thygians and other than "naturel", or items 23e or 23e-f ahow event, the Medical Examinat must be notified at	by	11. Marital Status  1 Navar Married  3 Widowed 4 Divorced	12. Was Decedent Evar in Armed Forcas? 1 SYas 2 □ No If Yas, Giva Yaar or Datas;	i U,S.	It Yas, specif	nt of Hispanic Origin? y Cuban, Maxican, Pu No Specify:	(Specify Yas or No- uarto Rican, atc.)	Specify	n Indian, Ic.			
2-0	72 h	etec	15. Decedant's Ed (Specify only highast grad	ucation da completed)	16a. De	ecedant's Usual	Occupation dona during most of	working	16b. Kind of Bu	usinass/Indu	etry		
12	within ana. than	Completed	Elemantary/Secondary (0-12)	College (1-4or 5+)			dona during most of retired)		PRODUCTS		5		
	Hygis If, II		17. Father's Nema (First, Middia, Last)		300	EKALZOK		Nama (First, Middla, M					
	should be filed nd Mantal Hygis marked other imatic event, to	o Be	_	ETZ			L1441		LLER	ray			
2	should nd Mar marks umatic	70	19e. Intormant's Name/Ralationship (7		19b. M	eiling Addrass /		Rurai Routa Number		Stata Zin (	Code)		
	alth ar 27 is r trau		MARIE E. GETZ	(WIFE)				SEVERN			,		
imore,	of the H		20a. Mathod of Disposition	20t	. Plece of Di	sposition (Nema crematory or oth	of erplace)	Data	20c. Location -	City or Tow	m, Stata		
E .	Pagas nent of I int: If its iry or o		1 Burlal 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Othar (Spacify	Ramoval from Steta	COW NSY	LLE V.	2 CEMETERY	6 14 96 1	MILLERS	VILLE,	Du		
all	perprit. Pagar Department of Important: If it any injury or once.		21. Signature of F gral Sarvice Licens	1) 26.	01			AYMOND C.					
Ų.	4		23a Part1 Friar the disease or comp	incations that caused the di	eath Front	enter the mode	of dylon, such as care	. W. G-LEN	DU K, DIE		Approximal		
	hysician		23a. Part1. Erfar tha disaasa, or comp shock, or haart failura. List only	ne causa on each lina.	agui.	antai tha mooa	or dying, soon as care	siac or raspiratory arre	<b>191</b> ,	1 1	Intarval Bet Onset and	tween	
	hysician /Medical		Immediata Causa (Final	1 . 5.2 4 5	4=						1		
E	Examiner		disaasa or condition rasulting in daath)	a. ANUXIC		sequence of):	LOPATHY			1 99	LO	0/7	
_		je.		5	2 1.								
	Icata be axecuted physician and s tha burial-transit	Examiner	Sequentially list conditions.  b. NYUCHADIAL TNFARCTION  Dua to (or as a consequence of):									13045	
o	an ar		if any, leading to Immadiata causa. Entar Undartving	>5 400			000						
68760,	ata be habic	edical	Cause (Diseese or injury thet initiated evants rasulting in death) Last	SILASE			1	017					
9	ing pl	Mec											
O D	thend or us	lan/		d				-					
0	the a	Physician/	Part II. Other significant conditions co	ntributing to death but not r	rasulting In th	e undarlying cau	sa given in Part I.	23b. Did to	bacco use co	ntribute to t	the cause	of death?	
1	es that the death certific igned by the attending p be detached for use as	/ Ph	HYPERTENSI	0~				1 🗆 Ye	8 212 No	3 Probe	ibly 4	Unknown	
DIVISION OF VITAL RECORDS, P.O. BOX	Ine law requires that the death certificate be assected to has been signed by the attending physician and paga 2 should be detached for usa as tha burial-transit	Completed by						24a. Was a perform		avail	a autopsy lable prior i pletion of c aath?	to	
He He	ata has	d L							_/				
<u> </u>			05 141					1 □ Y8	1 12	10	Yas 2	No	
5	ysician: is certific director,	o Be	25. Was casa ratarred to medical axaminar?	Hospital:			Other	Daath (Check only on					
0	ration of the second	1: To	27. Manner of Death			tlent 3 DOA	4 LI Nursin	g Homa 5 ☐ Rasida					
sion	or attending Proystoten: after death. Director: After this certific i in by the funeral director,	cation	1 ☑Natural 5 ☐ Panding Invastigation		) Inju	M	: Injury at Work? 1 ☐ Yas 2 ☐ No		28d. Dascribe how injury occurred				
֝֟֓֓֓֟֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	s aftar d N Direct ed in by	Certification:	3 Sulcida 4 Homicida  City or Town, Stata								Routa Nun	nber,	
Month	To use nospital or Attanding Fri within 24 hours after death.  To the Funeral Director: After the completely filled in by the funeral	edical	29a. Cartifier 1 ☐ Certifying Phy (Check only one)	stclan: To the best of my k inar: On the basis of axami and mannar stated.	nowledge, da ination and/or	aeth occurred at r invastigation, In	the time, deta and pla my opinion, daath o	aca, and due to the ca courred et the time, de	use(s) and ma eta end placa,	innar as stat and due to t	ted. he cause(:	s)	
2	Withir To the	Me	29b. Signatura and titla of certifiar			29c. l	icansa number	2	9d. Data signe	d (Month, Di	ay, Year)		
			I whalk A	the mil			11191		Tues	1)	1991		
	17/		30. Nama and addrass of person who co	omplated causa of death (If	lam 23a) (Tvi	pe, Print)	Verili	& Street	une	11,	116		
	1-		Cualter Atha Md. Ju			600 N	uth . 1.11	- Street	Salt	mere	Mar	1601	
	Sta	te	31. Data filed (Month, Dey, Year)	32. Registrarts Sig	1		VI SW VI			7	,	47.8	



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** Month Year 1/1am 6 96 /Medical 4a. Facility Nama (If not institution, giva street and number, 4b. City, Town, or Location of Daath 4c. County of Death **Examiner** Ball NA Maror 7. Aga (in yrs. last birthday) If Undar 1 Year SeloN Il Undar 24 Hrs. 8. Data of Birth (Month, Day, 5. Social Sacurity Number 6 Sax Birthplaca (Stata or Foraign Country) **Funeral** 198M 2□F Days 220-30-569 Director 12 Usual Rasidance of Dacedent 10a State 10b. County 10c. City, Town or Location 10d. insida City Limits 7 is merked other then "natural", or items 23a or 28a-f show traumstic event, the Medical Examiner must be notified at Yas 2 No MD Ballimore Director NA 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? Strail USA 501 Funeral 14. Raca - Amarican indian, Black, Whita, atc. 12. Was Decedant Evar in U.S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status permit. Pages 1 and 2 should be filed within 72 hours after to Department of Heelth and Mentel Hygiene. Important: If Hem 27 is merked other than "natural", or then any injury or other traumable event 1 ☐ Nevar Married 2 Married 1 ☐ Yas 254No If Yes, Give Yaar or Datas: Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Black þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Decedent's Education (Specify only highast grada completad) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) College (1-4or 5+) Custodian 1274 CLEGNING NK 17, Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Sumama) HUNIER 19a. Informant's Name/Ralationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Joseph Gordon -Ballinor, MD 21202
Data 20c. Location - City or Town, Stata 831 E. Chase 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata TD Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 6-14-96 Cem LANSdOWNE, MD 4 Donation 5 DOthar (Specify) MI. ZION 21. Signature of Funaral Sarvice Licansia 638N. Gilmon St PWYLie 23a. Part1. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Batwo Onset and De Physician /Medical Immediate Ceuse (Finel disaasa or condition rasulting In daath) unknown ERMINA Examiner Due to (or as a consequence of): Examiner physician end s the burief-transit nl be executed Sequantially list conditions, if any, laading to Immadiata causa. Enter Underlying Cause (Diseasa or Injury that initiated events rasulting in death) Last Dua to (or as a consequence of): Box 68760 Physician/Medical Dua to (or as a consequence of): 80 980 ò Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. the 23b. Did tobacco use contribute to the cause of death? signed by t 3 Probably 4 Lunknown 1 ☐ Yes 2 ☐ No by 24b. Wara autopsy findings available prior to complation of cause of death? Completed 24a. Was an autopsy performed? page 2 s 1 ☐ Yas 2□ No certificate or Attending Physician: director, 25. Was casa rafarred to madical Be 26. Placa of Death (Check only ona) axaminer? 1 ☐ Yas 2 ☐ No Other: 4 Nursing Homa 5 Residence 6 Other (Specify) Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28d. Dascribe how injury occurred 28b. Tima of 28c. injury at Work? After 5 Panding invastigation 1 Watural nours after death.

neral Director: After
y filled in by the fun 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be datamined 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) Piace of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 4 Homicida Hospital of 24 hours a
 Funeral D 29a. Certifier 1 Certifying Physician: To tha best of my knowledga, death occurred at tha tima, date end place, and dua to tha causa(s) end mannar as stated. Medicai To the Hosp within 24 ho To the Fune completely fi (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner steted. 29b. Signatura and titla of certifiar 29c, Licensa number

100

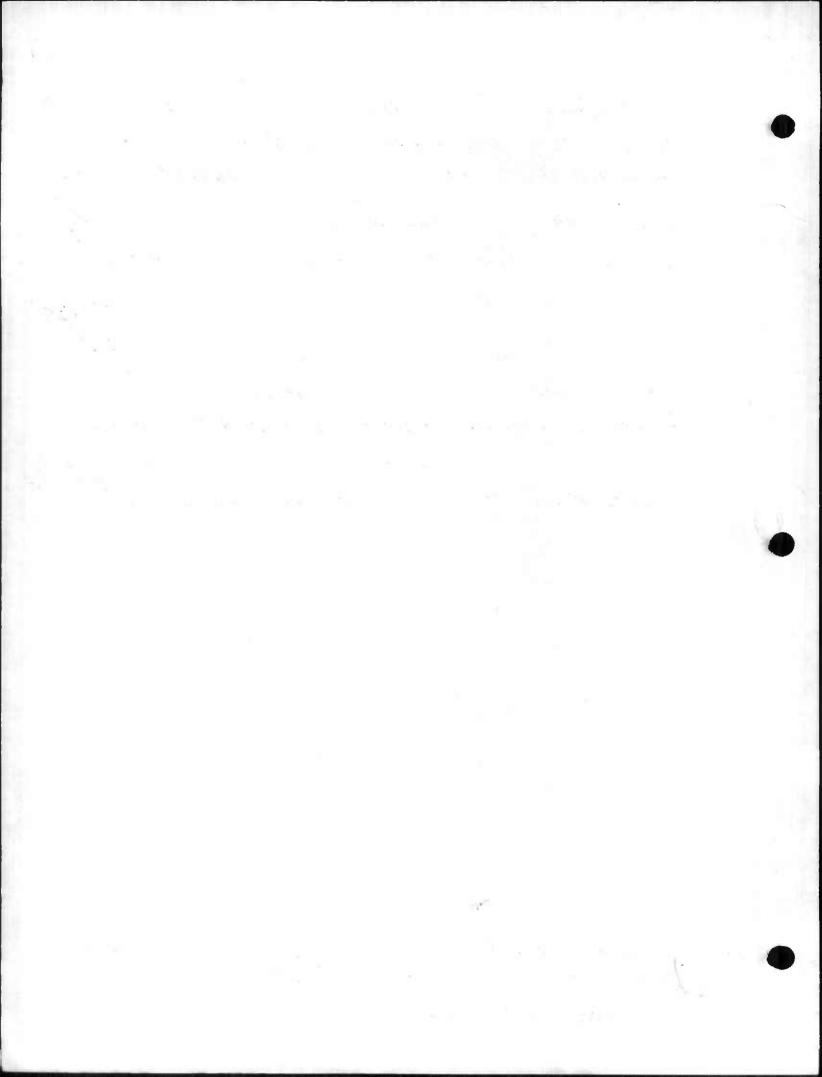
CATHEDRA

State Registrar BAL 32. Registrar's Signeture

M

30. Nama and address of person who completed causa of daaty for

31. Date filed (Month, Day, Yaar)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Deta of Death 3. Tima of Deeth **Physician** 1996 6:00 PM Diane JUNE /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Good Samaritan Hospital Baltimore N/A If Under 24 Hrs. 8. Deta of Birth (Month, Day, Ye Sept. 14, 5. Social Security Number If Under 1 Year 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foreign **Funeral** Year) 1928 Months Days 10M 20 F Yrs 217-24-6057 67 Director Maryland Usual Rasidenca of Dacedant with the Marylence 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits ir than "natural", or Itema 23a or 28a-f ehow The Medical Examiner must be notified at 1 Yas 2 □ No Directo MD N/A Baltimore 10e. Street end Number 10f. Zlp Coda 10g. Citizan of What Country? 3614 E. Northern Pkwy 21206 USA permit. Pages 1 and 2 should be filed within 72 hours after death 1 Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or Itema 28 any Injury or other traumatic event, the Modical Event and 280.89. Funeral 12. Wes Decedant Evar In U,S. Armed Forcas? 11. Marital Status Wes Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. Reca - American Indian, 1 ☐ Yes 2 ☑ No If Yas, Giva Yeer or Dates: 1 ☐ Nevar Married 2 ☑ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No þ Specify. Specify: White 3 Widowed 4 Divorced Completed Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highest grada completed) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) College (1-4or 5+) 12 Allied Signal Program Analyst 17. Father's Nema (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maiden Sumama) Be William Poehlman Mary Evans P 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 3614 E. NOrthern Pkwy., Baltimore, MD Harry J. Gibbons 20b. Place of Disposition (Nama of cemetery, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1X Burial 2 ☐ Cremation 3 ☐ Ramovel from State 6/17/96 Parkwood Cemetery Baltimore, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Furniral Sarvice Licensee 22. Nama and Addrass of Facility ALTENBURG FUNERAL HOME, P.A. Enter the disease of complications that cause the death. Do not enter the mode of dying, such as cardiec or respiretory arrespice, or heart failure. Use only one cause on each in the control of the con 6009 Harford Rd., Baltimore, MD Approximata Intarval Between Onset and Deeth Physician tmmediata Causa (Final disaasa or condition rasulting in daeth) RESPIRATORY FAILURE /Medicai Examiner Examiner UNG ADENDCARCHIMA The law requires that the death certificate be executed physician and s the burial-transit Sequentially list conditions, if any, leading to immadiate cause. Entar Underlying Cause (Disaase or Injury that initieted events resuiting in daath) Last Physician/Medical Dua to (or as a consequence of): 88 for use signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Š 24b. Wara autopsy findings available prior to completion of causa of daath? 24a. Was an autopsy page 2 should certificate has 1 Yes 2 No 1 Yas 2 No Hospital or Attending Physician: 24 hours after death. director 25. Was case referred to medical examinar? Be 26. Placa of Death (Check only ona) Hospital: Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) P 1 Yas 2 No 1 Inpatient 2 ER/Outpatient 3 DOA After this 27. Manner of Deeth 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Describe how injury occurred Certification: 1 Natural 2 Accident 5 Panding invastigation 1 Yas 2 No after death Director: 6 Could not be datarmined 3 Suicida 28e. Place of Injury - At home, farm, straat, factory, office building, atc. (Specify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, State) filled in by 4 Homicide n 24 ho... 29e. Certifiar 1 Certifying Physician: To tha best of my knowladge, death occurred et the tima, data and place, and dua to tha causa(s) and mannar as steted. Medical completely (Check only one) 2 Medical Examinar: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. within 2 To the I To the 29b. Signatura and title of certifles 29d. Date signed (Month, Day, Year) 29c. License number person who complated causa of death (Item 23a) (Type, Print).

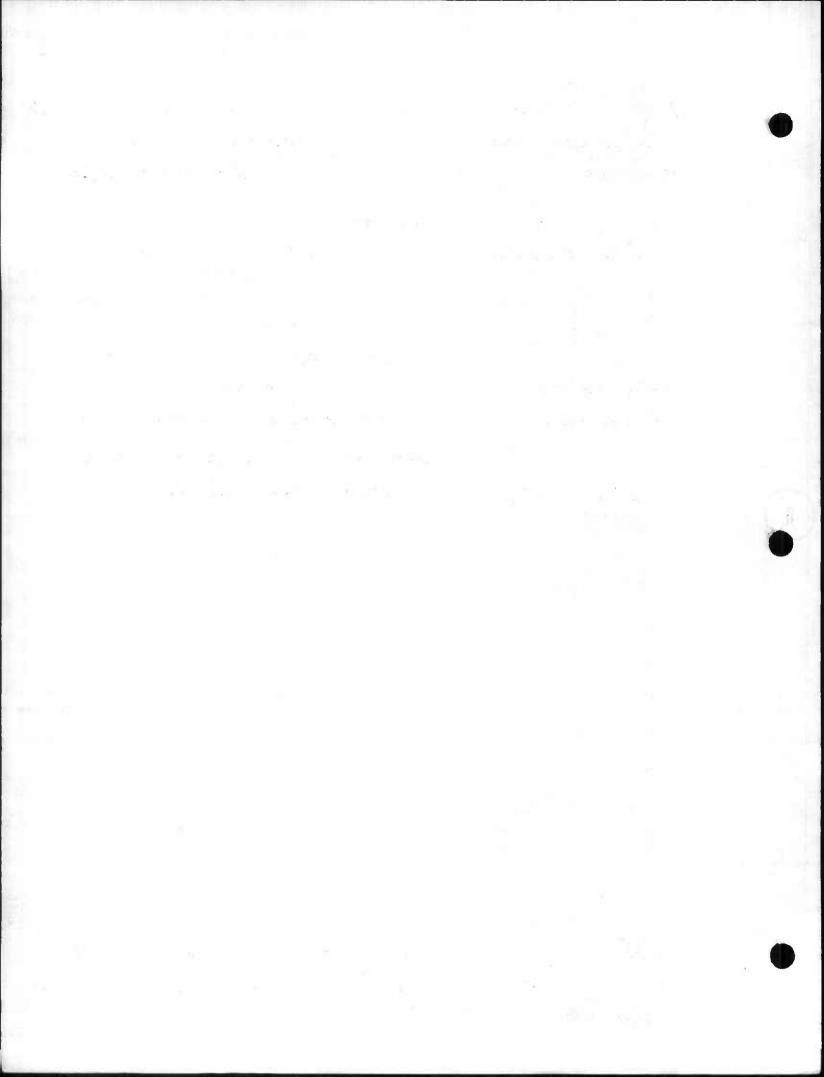
SAMARIAN HUSPITAL

State Registrar

JUN1 4 1996

32. Registrar's Signature

Division of Vital Records, P.O. Box 68760,

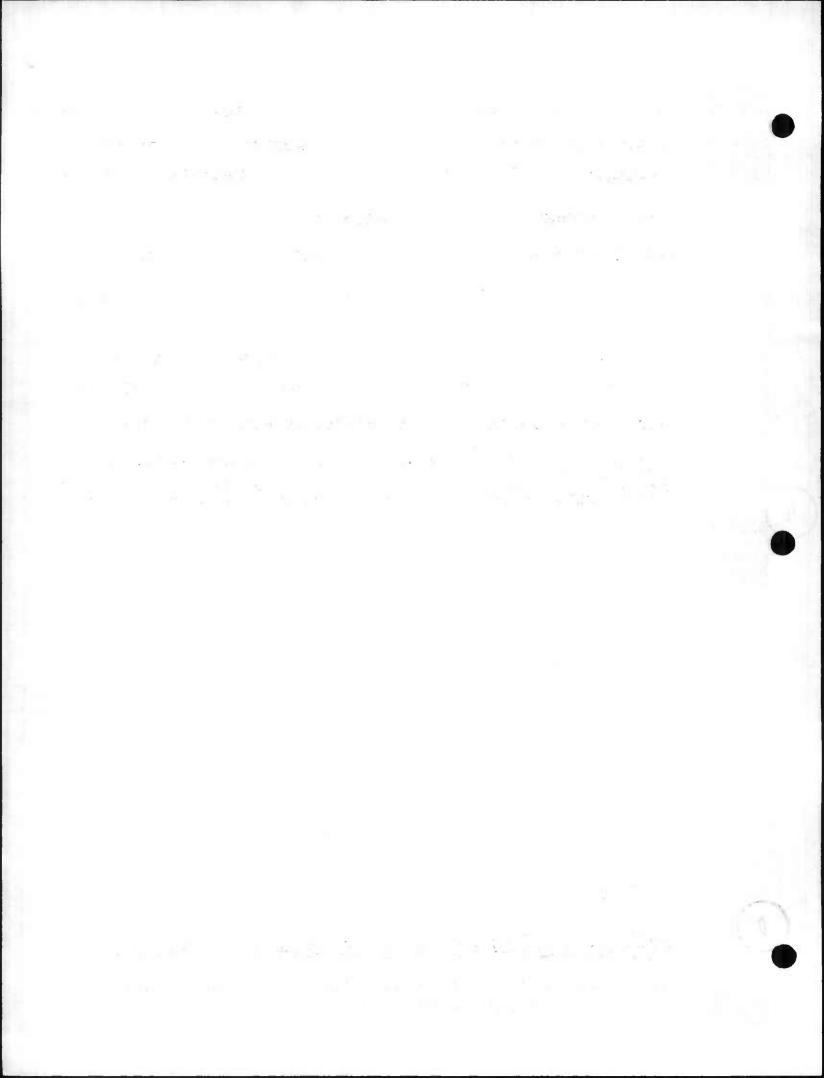


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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				Cert	illicate o	Death		Reg. No.			
	Physic		1. Decedent's Nama (First, Middle, Last)  EDWARD ERNEST HEISER A.K.A. ERN	IEST EDI	WARD HE	ISER	2. Data of Do Month June 8	Day	Yaar	3. Time of Death 1:05 p.m	
	/Medi Exami		4a. Facility Nama (If not Institution, give street and number)  Lorien-Riverside Nursing & Reha	th Con	ton	4b. City, Town Belcam	or Location of Dear	th 4c. County		T-00 John	
	Funeral Director		5. Social Sacurity Number 6. Sex 1 № 2□ F 80		If Under 1 Yes Months Day	r If Undar 24		ay, Year)	9. Birthple Countr	aca (Stata or Foraign ry) York	
	Marylend of show	tor		, Town or Local	ation				10	d. Inside City Limits 1 ☐ Yas 2 1 No	
	or 284	Oirec	10e. Street and Number		10f. Zip Code			10g. Citizan of	What Counfi	ry?	
	eth wi	rai	400 David Court		21015			U.S.A.			
21215-0020	ire, Maryland 21215-0020 s 1 and 2 should be filed within 72 hours after deeth with the Maryland f Heelth and Mental Hygiene. Item 27 is marked other than "natural; or items 23s or 28s-f show other traumstic avant, the Maryland Evantine must be notified at	by Funeral Director	11. Marital Status  1 Navar Married 2 Married  3 Widowed 4 Divorced  12. Was Dacedent Evar In U. Armed Forcas?  1 X Yas 2 No If Yas, Giva Yaar or Datas: WW 1 1		/as Decedent of Yas, specify Cu □ Yas 2 🗓 N		? (Specify Yas or No uarto Rican, atc.)	Specifi	ce - Amarica ck, Whita, a		
15-0	netu	Completed	15. Decedant's Education (Specify only highast grada complated)	16a. Deceda (Giva k	ant's Usual Occ and of work don	upation a during most of red)	working	16b. Kind of B	usinass/Indu	ustry	
212	withir iene. then	dmo	Elementary/Secondary (0-12) Collega (1-4or 5+) 6 UCULS		e Speci		U.S. Gov		iont		
	buid be filed with Mental Hygiene. arked other than atic avant, the M	BeC	17. Fathar's Nama (First, Middla, Last)	, , , , ,	с оросс	T	Nama (First, Middle			Cive	
ylaı	should bund Menta	To	Fred E. Heiser	ie Mohr							
Maryland	12 sho h and h and reum		19e. Informant's Name/Raiationship (Type, Print)				r Rural Routa Numb			Code)	
	1 and Heelth		David Heiser (Son)  20a. Mathod of Disposition 20b. Pi				Bel Air,	Md. 210		vn Stata	
Itimore,	rtment or			sau Kn		etery	6/10/96				
Baltij Baltij	Depart of the state of the stat		21. Signature of Funaral Salvice Licensaa	Sc	Nama and Add himunek O W. Ma	Funera	l Home of Road, Bel	Bel Air Air, Mo	i, Inc	014	
68760,	Certificate be executed from the private as the buriel-transit as	n/Medical Examiner	Sequantially list conditions, if any, leading to immadiate causa. Entar Undarlying Cause (Disaase or Injury	as a conseque	sence of):	dise	ine		54	ens	
P.O. Box	es that the death cer igned by the attendir be detached for use	Physician/	Part II. Other elgoiticant conditions contributing to death but not resu	itting In the unc	darlying causa (	given in Part f.		The same of the same of		the cause of death?	
	.= or -p	by	all Neiner is	dis	leli	2	24a. Was	Yee 2□ No	3 ☐ Probe	re autopsy findings	
Vital Records,	The law requate hes been page 2 should	Completed						Yas 20 No	of de	plation of cause eath?	
ital		BeC	25. Was casa rafarred to medical axaminar?			26. Placa of	Death (Check only	ona)			
Division of V	Physical di	Certification: To	1 Yas 2 No Hospitel: 1 Inpatiant 2 E 27. Mannar of Death 1 Natural 5 Panding (Month, Day Year) 1 Accident Invastigation	ER/Outpatient 28b. Tima of Injury	28c. fn			how Injury occur	rred		
DIVI	Hospital or Attending 24 hours after death. Funeral Diractor: After stely filled in by the fune	1 " T	1 3 ☐ Sulcida 6 ☐ Could not be determined 5 ☐ Could not b								
	Hosp 24 hos Fune etely fi	edical	29a. Certifier   Certifying Physician: To the best of my know (Check only one)   Medical Examiner: On the bast of axaminations)   one)   one)	viedge, deeth o ion and/or inva	occurred et the astigation, in my	time, deta and p opinion, daath o	lace, and dua to tha occurred at tha tima,	cause(s) and ma data and place,	annar as sta and dua fo t	ited. the cause(s)	
	To the To the comple	Me	29b. Signatura and little of certifier		29c. Lica	nsa number	29	29d. Data signe	ed (Month, D		
			30. Name and addrass of person who complated cause of deeth (Item	23a) (Type, P	Print) The	01.	00.0	(h. )	111		
	Sta Registr		31. Data filed (Month, Day, Year)  32. Begistrar's Signet  11 IN 1 1006  4444  4444  4444  4444  4444  4444  4444	ura nde		- Cu	ne jul	an Z	100		

DHMH 16 Rev 6/95

BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68769

10 THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours are used. Finally be retained by the hospital or attending physician,
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermin Panes 1.2
be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burfal, cremarian, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

											ned. NO				
	1. DECEDENT'S NAME (First,	Middle, Last)		11.						2. DATE	OF DEATH	AY	YEAR	3. TIME OF DEATH	
	Victoria				rmar	?				Jun 11 199			1996	10:55am	
	4. SOCIAL SECURITY NUMB		5. SEX	8. AGE (In yrs.		IF UNDER	DAYS	HOURS	R 24 HRS.	7. DATE (Mont	OF BIRTH		6. BIRTHP Country)	LACE (State or Foreign	
	214-24-37		1 M 2 X F	91	YRS.	months.	J. I	HOUNA	marry,		23,	1904		NC	
~	9a. FACILITY NAME (If not in												NTY OF DE	ATH	
DIRECTOR	Bayview Me						Ba:	ltim	ore				n/a		
<u>မ</u>	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCA	TION					1	10d. INSIDE CITY	
뜸	MD			n/a					1 t.i	more	7			LIMITS?	
	10e. STREET AND NUMBER						10	f. ZIP COD				AT COUNTRY?			
FUNERAL	3802 Gra	ntley	Rd.						212	15				SA	
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	ARMED						17 (Specify Yes	or No-		- American Indian, White, atc.	
BY	1 Never Married 2 3		IF YES, GIVE W	YES 2	ZUND	If yes, specify Cuban, Mexican, Puerto Rican, etc.)							Black, Specify.		
						Black									
TED	(Specify only	highest grade	completed)		OECEDENT'S	work done	during mo	ON ost of workli	ng	16b	KIND OF BUS	SINESS/IN	DUSTRY		
	Elementary/Secondary (0-	-12)	6yrs.	•)	life. Do NOT us	LPI					Heal	t.h	Care		
COMPLET	17. FATHER'S NAME (First, Mi	ddle, Lesi)	ojib.		_			16 MOT	HED'S NA	ME (Elm)	Viddie, Maiden		0416		
Č	Sherife H	arris	\$							a Ev		Surname)			
00	19a. INFORMANT'S NAME (7)	rpa/Print)			19b. MAILING	ADDRES	S (Street a				ber, City or Town	n, State. Zie	Code)		
2	Mary E. H	a11/d	laughter								alto.		212	1.5	
	20a. METHOD OF DISPOSITI		und toom State		E AND DATE	OF DISPOS	SITION (No			DAT			City or Tow		
	4 Donation 6 Other	(Specify)		- Dru	crematory or o	i d c e	e Ce	emet	erv	6/1	7 Pi	kes	vil1	e, MD	
Ť	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE			22.	NAME A	ND ADDRE	SS OF FA	CILITY					
	Jam	ery (	a, w	treet	ton									D 21217	
	23. PART I. Enter the di	seases, Dr C	omplications the	t coused the	deeth. DD r									Approximate	
	IMMEDIATE CAUSE (Fin	ei												interval Between Onset and Death	
	disesse or condition resulting in death)	<b>+</b> ,	Res	pirat	014	1 Failure 2 mo								2 months	
													2 months		
5	Sequentially list condition	ons,	Pertu	rated	Sm	19/1/ Soise/						2 monehs			
¥	if any, leading to immed cause. Enter UNDERLY!	ere	DOE 10	(UH AS A CUNS	SECUENCE OF	-):									
HIFICATION	CAUSE (Disesse or injurt		DUE TO	(OR AS A CONS	SEQUENCE OF	F):									
	resulting in death) LAST													ļ	
2	DADT II Other simulian	A Mal													
DICAL	PART II. Other aignificer	conditions	contributing to	deeth but no	t resulting	n the ur	nderiyin	g ceuse (	given in	Pert i.	24a. WAS AN PERFOR			VERE AUTOPSY FINDINGS WAILABLE PRIOR TO	
										—	1 TYES 2	NO		COMPLETION OF CAUSE OF DEATH?	
Σ	DID TOPACCO III	CC CONTR	IDLITE TO CA	HCC OF DO	ATLL VE	с П .	U.S. E.	1					1	☐ YES 2 NO	
PHYSICIAN	DID TOBACCO US	T	IBUIE IO CA		ACE OF DEAT			UNC	ERTAIN	и Ц ј					
3	EXAMINER?		HOSPITAL:			OTHE	R:	- 5	210511 V						
	27. MANNER OF DEATH		28a. DATE OF	INJURY	28b. TIM	E OF	28c. INJ	URY AT	NA		CRISE HOW II	JURY OC	CURED		
- 1		Pending nvestigation	(Month, Di	my, Year)	NA	URY M		RK? YES 2			ns				
	3 Suicide 8 0	Could not be	28e. PLACE Of	F INJURY — At atc. (Specify)		treet, lact	lory, offic			281. LOC	ATION (Street a	nd Number	or Rural Roo	ute Number,	
	4 Homicide d	letermined		ate: (openiny)	NA					City	or Town, State)	VA			
t 11	29e. CERTIFIER (Check only	FYING PHYSIC	CIAN: To the best of	my knowledge,	death occurre	d at the t	lme, data	and place	and due	to the cau	se(s) and men	ner as stat	ed.		
200														and menner as stated.	
- 11	295 SIGNATURE AND TITLE	OF CERTIFIER						29c. LICE	NSE NUN	ABER .		29d. DAT	E SIGNED (A	Aonth, Day, Year)	
	Day Kar	XNW	10					D	116	17			14	11 1886	
2	30. NAME AND ADDRESS OF	/						, -							
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	31. DATE FILED (Month, Day, )	T / 100	6 Julia	R'S SIGNATURE	70.	00		,		-					
	JUN.	I 4 199	0	~ wrasen	-Naulas	060	٠								

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 17592 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth Day approx. 1:35 PM Month June 11, 1996 J. HAYES 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death SYKESVILLE ELDERCARE CENTER SYKESVILLE CARROLL CO. If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) If Under 1 Yeer 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 1 M 2 XF Months Days 213-28-0285 Yrs. 64 Feb. 16, 1932 Maryland Usuel Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 □ No N/A **Baltimore** 10f. Zip Code 10g. Citizen of Whet Country? 6802 LAUREL DRIVE 21207 USA 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 No If Yes, Give Year or Dates; 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Reca - American Indian, Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes X No Specify: Specify: 3 Widowed 4 □ Divorced **Black** 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Eiementery/Secondary (0-12) College (1-4or 5+) Cafe Entrepreneur 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Unknown Pauline Archer 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Caroline Owens/daughter 5992 Cecil Way Dr. Sykesville, MD 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 6/17 1 Gurial 2 Cremation 3 Removal from State Garrison Forest Vet. Cem. Owings Mills, MD 4 ☐ Donation 5 ☐ Other (Specify) of Funeral Service Licent 22. Name end Address of Facility LEROY O. DYETT & SON FUNERAL HOME, P.A. 4600 LIBERTY HEIGHTS AVENUE, BALTO. 21207 or complications that caused he death. Do not enter the mode of dying, such as cardiac or respiratory errest, ist only one cause on each the Enter the disea shoot, or heart failur Approximate Intervat Between Onset and Deeth Cell Const of Thront 2 ms Enomons Due to (or as a consequenca of): E MA Las Las

/Medical

Department of Health a Important: if Item 27 is any injury or other tre

**Physiclan** 

/Medical

**Examiner** 

Director

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Completed

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**Funeral** 

Director

show

then "natural", or items 23s or 28s-f show the Medical Exemplise must be notified at

Pages 1 and 2 should be fined within 72 hours effer in next of Health and Mental Hyglane. ant: If Nem 27 is marked other than "natural", or ite

21215-0020

Baltimore, Maryland

SHIRLEY

5. Social Security Number

10e. Street and Number

6th

20a. Method of Disposition

21. Signaty

10e. State

MD

**Physician** Examiner

The law requires that the daath certificate be executed

signed by the attending physicien d be detached for use as the business

this certificate

To the Hospital or Attending Physical within 24 hours after death.

To the Funeral Director: After this completaly filled in by the funeral directors.

P.O. Box 68760,

Records,

Division of Vital or Attending Physician:

Examiner Physician/Medicai þ Be Completed 2 Certification:

edicai

29e. Certifier (Check only

31. Date filed (Month, Day, Year)

disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initieted events resulting in death) Last

Immediate Cause (Final

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Afterestante Coing Ville Carthal Visale Pier 25. Wes case referred to medical

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No 27. Manner of Death 28a. Date of Injury (Month, Day Year) 5 Pending investigation 1 Netural 2 Accident 6 Could not be 3 Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homlcide

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medicat Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signeture and title of certifier

28b. Time of

Due to (or as a consequence of):

Due to (or as a consequence of)

29c. License number D32 882

1 Yes 2 No

28c. Injury at Work?

29d. Date signed (Month, Day, Year)

281. Location (Street and Number or Rural Route Number, City or Town, State)

23b. Did tobacco usa contributa to the causa of death?

1 Yes 2 No 3 Probably 4 Unknown

24b. Were autopsy findings available prior to completion of cause of death?

1 ☐ Yes 2 ☐ No

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Moss 114 Business

Genter O. Reinfantown, Ml.

State Registrar

32. Registrar's Signal Proposition

21136

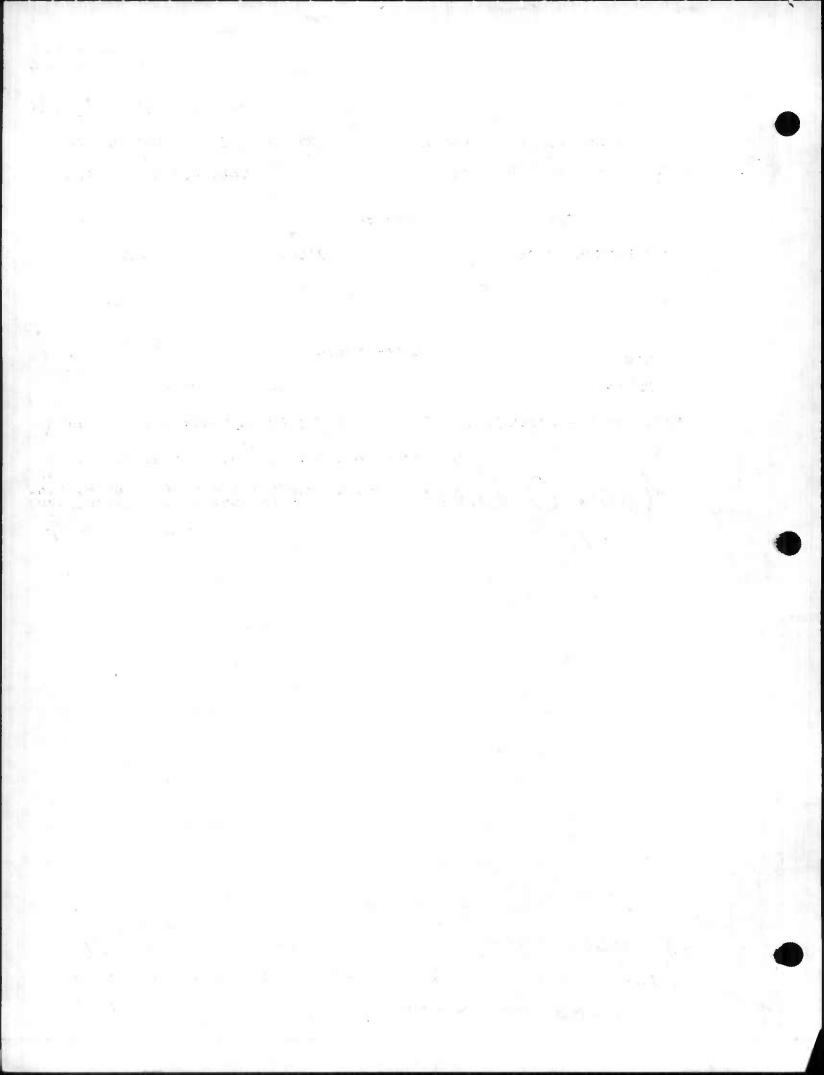
24e. Was an autopsy performed?

Other: 4 Danursing Home 5 Residence 8 Other (Specify)

26. Place of Death (Check only one)

1 Yes 2 No

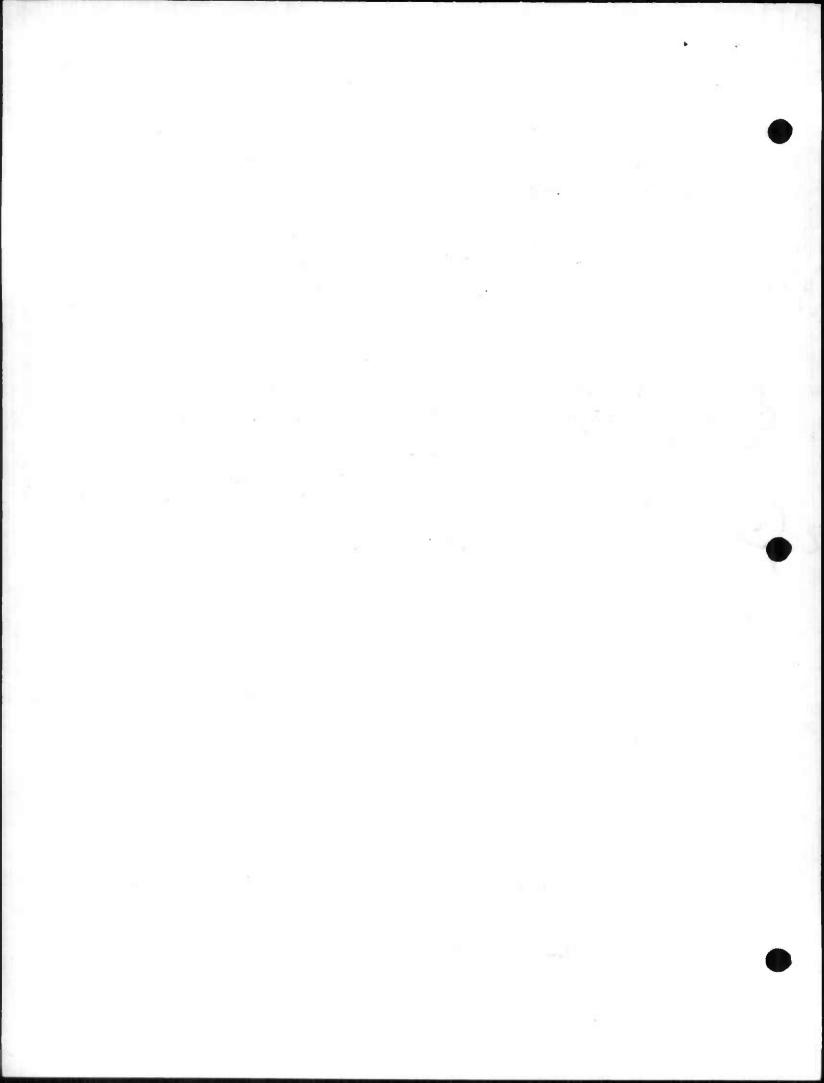
28d. Describe how Injury occurred



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RECORDS, P.O. BOX 68	Training Buyer (188). The few secultees that the death certificate he executed annual
VISION OF VITAL RECORDS, P.O. BOX 6876	affering a boot of the law seculter that the death carifords he executed

\*\*\* Page 6 may be retained by the hospital or attending physician.
\*\*\*Inneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should al examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and community to filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, community with the State Dept. of Health and Mental Hygiene prior to burial, community to complete the statement of them 28 is marked, or term 23 shows any injury, or other traumatic event, the

FOR	OTATE OF I	MADVI AND /	DEDAG	THEFUT A	F 11541711	AND			-	0	1/593
1 - STATE REGISTRAR	SIAIE UF I	/ MARYLAND Ce			OF DEAT			REG. NO.	_		
1. DECEDENT'S NAME (First, Middle,	Lest)						2. DATE OF	DEATH	AY	YEAR	3. TIME OF DEATH
Bessie Leona Hi							June	11	. 19	96	12:01 A. M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER 1 YE	AR IF UNDER	24 HRS.	7. DATE OF (Month, D			8. BIRTH Countr	PLACE (State or Foreign ry)
220-14-5204  9a. FACILITY NAME (If not institution,	1 M 2 F	92	YRS.				March	17,			
		mo			wn or locati lltimor		EATH		9c. COU	NTY OF D	
RESIDENCE OF DECEDEN	T T T T T T T T T T T T T T T T T T T	ne .		Do	тсшог	е				N/A	
Overlea Gardens RESIDENCE OF DECEDEN 108. STATE 108. CO			10c. CIT	Y, TOWN OR L							10d. INSIDE CITY LIMITS?
	N/A			Ba	ltimor				40017	1751) 05 1	1X YES 2 NO
100. STREET AND NUMBER 1345 West 42nd 11. Marital Status 1   Never Married 2   Married	Stroot				200	211					tates
11. MARITAL STATUS	12. WAS DECEDER	T EVER IN U.S. AR	MED	13. WAS	DECENDENT (	OF HISPAN	NIC ORIGIN? (	Specify Yes			E — American Indian, k, Whita, atc.
	FORCES?	MAR OR DATES	10	If ye	s, specify Cubi	in, Mexica	in, Puarto Ric	an, stc.)		Spec	try.
3 XWidowed 4 Divorced											White
15. DECEDENT'S (Specify only highest	grade completed)	(Gi	ive kind of	Work done during se retired.)	PATION og most of worki	ng	16b. K	IND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)		e Make	r				wn H	iome	
Elementary/Secondary (0-12) 10 17. FATHER'S NAME (First, Middle, Lat	re)		TICAL	C PILIT		HER'S NA	ME (First, Mid			CALIC	
ш Unknown Moubra	ay				Le	ona	Unkno	wn			
9 19a, INFORMANT'S NAME (Type/Print) Wayne E. Hilber		191	. MAILING	reen A	reet and Number	or Rural i	Route Number,	on, N	n, State, Zi laryl	and	21286
20a_METHOD OF DISPOSITION 1	b	cemetery, cre LOTTA  LOTTA  LOTTA  LOTTA  LOTTA  LOTTA  LOTTA  LOTTA  LOTTA  LOTTA  LOTTA  LOTTA  LOTTA	metory of crime	Park C 22. NAM RUC 105 not anter the	Cemeter RE AND ADDRESS. R. TOWS 00 York	SS OF FA	CUTY UNCTA  A  TO  The second	6 Ba 1 Hon WSOn, ic or reap	ne,In Mar	ore, c. vlan	Maryland d 21204 Approximate interval Between Onset and Death Onset and Death
DID TOBACCO USE CO							7	YES	NO		COMPLETION OF CAUSE OF DEATH?
DID TOBACCO USE CO	ONTRIBUTE TO CA	AUSE OF DEA	TH Y	ES NC		CERTAI	Thu				1 - YES NO
25. WAS CASE REFERRED TO MEDIC				TH (Check only		CLKIAII	4	-			
EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHER:	Home 5 🗆 R	aaldenca	8 Other (	Specify)			
I III 1/ IN/ITUPIL 5 Pending	5	F INJURY Day, Year)	28b. Till	WE OF 28	c. INJURY AT WORK?		1	RIBE HOW	INJURY O	CURED	
Accident investigated as Could n	28s. PLACE building	OF INJURY — At ho	ome, term,					ION (Street Town, State		or or Runal	Route Number,
4 Hornicide detarmin											
(Check only CERTIFYING	PHYSICIAN: To the best of AMINER: On the beals of										s) and manner as stated.
	TIFIER	6)			29c. LIC	ENSE NU	MBER		29d. DA	TE SIENES	(Morth, Day, West)
ag //espace	2 MACE		_		D.	329	29		D (	0/10	2/96
30. NAME AND ADDRESS OF PERSO	N WHO COMPLETED CAL	SE OF DEATH (ITE	<b>M 27)</b> (Typ	e, Print)						1	
Bichard	Q1 D'A	thton	10	14/1	<u> </u>						
31. DATE FILED (Month, Day, Year)	196 Julia	Davidson-A	anda	2							
UN.3.4.1	130	,		-						_	DHMH-18 Rev 1/6

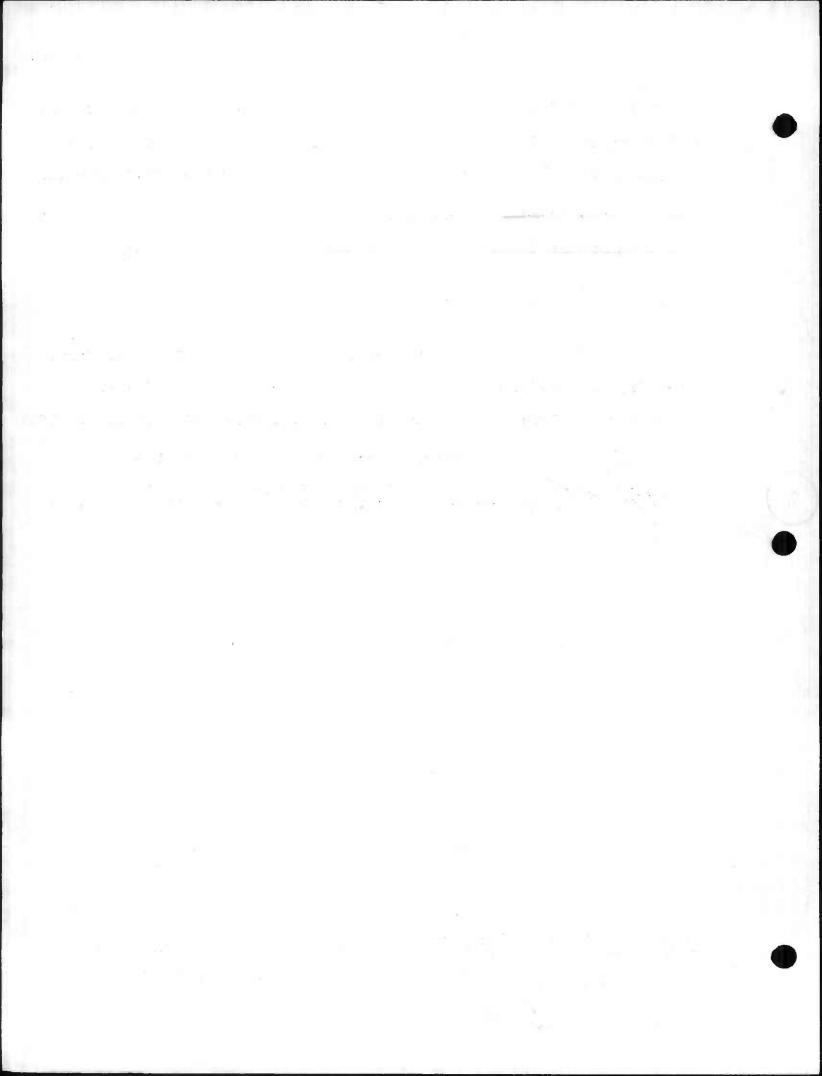


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FILM 6-738 8/2/96 t.t State of Maryland / Department of Health and Mental Hygiene

_	FILM G-	-73	8 8/2/96 t.t State of Maryland / Departm			vicitairi	Reg. No.	70	17394				
п	Physic	ian	1. Decedant'a Nama (First, Middle, Last)			2. Data of D Month	eath Dev	Yaer	3. Time of limeth				
	/Medi		Robert B. Hoffman				13, 199		9:30am				
	Exami		4e. Feclity Nama (If not institution, give street and number)		4b. City, Town, or	ocation of Dee	th 4c. County	y of Death					
1			1775 Beachfield Road		Annapol:	is	Anne	Arur	ndel				
	Funeral	Г	11.100 (11.710.100.100.100.100.100.100.100.100.1	Indar 1 Year	If Under 24 Hrs.	8. Dete of B	irth Vanal		laca (State or Foreign try)				
	Director		073-05-4421 1XIM 2 F 85 Yrs. Mon	nths Deys	Hours Min.	April	25,19	11 N	New York				
	9		Usual Rasidanca of Decedent			F-I							
	how		10a. State 10b. County PALM BEACH 10c. City, Town or Location					10	Od. Insida City Limita				
	M P	5	MD FLORIDA Annapolis	RIV	IERA BEACH				1 ☐ Yas 2 ☒ No				
	th with the 23a or 28	ai Director	The state of the s	f. Zip Code	33404-31	01	10g. Citizen of	Whet Count	try?				
020	urs a	by Funeral	1 Navar Married 2 Marriad 1 Yas 2 No	Decedant of l specify Cub as 2 No	Hispanlo Origin? (S ban, Maxican, Puart Specify:	pecify Yes or N o Rican, atc.)	o- 14. Rei Bla Specif	ca - America ick, Whita, a fy: Wh					
21215-0020		Completed	15. Decedent's Education (Specify only highest grada complated)  Elemantary/Secondary (0-12)  Collage (1-4or 5+)	Usual Occu of work dona OT usa retire	pation during most of wor	king	16b. Kind of B	usiness/ind	lustry				
7		E	12 Execut	ive			Gulf	Oil	Corp.				
	be filed tei Hygie d other event, ti	Be C	17. Fathar's Name (First, Middla, Last)		18. Mothar's Nar	na (First, Middle							
a		ToB	Phillip Grey Hoffman		Emma		Sr	mlker					
Maryland		-	19e. Informent's Name/Relationship (Type, Print) 19b. Meiling Add	drass (Stree	t and Number or Ru	ral Routa Numi	ber, City or Town	Stete, Zip	Code)				
	nd 2 lith e 27 is r trau								MD 21037				
aftimore,	of Her from r othe		20a. Mathod of Disposition 20b. Place of Disposition cematary, crematory	(Nama of	oce)	Deta	20c. Location	- City or To	wn, Stata				
Ĕ	Peg ment ant: If ury o		4 Donation 5 Othar (Spacify)  Metro Crem			5/14	Baltin	nore,	, mD				
8	permit. Peges 1 and 2 Department of Health of Important: If item 27 is any Injury or other tra		Har	teah	ass of Facility y Funera	al HOm	e. P A						
	40244		23 Part Enter the disease or complications that caused the death. Do not enter the heck, or heart falkine. Us only one cause on each line.	Ridge	elv Ave	Anna	polis.	MD	21401				
			233 Part 1 Enter the disease or complications that caused the death. Do not enter the	moda of dyl	ing, such as cardiac	or respiratory	errest,		Approximate Interval Batween				
	Physician		Marine man	ha		1 1 2			Onsat and Death				
	/Medical Examiner		Immediate Causa Final disease or condition resulting in death) a.	100	euw				2 Week				
		-	Due to (gr as a consequence	the /x	12/	+ Da.	1	1,					
	unsit	Examiner	b. Repeated for	~~	Julyon	Valo			yeon				
,	icate be executed physician and s the bunel-transit	Exa	Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or Injury c.										
58760,	sicia a bun	dicai		7					3-				
289		ğ	resulting in death) Lest	of):				1.0					
Box	certi	3	d										
ŭ	leath certifica attending pl	Physician/M				1							
o	that the de led by the a detached (	ysi	Pert II. Other significant conditions contributing to death but not resulting in the underlyl	ing causa gi	van in Part I.				the cause of death?				
0	es that igned b					1	Yes 2 PNo	3 Prob	ebly 4 Unknown				
Records,	law requires that the death certif as been signed by the attending r 2 should be detached for use a	d by				24a Wa	s an autopsy	24b. Wa	re sutopsy findinga				
Ö	v require been si should I	Completed			a		ormed?	ava	allable prior to				
Ze Z	has pe 2	μ	8					of d	déath?				
<u>m</u>	yalclan: The I s certificate ha director, page					10	Yaa 2210	1 🗆	]Yes 2□ No				
	Physician: r this certific rral director,	Be	25. Wes casa rafarred to medical axaminar?  Hospital: Hospital:	0	28. Place of Dea	th (Check only	one)						
ō		To	1 Inpatient 2 ER/Outpatient 3L	J DOA			idance 6 Ott		)				
Division of Vital	tal or Attanding Pt rs after death. al Director: After the	Certification:	27. Mannar of Death 28a. Data of Injury 28b. Time of 1 Natural 5 Panding (Month, Day Year) Injury 1 Accident investigation M	28c. Inju Wo	nyat ork? ]Yas 2∐No	28d. Dascribe	how Injury occur	red					
2	deat deat	Ica	3 Suicida 8 Could not be		7143 2 1110	29f Location	(Street and Numi	har or Pura	I Poute Number				
2	after Direct	ertit	4 Homicida datarmined 28a. Placa of Injury - At homa, farm, street, far building, etc. (Specify)	ictory, dilice			wn, Steta)	yer or murar	House Walliber,				
	apital	alC	29a. Cartifiar 12 Certifying Physician: To the best of my knowledga, daath occur	rred at tha ti	ma, data and place	, and due to the	cause(s) end m	ennar as str	ated.				
	To the Hospital or A within 24 hours after To the Funeral Dire completely filled in b	edicai	(Check only 2 Medical Examiner: On the basis of examination and/or invastige and manner steted.	ation, In my	opinion, daath occu	rred at tha tima	, data and place,	and due to	tha cause(a)				
	To the	Σ	29b. Signature end titla of certifiar	29c. Lican			29d. Date algne	d (Month, L	Jey, Year)				
	1	4	Much X Man		21438		Ou	m /:	3 9 6				
	6		30. Nama and addrass of person who completed cause of death (Itam 23a) (Type, Print)  MCCHMC J. Laview TA 6 W R (V) C	4	1 - 11.	. 1.1	In August H		16.				
			MICHMEL J. LAVEN TA GNIKING	SEY	NE AIN	HNK	ווייייין וייייין	OV	401				
	Sta		34. Data filed (Month, Day, Year)  32. Registrer's Signetura  4. 1996										
	Registr	ar	JUN 14 1990 State Market No.										

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State of Maryland / Department of Health and Mental Hygiene 96

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				Cei	rtificate of	Death	B	leg. No.		, 0 5 0
Physici /Medic		Decedent's Name (First, Middle, Last)     ANNE		Н	ELLM		2. Dete of Dee Month	Day 06 19	796	3. Time of Death
Examir		4a. Fecility Nema (If not institution, give s 6000 SAMARUTAN 5. Sociel Security Number 6. Sex	HDSPITA	H_ n yrs. lest birthday)	If Under 1 Year Months Deys			BA	LTIM	ORE ca (State or Foreign
Director		213-01-9879 1D		MARYL.						
thied at	ctor	10a. State 10b. County  MD BALTIMOF		c. City, Town or Lo					10d.	I. Inside City Limits
23a or 21 ust be no	ai Director	10e. Street end Number 14 WEST COLDSPRING	LANE		10f. Zip Coda 21210		1	IOg. Citizen of W	/hat Country	7
Hygiene. ther than "natural", or ferms 23a or 28a-f show ont, the Medical Expander must be notified at	by Funeral	11. Marital Stetus 1  Never Married 2 Married 3 Widowed 4 Divorced	2. Wes Decedent Evar Armed Forces? 1 ☐ Yas 2 ☑ No If Yes, Give Year or Datas:		Wes Decedent of in it Yas, specify Cub	Hispanic Origin? (Spen, Mexican, Puerto Specify:	pecify Yas or No- Rican, etc.)		- Amarican k, White, etc	
piene. In then "neturel", The Medical Exc	Completed	15. Decedent's Educ (Specify only highest greda Eiementary/Secondery (0-12) 1 2 TH GRADE	ation complated) College (1-4or 5+)	(Give	dent's Usuei Occup kind of work done DO NOT use retire HASING A	during most of work d)	king	16b. Kind of Bu		company
nd Mentel Hygin marked other imatic event, to	To Be C	17. Fether's Neme (First, Middle, Last) WILLIAM HELLMAN				18. Mothar's Nem		Meidan Sumeme	Э)	
important of heelth end Mer important: If item 27 is marks any injury or other traumatic		19e. Informent's Neme/Reletionship (Type KATHERINE HELLMAN (			-	t and Number or Rus SPRING LA				
		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ Re 4 ☐ Donation 5 ☐ Office (Specify)	movel from Stete	Ob. Plece of Dispo cematary, crer OUDON PA	natory or other ple		Data /10/96	20c. Location - (		ı, State
ysician ledical aminer		21. Signature of Furers Service License  23a. Part : Enter the disease, or complice shock or heart failure. List only one  Immediate Cause (Final disease or condition rasulting in death)  e.	ations that claused the	HU 41 Do not ent	07 WILKE	NERAL HOM NS AVENUE	-BALTIMO	,	In	pproximata hterval Between baset end Deeth
attending physicien end for use as the burial-transit	an/Medical Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury thet nitiested events resulting in deeth) Lest	Due	to (or es e consect to (or es e consect to (or es e consect	quence of):					
igned by the atte be deteched for	y Physician	Pert II. Other significant conditions confi ANTIC ANEW		ot resulting in the u	nderlying cause gi	ven in Pert I.	23b. Did to	1	stribute to th	he cause of death? bly 4 Unknown
s been s 2 should	Completed by	URINARY TRA	CT INFE	CTION			24a. Was a perfor	med?	availa comp of dea	
within 24 hours after death.  To the Funeral Director: After this certificate his completely filled in by the funeral director, page	Certification: To Be	27. Menner of Death 1 Neturei 5 Pending Investigetion 3 Suicide 4 Homicide 8 Could not be determined	28a. Dete of Injury (Month, Dey Ye 28e. Plece of Injury - building, etc. (S	At home, ferm, str pecify)	28c. Inju Wo M 1 Ceef, factory, office	ry et ork? ] Yes 2 □ No	oma 5 🗆 Rasid 28d. Describe h 28f. Location (S City or Tow	ence 6 Other ow injury occurred and Number on, Steta)	er or Rurel R	Route Number,
within 24 To the Fu	Medical	29b. Signature and title of certifiar	er: On the basis of exa end menner steted.		29c. Licen	se number	2	29d. Data signed	(Month, Da	ıy, Year)
07		30. Name and address of person who con GABRIEL NAZ	npleted cause of deeth	(Item 23e) (Type, 560) U	Print) CH RAVE	47993 N, BA	PMORE	- MC	) 2k	239

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State Registrar

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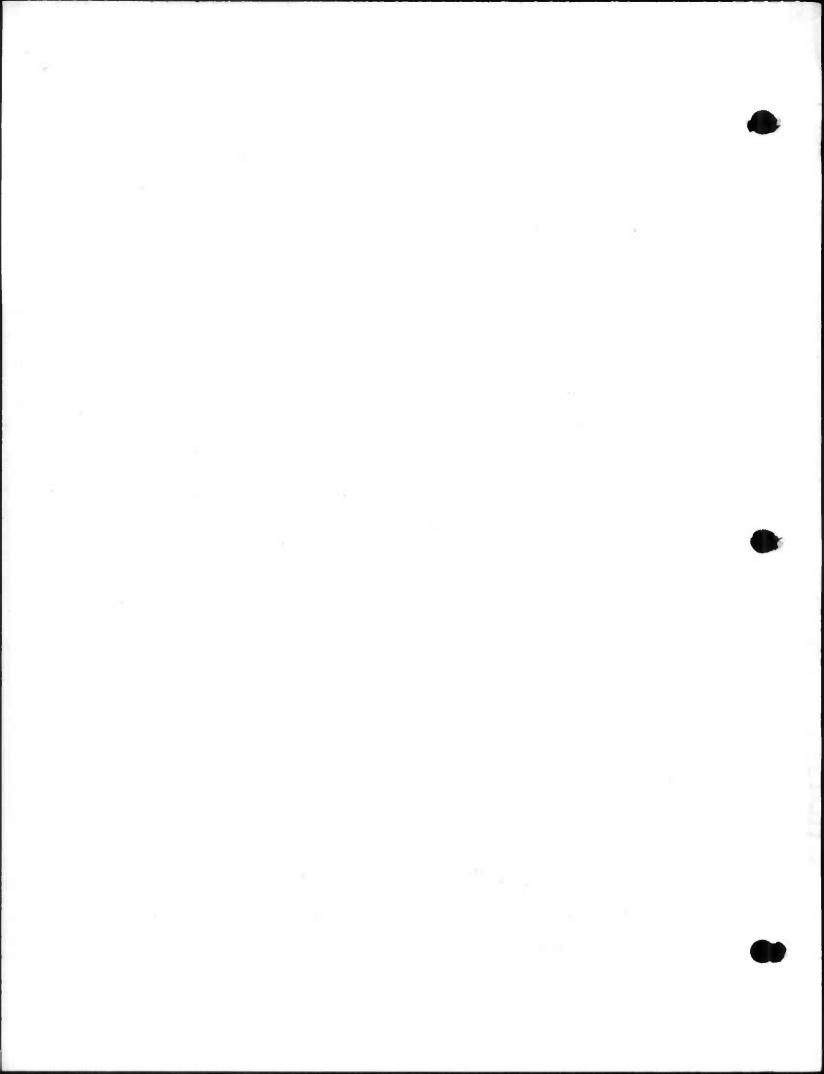
DIVISION OF VITAL RECORDS. P.O. BOX 68760

DIVISION OF VITAL RECORDS, P.O. BOX 68766 BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be encutind with the most action by the hospital or attending physicial	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-to filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISIO	TO THE HOSPITAL OR ATTENC	TO THE FUNERAL DIRECTOR: De filed within 72 hours after of	IMPORTANT: it item 28 is	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH DA	AY.	YEAR 3. T	TIME OF DEATH							
	Mildred M. Harris					June 10,			4:30pm M							
		yrs. last birthday)	IF UNDER 1 YE	-	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	000	B. BIRTHPLAN	CE (State or Foreign							
	226-28-5665 1□M2XJF	73 YRS.		HOOMS		oct. 19, 1	922 <sub>N</sub>	ortho	Carolina							
~	9s. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  1.0 CITY OF OBJECT OF DEATH  DO I have not been street and number)															
DIRECTOR	19 Clipper Road Essex Baltimo															
EC	10a. STATE 10b. COUNTY	10c. CITY,	TOWN OR L	CATION				10d	, INSIDE CITY							
BI	Md. Baltimore			Es	ssex			10	LIMITS?							
	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT															
FUNERAL	19 Clipper Road	221			USA											
S	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No — 14. RACE —															
ВУ	1 Never Married 2 Married IF YES, GIVE WAR OR DATE		1 🗆	YES 2 (NO	Specify:	Puarto Hican, stc.)		Specify:								
									White							
TE	(Specify only highest grade completed)	(Give kind of wo life. Do NOT use	SUAL OCCUI ork done durin milmed 1	ATION most of workin	g	16b. KIND OF BUS	SINESS/INDU	STRY								
PE	Elementary/Secondary (0-12) College (1-4 or 5 +) 1 2 th		mema]			Own	hom	e								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				IER'S NAME	(First, Middle, Maiden										
	Walter Morris			111111111		y Woodal										
BE (	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Str	eet and Number				Code)								
유	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  7310 Rush Road Baltimore Md. 21206															
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION City or Town, State															
	4 Donation 8 Other (Specify) Holly Hill Cemetery 6/14/96 Baltimore Md.															
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE    22. NAME AND ADORESS OF FACILITY   Connelly Funeral Home of Essex															
	1 300 Mace Ave. Baltimore Md. 21221															
	23. PART I. Enter the diseases, or complications that ceused the shock, or heart fellure. List only one ceuse on eec	he death. Po no	t enter the	mode of dyl	ng, auch	sa cardiec or reapi	ratory arre	st,	Approximata							
	IMMEDIATE CAUSE (Fine)	n linex	ŧ			1-		į	Interval Between Onset and Death							
	disease or condition resulting in death)	last	om	a. 1)	Mu	181819	12	0								
	IMMEDIATE CAUSE (Finel disease or condition reaulting in death)  a. DUE TO (OR AS A CONSEQUENCE OF):  Onset and Death  Onset and Death															
8	Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF):															
Ĕ	If any, leading to immediate cause. Enter UNDERLYING															
FIC	CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):															
CERTIFICATION	resulting in death) LAST															
	PART II. Other alignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 24s. WAS AN AUTOPSY FINDINGS															
MEDICAL	PART II. Other algniticant conditions contributing to deeth but	not resulting in	the under	ying cause g	iven in Pe	ort I. 24a. WAS AN PERFOR		AVA	LABLE PRIOR TO							
ă						_ 1 TYES 2	NO		PLETION OF CAUSE DEATH?							
M	<del></del>							10	YES 2 NO							
AN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)															
PHYSICIAN	EXAMINER? // HOSPITAL:		OTHER:	1/		n 21=11=1		-								
H X	1 YES 2 NO 1 Inpetient 2 ER/Outpetient 2. The Properties of the Inpetient 2 DECOMPTED TO THE PROPERTY OF THE P	28b. TIME	OF 28c	INJURY AT		Other (Specify)	HIRV OCCU	IDEN								
	Natural 5 Pending (Month, Day, Year)	INJU	RY	WORK?		oo. DESCRIBE NOW II	SONT OCCU	INEU								
BY	2V Accident Investigation 3 Suicide 6 Could not be building str. (Speciful	At home, farm, str				8f. LOCATION (Street a	nd Number o	Rural Route	Number.							
딢	4 Homicide detarmined building, stc. (Specify)	)				City or Town, State)										
LU B	298. CERTIFIER 1 DECERTIFYING PHYSICIAN: To the heat of my knowledge death occurred at the time date and clean and date and date an															
7 1	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowled	os. death occurred	at the time	CERTIFUNG PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.    Check only     CERTIFUNG PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.												
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# Please Type or Print in Black Indelible ink. Assure Ali Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

17597

		C	ertificate of Death	Reg. No.	. 1031
Dhyo	oion	Decedent's Neme (First, Middle, Last)		ete of Deeth fonth Dev Year	3. Time of Deeth
Physi /Med		Howard V. Jones		01611996	50 pm
Exam	iner	4e. Facility Neme (If not Institution, giva street and number)	4b. City, Town, or Location	of Death 4c. County of Dea	eth
		DELLOW HILL WILLOW		nore	
Funera Directo		5. Sociel Security Number  6. Sax  1 TM 2 F  7. Age (In yrs. lest birthda  7. Age (In yrs. lest birthda  96  Yrs.			inthplaca (Stete or Foreign Country) ARYLAND
B # 1		10a. State 10b. County 10c. City, Town or	Location		10d. Inside City Limits
Man And	to	md Ba	Strange		1 Yes 2□ No
2 P P	Te o	10e. Street and Number	10f. Zlp Code	10g. Citizan of What C	Country?
5 will	Funeral Director	501 W. Franklin STrees	2/20/	115A	
dan dan	ner	11. Marital Status 12. Wes Decedent Ever in U,S. 13. Armed Forces?	3. Waa Decedent of Hispenic Origin? (Specify Y If Yes, specify Cuban, Mexican, Puerto Rican,	res or No- 14. Race - Am	
21215-0020  within 72 hours after death with the Maryla plene. If then "natural", or items 23s or 28s-4 show the Medical Examiner must be notified at	þ	1 Nevar Married 2 Married 1 Yes 2 No II Yas, Giva 3 Widowed 4 Divorced Year or Detes:	1 ☐ Yes 2 No Specify:	specify: Specify:	Mhite
15-00, 172 hours	Completed	15. Decedent's Educetion 18a. Dec (Specify only highest grade completed) (Girls)	cedent's Usuel Occupation ive kind of working	16b. Kind of Business	s/Industry
2121 1 within fone. The Me	du	Elementery/Secondery (0-12) College (1-4or 5+)	e. DO NOT use retired)		
	ပိ	12 MAC	HINIST	CLOTHING MA	ANUFACTURER
Maryland 2 should be file th and Mental Hy 7 is marked oth traumatic event	Be			t, Middle, Meiden Sumeme)	
Talk the state of	10	WILLIAM H. JONES  19e. Informent's Name/Reletionship (Type, Print) Daughter 19b. Ma	SARA E. HA	do Number City of Town State	Tin Code)
Ma nd 2 s allf) ac 27 ts r trau		CASOLISAL MICHIEL 291	ailing Address (Street end Number or Rural Rou	Doing Star	
- B		20e. Method of Disposition 20b. Pleas of Dis	sposition (Neme of Det	te 20c. Location - City or	21061 r Town, State
more		ADDrawtion 5 Down (Control of the State	remetory or other plece)		
altin		GLIGH IIA	22. Name end Address of Fecliity RAYMO]	/96 GLEN BURNIE	
0 6 6			426 CRAIN HWY., S.W.,		
		110000			Approximate
   Physician		23e. Part1. Enter the disease, or compliments on that caused the death. The not eshock, or heart feilura. List only one seusa on each line.			Interval Between Onset and Deeth
/Medica		Immediate Cause (Final disease or condition	0		
Examine	ı,	resulting in deeth)	sequence of):		
₽ ≈	je je	Gastro 9	retestinal B	leed.	
acute and trans	Examiner	Sequentially list conditions, Due to (or an a cons	requence of):		
Se ex	Ê	Sequentially list conditions, if eny, laeding to immediate cause. Enter Underlying Cause (Disease or Injury	Arleny di	rease	
68760, rificate be executed ng physician and as the burial-transit	Medical	thet initiated events rasulting in deeth) Last	equerice of);		
	Me	La Gashostor	my tube feed	Mig	
Box bath cert attendin for use	Physician	V V			
Ched the d	ysk	Part II. Other significant conditions contributing to death but not resulting in tha	underlying causa givan in Part i.	23b. Did tobacco use contribut	te to the cause of death?
I RECORGS, P.O. BOX The law requires that the death ce ale has been signed by the attendi page 2 should be detached for use		_ Demential		1 Yes 2 No 3 F	Probably 4 Unknown
Records, ne law requires the law been signed ge 2 should be o	d by	30-10	2	24e. Wes en autopsy 24b.	. Wera autopsy findings
cord v require been si	Completed	12 lindners		performed?	evalleble prior to completion of causa of death?
Re law	E D			- M	1.4
n: Tal		25. Wes case rafarred to medical		1 Yas 200No	1 ☐ Yes 2 No
Visite of the stat	To Be	exeminer?  1 Yes 2 No  Hospital: 1 inpatient 2 EP/Outpet	28. Piaca of Daath (Che lent 3□ DOA Other: 4 Milursing Home 5	5 Residence 8 Other (Spe	
DIVISION Of VITAI for Attanding Physician: T after death. Diractor: After this certificat I in by the funeral director, p.		27. Menner of Deeth 28a. Data of Injury 28b. Time	of 28c. Injury et 28d. D	Describe how Injury occurred	өспу)
nding ath.	atio	1 Staturel 5 □ Pending (Month, Day Year) Injury 2 □ Accidant Investigation	Work?  M 1 □ Yes 2 □ No		
VIS Afte	tflo	3 ☐ Suicide 6 ☐ Could not be datermined 28e. Plece of Injury - At home, ferm, so building, etc. (Specify)	street, fectory, office 28f. Lc	ocation (Street and Number or Fi	Rurel Route Number,
d can of the can of th	Certification:	Building, etc. (Specify)		ny or rown, steley	
DIVISION Of VITAL References to the Hospital or Attanding Physician: The liwithin 24 hours after death.  To the Funeral Diractor: After this certificate hat completely filled in by the funeral director, page	edical	29e. Certifier (Check only 2 Medical Examiner: On the best of my knowledge, de	eth occurred et tha tima, dete end place, end du	ua to the causa(s) end manner e	es steted.
the H the F the F		end menner steted.		na tima, dete end piece, sild du	ia to the cause(s)
To Vitt	Z	29b. Signature and title of cartifler	29c. License number D 30661	29d. Deta signed (Mon	
6		remerk !		June 7	1-110
		30. Neme and address of person who completed cause of death (Item 23a) (Typ)	3 allinore , f	6-212	39.
		31. Data filed (Month, Dey, Year)			
Si Regis	tate trar	JUN 1 4 1996	UPGs.		

DHMH 16 Rev 6/95

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed #Iffini and hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1.2.3
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BE

9

in

31. DATE FILED (Month, Day, Year)

au

22 REGISTRANG GIGNATURE

ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (Type, Print)

WA

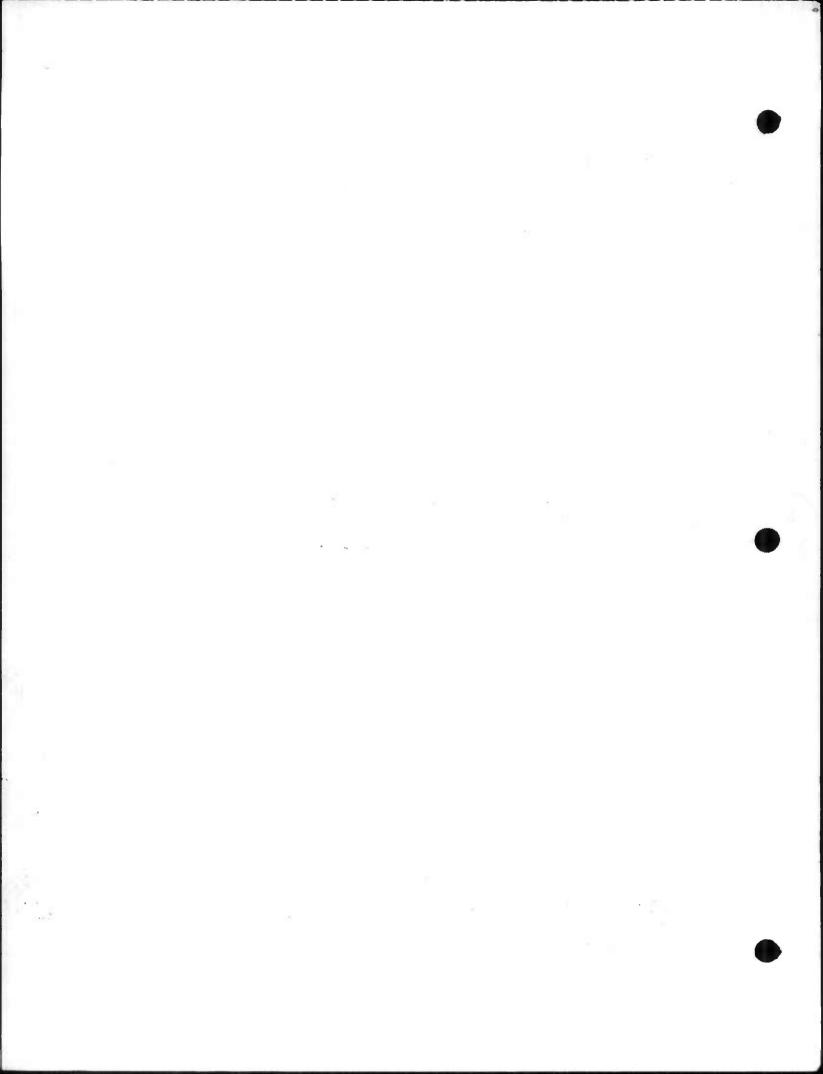
hould

96 17598 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1996 Johnson 748 A 1 innie June 09 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year)
NOV • 3, 1937 IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign DAYS HOURS 216-34-7428 1 🗌 M 2 💢 F 58 . Carolina N. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Deaton Speciality Hospital RECTOR Baltimore N/A RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD N/A Baltimore ō 1 X YES 2 NO 10e STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 227 N. Silver Court 21231 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuban, Maxican, Puerto Ricen, etc.) 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married BY 1 YES 2 NO Specify 3 Widowed 45 Divorced **Black** ED 15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete H Elementary/Secondary (0-12) College (1-4 or 5+) Convenience Store COMPL Cashier 12th 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Melden Sumeme) Harvey McNeill Bedelia McCallum BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Martha Benton/sister N. silver Court, Baltimore, MD. 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata Voshe11 Cemetery 6/15 Baltimore, Maryland 21. SIGNATURE/OF/FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY LEROY O. DYETT & SNN FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE 21207 I River the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 23. PAR intarval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition REAST CARCINOMA RS resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE 1 TES 2 NO 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \( \Boxed{1}\) NO \( \overline{A}\) UNCERTAIN \( \Boxed{1}\) PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 TES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA ome 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY Acciden Investigation 26e. PLACE OF INJURY — At home, farm, street, factory, office 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 🗌 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated SCHATURE AND TITLE OF CERTIFIER

29g, LICENSE NUMBER

1996

29d. DATE SIGNED (Month, Day, Year)



State of Maryland / Department of Health and Mental Hygiene 96

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15. Decedant's Education   16a. Decedent's Sueal Occapation   16a. December			Usual Residence of Decedent							- 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1.100 00	Cocrea	
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22. Signature of Funcial Service Licensees  22. Signature of Funcial Home. 3331 Brehms Lane, Baltimore, Maryland 21213  Approximate Service Licensees or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest.  Approximate Services Licensees or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest.  Approximate Services Licensees or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest.  Approximate Services Licensees Control Licensees	0 - 1			□Removel from St	cer	metery, crai	matory or ot	her pie	ece)	1	Date	OC. Location	- City or To	wn, Stete	
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232 Pert   Enter the disease, or complications that coused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest.    Approximate   Pert	art a	1	21. Signature of Funeral Service Lic	mosee	-							Juccini	ا وعادر	nucy	will
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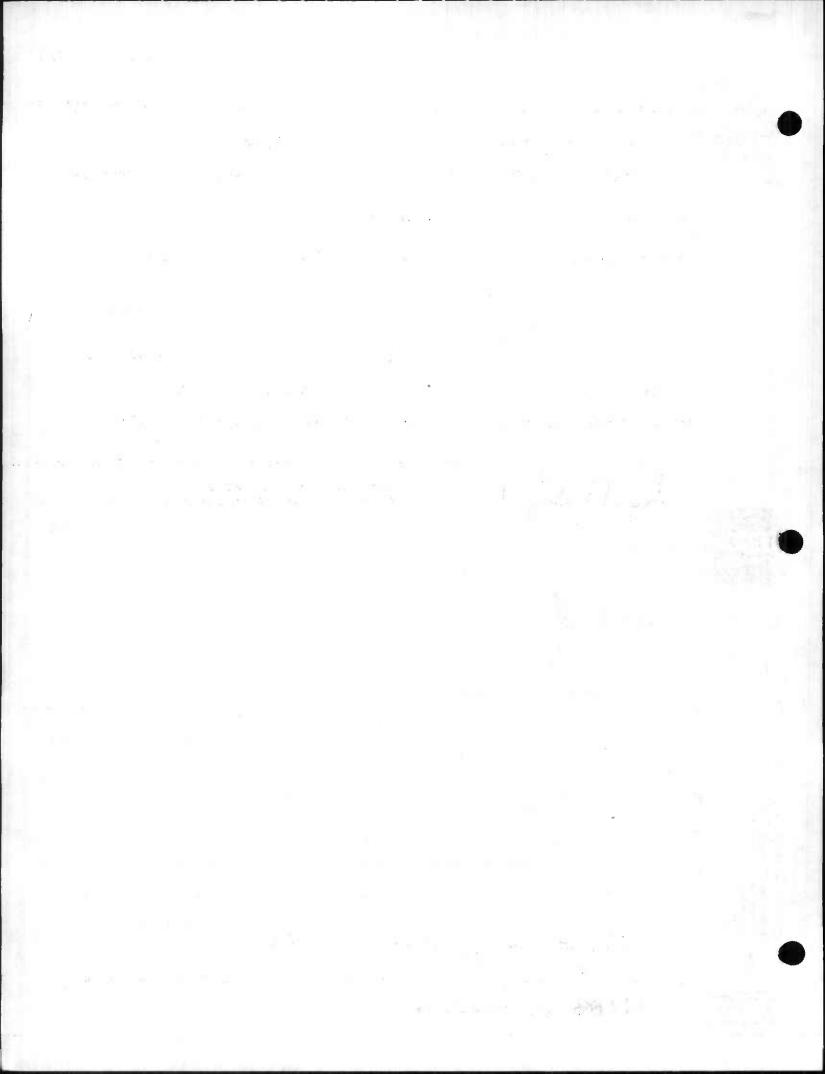
State of Maryland / Department of Health and Mental Hygiene

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Examir	- 2	4e. Fecility Nama (If not institution, g		r)			4b. City, To	wn, or Lo	ocation of Deetl			of Deeth		
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Baltimore, M Demit, Pages 1 end 2 Degerment of Health is Important: If then 27 it any injury or other tra once.		21. Signature of Funeral Service Lic		Hardesty Funeral										
-		Hardesty Funeral Home, P  12 Ridgely Ave. Annapoli  23a. Pertl. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrast,											21401	
D		shock, or heart feilura. List on	y one cause on each	lina.	Do not enter	r the mode of c	lying, such as	cardiac	or raspiratory a	rrast,		1	Approximata Interval Between Onset and Death	
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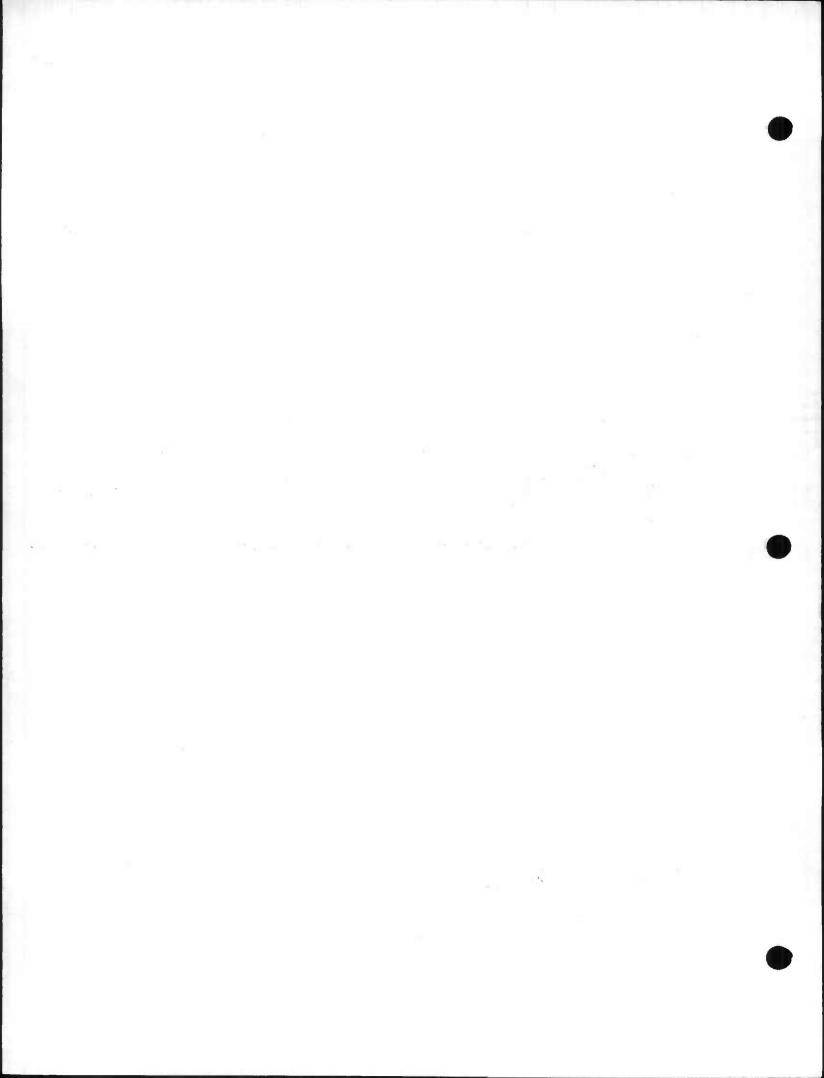
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State Registrar



	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 🌶 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 'Inheral-oriector, page 5 should be detached the find within 72 hours after charb with the State Deut, of Health and Mental Hyolene prior to burial, cremation, or removal.	IMPORTANT. If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	in 24 hou	ely filled in	, the me
	uted with	complete	c event
	be exec	ician and rior to bu	traumat
}	certificate	fing phys	other
	e death	he attend Mental H	jury, or
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	w require	been sig	shows
	I: The lay	cate has	Item 23
	<b>INSICIAN</b>	is certifi	ed, or
	JOING PI	: After th	s mark
	DR ATTEN	DIRECTOR after	em 28
	SPITAL (	JERAL D	T. H. II
	TO THE HOX	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the the find writin 22 hours after death with the State Deut of Health and Mental Hydlene brior to burial, cremation or removal.	IMPORTAL

	1 - STATE REGISTRAR	STATE OF	MARYLAND C	/ DEPAR ERTIF						HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, L	ast)							2. DATE OF	DEATH		-7/	3. TIME O	F DEATH
	MIKI CARL		LITTI					_	JUNE	13,	1	996	2:30	
	4. SOCIAL SECURITY NUMBER 239 38 3590	5. SEX	6. AGE (In yrs. )		IF UNDER	1 YEAR DAYS	HOURS	24 HRS. MIN.	7. DATE OF April	BIRTH 5,19	29	NOT	h Ca	rolina
	9e. FACILITY NAME (If not institution,	rive street and number)			9b. CITY	, TOWN	OR LOCATIO	ON OF DEA				INTY OF D		
OB	Stella Maris H	-			Tot	wson					Bal	re		
ECT	RESIDENCE OF DECEDENT 100, STATE 10b, CO			10c CIT	Y, TOWN C	DR LOCAT	ION						10d. INSI	DE CITY
DIRECTOR	Maryland Bal	timore			Parky							LIMIT	2 NO	
	10e. STREET AND NUMBER				-	101	ZIP CODE	E			10g. CI1	WNAT COUN		
ER/	3413 Glenside 1	Orive					2	1234				USA		
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. / 1 YES 2 WAR OR DATES			If yee, sp		n, Mexicen	, Puerto Ric	(Specify Yee en, atc.)	or No-	Black	E — Americ k, White, et White	c.
COMPLETED	15. DECEDENT'S (Specify only highest   Elementary/Secondary (0-12)	DECEDENT'S (Give kind of ife. Do NOT u	WORK done (se retired.)	CCUPATE during mo	ON st of workin	ng	16b. K	IND OF BUSI			-	- 5		
MPI	Elementary/Secondary (0-12) College (1-4 or 5+) Cook Nursing Home													
BE CO	17. FATNER'S NAME (First, Middle, Last)  (UNKNOWN)  18. MOTNER'S NAME (First, Middle, Maiden Surname)  Alfredda Oliver													
10	196. INFORMANT'S NAME (Type/Print)  196. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)  710 Highwood Drive Baltimore, Maryland 21212										2			
	20s. METHOD OF DISPOSITION  1 Burlel 2 Cycremation 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION/Name of Cycremation 3 DATE  20c. LOCATION — City or Town, State  3 DATE  3 DATE  3 DATE  4 Doneston 5 Other (Specify)  Green MOUNTY Crematory 6/14/96  Baltimore, Maryla										and			
	21. SIGNATURE OF FUNERAL PAIN	E LICENSIEE	1							l Home	_	-	nd 21	221
	23. PART I) Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,												ZZ I	
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	s. ADE	O (OR AS A CONS	ne. Ran	mol								Interval Between Onaet and Destit 13 Mos	
CERTIFICATION	Sequentielly list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr injury that initiated evente resulting in deeth) LAST	G	O (OR AS A CONS											
	PART II. Other aignificant cond	Itiona contributing to	o death but no	t resulting	In the ur	nderiyin	q cause (	given in f	Part i. 2	40. WAS AN /	AUTOPSY	24b	. WERE AUT	OPSY FINDINGS
DICAL										PERFORI				PRIOR TO ON OF CAUSE ?
M	DID TOBACCO USE CO	NITRIBLITE TO C	ALISE OF DE	ATL V	ES X	NO [	1 LING	ERTAIN					1 TYES	2 NO
IAN	25. WAS CASE REFERRED TO MEDICA			ACE OF DEA			1 0140	LKIAII						
SIC	1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHEI		e 5 🗆 Re	eeldence	8 X Other (	Specify) I	Hosp	ice		
Y PHYSICIAN: MED	27. MANNER DF DEATN  1		F INJURY Day, Year)	26b. TIN	ME OF JURY M	28c. IN. W	URY AT PAK? YES 2	□ NO	28d. DESC	RIBE NOW IN	_			
TED BY	2 Accident investigation  3 Suicide 8 Could not be determined  4 Homicide determined										er,			
COMPLET	29e. CERTIFIER (Check only one) 2   MEDICAL EXAMINER: On the beet of my knowledge, death occurred at the time, date end piece, end due to the ceuse(e) end menner ee stated.													
BE	291. SIGNATURE AND TITLE OF CER	Paul	le suis	^			29c. LICI	ENSE NUM	1BER			TE SIGNED	(Month, De	ny, Yeer)
5	30. NAME AND ADDRESS OF PERSON	WNO COMPLETED CA	USE OF DEATN (I	TEM 27) (Type	e, Print)				, )			1.0	/ 1/2	,
	DR. KENDALL FAU		00 DULA		ALLEY	Y RD	., To	OWSON	V, MD	2120	04			
	31. DATE FILED (Month, Day, Year)	32. REGISTA	AR'S SIGNATURE	LANC										
	JUNE 4 1500			desired	1									



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middle, Last, 2. Date of Death 3. Time of Daath Month **Physician** 6 10 Au wer -Ta 10e 19 6 /Medical 4a. Facility Neme (If not institution, give b. City. Town, or Location of Death 4c. County of Beath **Examiner** Wes 0 10 0 4 Under 1 Year If Under 24 Hrs. 8. Deta of Birth Month, Day, You Sept. 4, 9. Birthplace (State or Foreign Country) 5. Social Security Number 7. Aga (In yrs. last birthdey) 6. Sex 8. Year) 1921 **Funeral** 217-12-3890 1 M 2 F Months Deys 74 Maryland Yrs. Director Usual Residence of Decedant the Maryland 10a. Stata 10b. County 10c. City. Town or Location 10d. inslda City Limits 28a-f show the Medical Examiner must be notified at Md. Baltimore Baltimore 1 Yas 2 No Directo 10e. Street and Numbe 10f. Zip Coda 10g. Citizan of Whet Country? Pages 1 and 2 should be filed within 72 hours after death with ò 2243 Ellen Ave. 21234 U.S.A. Items 23a Funeral 12. Was Dacedent Ever in U,S. Armed Forcas? 1 ☐ Yas 2 ☒ No Was Decedent of Hispanic Orlgin? (Specify Yes or No-if Yas, specify Cuben, Mexican, Puarto Rican, atc.) Race - American indian, Black, Whita, atc. 11. Meritel Status 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 ò 1 ☐ Yas 2 No Specify: If Yas, Giva Yaar or Detes: þ Specify: 3 ☑ Widowed 4 ☐ Divorced "natural". White Completed 15. Decedant's Education (Specify only highest grada completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Giva kind of work dona during most of working lifa. DO NOT usa retired) nd Mental Hygiene. marked other than Elemantary/Secondary (0-12) College (1-4or 5+) Housewife Homemaker nent of Health and Mental Hy nt: If them 27 is marked 17. Fether's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maiden Surname) Be Robert Herr Thelma Weller 2 19a. informant's Neme/Raletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Michael Mowery 1405 Union Ave., Baltimore, Md. 21211 20b. Placa of Disposition (Nama of cametary, cramatory or other place) 20e. Mathod of Disposition Data 20c. Location - City or Town, Steta Burial 2 Cremation 3 Ramoval from Stata Department Important: I any Injury o once. Lake View Mem. Park June 17, 1996 Sykesville, Md. 4 ☐ Donation 5 ☐ Othar (Spacify) 22. Nama end Address of Facility Eckhardt Funeral Chapel disaasa, or complications that caused tha death. Do not enter the mode of dying, such es cardiac or respiretory errest, and failura. List only ona causa on each line. Md. 21117 Approximate Interval Batween Onsat and Death Physician /Medical Immediata Causa (Finai Caus diseese or condition rasulting in death) Examiner Dua to (or as a consequence of): The law requires that the death certificate be executed burial-transit Sequantially list conditions, if any, leeding to immadiata cause. Enter Underlying Cause (Disaasa or injury that initiated avents resulting in death) Last Dua to (or as a consequence of): Records, P.O. Box 68760. attending physician for use as the buria Physician/Medicai Dua to (or as e consequance of): signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 2) NO 1 Yes 3 Probably 4 Unknown 0 þ should I Completed 24b. Were autopsy findings available prior to 24e. Wes an autopsy performed? complation of cause of death? s certificate has director, page 2 2 No 2 No Division of Vital or Attending Physician: Be 25. Was casa rafarred to medical examinar? 28. Placa of Death (Check only ona) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 2 2D No 1 Yas 1 Inpatient 2 ☐ ER/Outpatient 3□ DOA this funeral 27. Mannar of Death 28a. Data of injury (Month, Day Year) 28d. Dascribe how Injury occurred Certification: 28b. Tima of 28c. Injury at Work? After 5 Panding Invastigation 1 Naturai iours after death.

neral Director: Afr

y filled in by the fu 1 ☐ Yas 2 ☐ No 2 Accident 3 ☐ Suicida 6 Could not be Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At home, farm, straat, factory, office building, atc. (Specify) 4 Homicida the Hospital within 24 hours a
To the Funeral C edical Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Madical Examiner: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifla (Check only one) 29d. Date signed (Menth, Day, Year) 29b. Signetura end title of certifier 29c. Licensa number 30. Nama and/addrass of person who completed ca use of deeth (Itam 23e) (Type, Print) 0 un 0 32. Registrar's Signatura 31. Deta filed (Month, Day, Year) State JUN 1 4 1996

**DHMH 16 Rev 6/95** 

Registrar

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Film 736. Per ME6/26/96dhbPlease Type or Print in Black Indelible Ink. Assure Ail Copies Are Legible.

Item 28 f
96-2902 - ME CASE

State of Maryland / Department of Health and Mental Hygicae Approved: Dr. D.J. Chute Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Data of Deeth Month 5 Physician Maicke ldred 1996 28 /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner University of Maryland Baltumurk

If Under 24 Hrs.
Hours Min.

8. Dele of Birth
(Month, Dey, Year)
Dec. 11, 1 Baltimore If Under 1 Yaar 5. Sociel Security Number 6. Sex 7. Aga (In yrs. lest birthday) Birthplece (Steta or Foreign Country) **Funeral** Months Days 1□ M 2 F Yrs 134-14-5225 69 1926 New York Director Usual Residence of Decedent with the Maryland 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at 1 ☐ Yes 2 ☐ No Directo New York Nassau Suosset 10e. Street and Number 10f Zin Code 10g. Citizen of Whet Country? 23 Greenvale Lane 11791 U.S.A. death v Funeral 12. Was Decedent Ever in U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puarto Rican, etc.) 11. Marital Status 14. Race - American Indien, Bleck, White, atc. filed within 72 hours after 1 Yes 2 No 1 Never Merried 2 Married Bartimore, Maryland 21215-0020 1 Yas 2 No Specify: White à 3 Widowed 4 □ Divorced Yaer or Detes: Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada complated) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) uears Nurse Teacher School 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meidan Surname) Hearth and Mental H Be Herman Goodman Anna Corbett 19e. informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2: Department of Health at Important: if them 37 ie any injury or other treu once. Louis Goodman (Brother) 85-35 68th Street, Rego Park. New York 11374 20e. Method of Disposition 20b. Plece of Disposition (Neme of cometery, cremetory or other plece) 20c. Location - City or Town, Stata Dete 1 ☐ Burial 2 ☐ Cremetion 3 🕱 Removel from State 4 ☐ Donation 5 ☐ Other (Specify) 6-1-96 Westbury, New York Holy Rood Cemetery Schimunek Funeral Home 21. Signeture of Funerel Service Licensee 3331 Brehms Lane, Baltimore, Maryland 21213 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death Physician Immediate Cause (Final diseasa or condition resulting in daeth) /Medical Hemorrhage nours Examiner osed Head Examiner Sequentially list conditions, if any, leading to Immadiate cause. Enter Underlying Cause (Diseese or Injury that Initieted events rasulting in death) Lest physician and the burial-tran certificate be axec P.O. Box 68760. Physician/Medicai Dua to (or as a consequence of) 88 esn signed by the a Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown roxyama Division of Vital Records, þ 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes an eutopsy performed? Completed peen Tension The law Dage 2 certificate has reas 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examinar? Physicien: funeral director, Be 26. Place of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 1 Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA P Yes 2□ No 5 Residance 6 Other (Specify) 27. Menner of Deeth 28a. Deta of injury (Month, Dey Year) 28c. Injury at Work? STRUCK 28b. Time of 28d. Describe how Injury occurred Certification: To the Hospital or Attending F within 24 hours after death.

To the Funeral Director: After HEAD ( LOC 5 Pending Investigation 1 Naturei Syncopal Episode Accident 05-27-96 1100 44 1 Yes Could not be determined

28e. Place of Injury - At homa, farm, straet, factory, offica

28f. Localion (Street end Number or Rural Route Numb

City or Town, State)

28c. Place of Injury - At homa, farm, straet, factory, offica

28f. Localion (Street end Number or Rural Route Numb

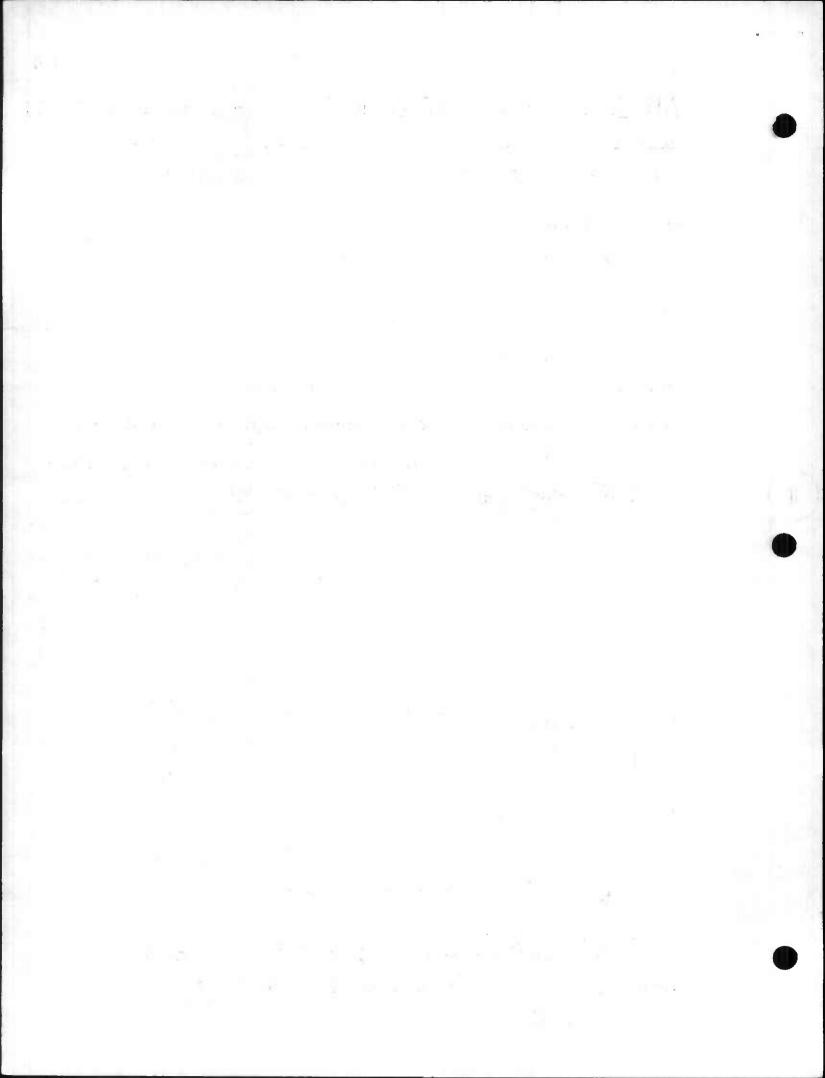
City or Town, State)

See 28e

12 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end place, end due to the cause(s) end manner as stated.

2 Madicat Examinar: On the basis of examinetion end/or investigetion, in my opinion, death occurred et the time, date and place, and due to the cause(s) end menner steted. 6 Could not be 281. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide 29a Certifier Medical 29b. Signature and title of certifles 29c. License number 29d. Datg signed (Month, Day, Year) 30. Name and eddress of person who completed cause of d (Jtem 23a) (Type, Print) BALTIMONE Band M LUSSING MO TRAUMA hour 32. Registrar's Signeture 31. Dete filed (Month, Dey, Year) State Registrar

DHMH 16 Ray 6/95

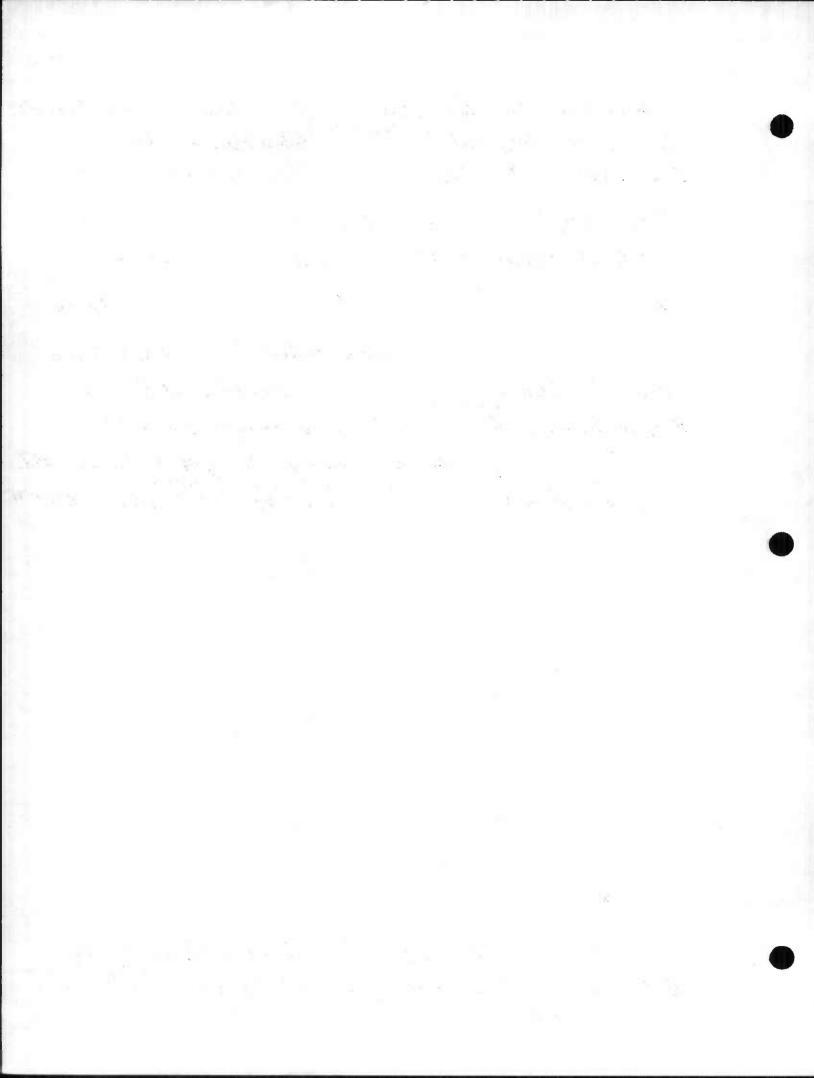


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

17605

					Cer	lilicale of	Deam		Reg. No.		
	Dhuala	:	1. Decedent's Neme (First, Middle, Las			,		2. Dete of Do	eeth Dev	Year	3. Time of Death
	Physic /Medi		Charlotte	W. Ne	mest	7		June	3 /	996	9:25-1
	Exami		4e. Fecility Neme (If not institution, give Note 1)  5. Sociel Security Number 6. Sec.	Hospital x 7. Age (In yr.				Burni	h 4c. County	1.	lece (Stete or Foreign
	Director		578-07-6399	JM 2 <b>X</b> F 85	Yrs.	Months Days	Hours Min.	Aprill	2////	Cour	PA.
	P .		Usuei Residence of Decedent		-			7			
	anylan show	-	10a. Stete 10b. County	10c. C	City, Town or Lo	cation				1	0d. Inside City Limits
	the Maryla 28a-f sho	cto	MD. A.A.		Glen	Buri	nie				1 Yes 2 No
	를 통했	Dire	10e. Street and Number		1.4	10f. Zip Code			10g. Citizen of V	Whet Coun	try?
	£ 83	La	6650 White	more ct.	APT. 142	3 2/0	061		U:	SA	
		Funeral Director	11. Meritel Stetus	12. Wes Decedent Ever in Armed Forces?	U,S. 13. V	Ves Decedent of I Yes, specify Cub	Hispenic Origin? (Span, Mexican, Puerto	pecify Yes or No Rican, etc.)	o- 14. Rac Bied	e - Americ ck, White,	
5-0020	hours effer ural', or its	by	1 Never Merried 2 Merried 3 Widowed 4 Divorced	1 Yes 2 No If Yes, Give Yeer or Detes:		☐ Yes 2 No		•	Specify	W	hite
15	na 72	Completed	15. Decedent's Edi (Specify only highest grad	le completed)	(Give	ent's Usuei Occup kind of work done OQ NOT use retire	during most of world	king	16b. Kind of B	usiness/Inc	lustry
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	be filed with tal Hygiene. d other than event, the N	Ö	17. Father's Neme (First, Middle, Last)			omen.	18. Mother's Nerr	ne (First, Middle			TOME
Maryland	ould be filed wi Mental Hygien mrked other th witc event, the	To Be	Howard L	ewis		·	Be	rtha	Will	iam	
Mai	f Health and Mer f Health and Mer tem 27 is marks other traumatic		19e. Informent's Neme/Reletionship (T	ype, Print) Liver 1176	19b. Meilin	g Address (Street	and Number or Ru	ral Route Numb	er, City or Town,		
	other tr		20e. Method of Disposition	guish,	Plece of Dispos	11crest	Washi	naton,	Md. 6		90
Ö			1 ☐ Burial 2 Cremetion 3 ☐I	Removel from Stete	cemetery, cren	netory or other pie	(ce)	Dete	20c. Location -		
attimore	Department of Important: If Important: If any injury or once.		4 □ Donetion 5 □ Other (Specify,		netro	crema	tory .	lune 191	796 Ba	timo	re, Md.
8	permit. Departminite imports any inju		21. Signeture of Funeral Service Licent	100	22	Neme end Addre	ess of acility	AF-us	neral	Hon	10
_	00240		Suld De	701	4.	26 crai	in HWY	. S.W.	6 ken E	Burn	Ke Md, 2100
	Physician		23s. Partf. Enter the disease, or comp shock, or heart failers. List only of	lications that caused the de ne cause on each line.	ath. Do not ente	er the mode of dyi	ng, such es cardiac	or respiretory a	irrest,		Approximate Interval Between Onset and Deeth
-	/Medical		Immediate Causa (Final disease or condition	Respi	ra tor	-v fo	ilure				5 Pays
в	Examiner		resulting in deeth)	bue to	(or es e conseq		77-0				5 75.75
Н	P #	ine		Pneu	mon	ia				13	5 Pavs
	ate be executed hysician and the buriel-transit	Examiner	Sequentially list conditions,	Due to	(or es e conseq	ience of).	,	0	,	i	13
50,	cian clan		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initieted events	Chron	ic o	bstro	uctiv	e Pui	monas	VI	5 vears
68760	icate be e. physician s the burie	√Medical	thet initieted events resulting In deeth) Last	Due to	(or es e consequ	uence of):		01	sease	6	/
ox 6	certificate nding phys use es the	Me		d						. i	
Bo	2 5 3		8.							1	
Ö	the atter	Physicia	Pert II. Other significant conditions co	ntributing to deeth but not re	suiting in the ur	derlying cause gi	ven in Pert I.	23b. Did	1obacco use co	ntribute to	the cause of death?
P.0	that the ded by	F						10	Yes 2 No	34 Prot	bably 4 Unknown
Records,	requires that the deett been signed by the atte should be deteched for	d by						040 18/0		24h We	re autopsy findings
Ö	need	ete						perf	s an autopsy ormed?	SVE	nilable prior to
360	5 K	Completed							11	of	death?
	iclan: The lav certificate has rector, page 2							10	Yes 20 No	1[	Yes 2 No
of Vital	Physiclan: this certific rai director,	Be	25. Wes case referred to medical examiner?	Hospitel:		04	28. Place of Dee	th (Check only	one)		
of	this ai dii	70	1 Yes 2 No	1 Inpatient 2	ER/Outpatien	3LI DOA			idence 8 Oth	1 7	)
2	Ing F	io	27. Manner of Deeth 1 Maturel 5 ☐ Pending	28e. Dete of Injury (Month, Day Year)	28b. Time of Injury	28c. Inju Wo		28d. Describe	how injury occur	red	
Sic	Attending or death. ector: After by the fune	cat	2 ☐ Accident investigation 3 ☐ Suicide 6 ☐ Could not be				Yes 2 □ No	00/ 1	(Ct		I Donate March 2
Division	or At offer of he of he	Certification:	4 Homicide determined	28e. Plece of Injury - At building, etc. (Spec	nome, term, stre cify)	et, fectory, office			Street end Numb wn, Stete)	er or Hure	i Houte Number,
	ours ours illed		20- 0-45-								
	To the Hospital or Attending Physician: The I within 24 hours after death.  To the Funeral Director: After this certificate hat completely filled in by the funeral director, page	Medical	29e. Certifier (Check only one)  12 Cartifying Phy 2 Madicat Exami	sician: To the best of my kr nar: On the basis of examir end menner steted.	iowiedge, deeth ietion end/or inv	estigetion, in my	me, dete end piece, opinion, deeth occui	, end due to the rred et the time,	dete end plece,	enner as st and due to	eted. tha cause(s)
	ithin of the omple	M M	29b. Signeture end title of certifier	ond monner steted.		29c. Licens	se number	1	29d. Dete signe	d (Month, I	Dev. Year)
	F3F8		KAAA	1100-0	, 7	7	150	11	T	~ I	991
	-		10 None	NINO ,	2.11.		100	00	June	5,/	776
	7		30. Name and address of person who or	ompleted cause of deeth (Ite	m 23e) (Type, I	rint)	4WY. S	2. L.	COU G	189	996 Burnie 21061
			31. Date filed (Month, Day, Year)	32. Ragistrars Silv	neture 2	rain	711/1, 3	uite?	JUY /	1/4.	21001
	Sta Registr	$\sim$	JUN 1 4 199	6 Julia David	Selv-Norton	*					



TO BE COMPLETED BY FUNERAL DIRECTOR

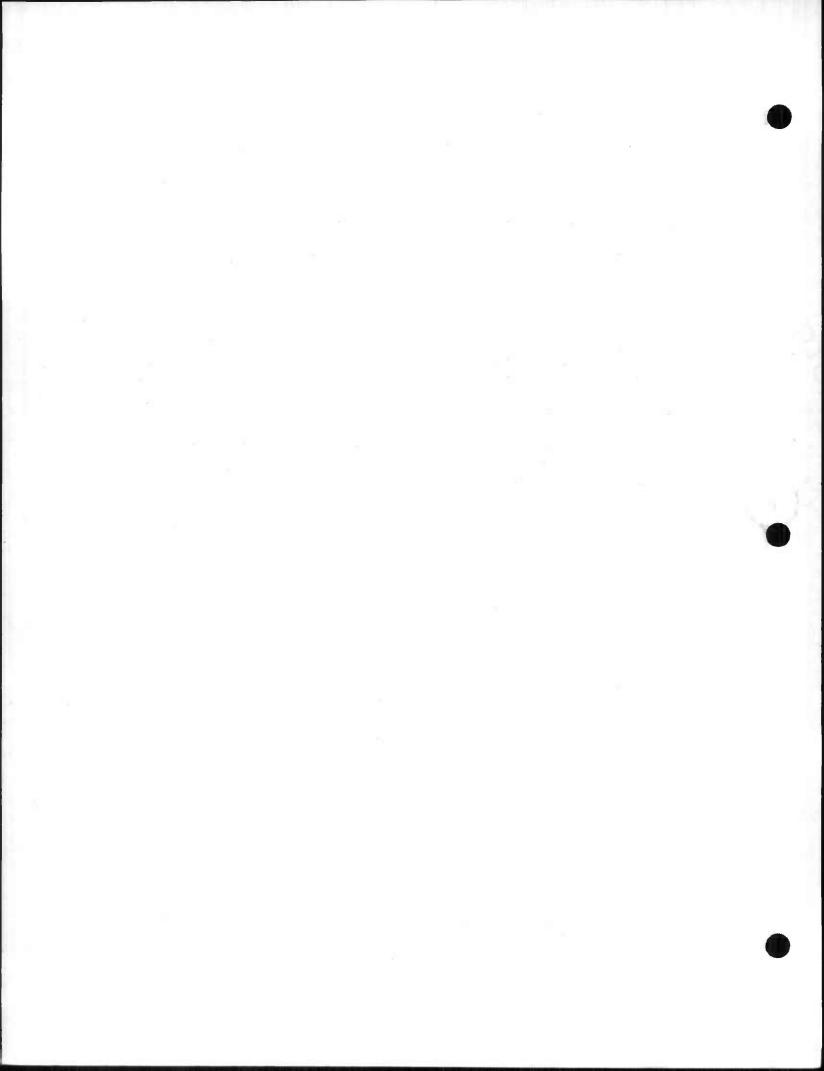
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	-	FOR STATE REGISTE	RAR		
	1. D	ECEDENT'S	NAME	(First,	Middle

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF DEATH	REG. NO	).	
1. DECEDENT'S NAME (First, Middle, La ANNA	KATHRYN	NEFF		2. DATE OF DEATH MONTH 15	1996	3. TIME OF DEATH M
4. SOCIAL SECURITY NUMBER 212-24-6705	5. SEX 6. AGE		F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) SEP. 28,	C	IRTHPLACE (State or Foreign buntry) MARYLAND
9+. FACILITY NAME (If not institution, gir	ve street end number)	-	b. CITY, TOWH OR LOCATION OF	OF DEATH		
MERIDIAN NURSING			CATONSVILLE		BALT	IMORE
10e. STATE 10b. COU	NTY	10c. CITY,	TOWN OR LOCATION			10d. INSIDE CITY LIMITS?
	ALTIMORE	A	RBUTUS			1 TYES 2 NO
100. STREET AND NUMBER 5605 HUNTSMORE	ROAD		101. ZIP CODE 21227			S.A.
11. MARITAL STATUS  1 Never Merried 2 X Merried  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IF ORCES? 1 YES	2 X NO	13. WAS DECENDENT OF HISP If yee, specify Cuban, Mexi- 1 — YES 2 X NO Specific	can, Puerlo Rican, etc.)		NACE — American Indian, Black, White, etc. Specify: WHITE
15. DECEDENT'S 8 (Specify only highest gr Elementary/Secondary (0-12)	rade completed)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during most of working	16b. KIND OF BU	ISINESS/INDUSTF	iv .
12	College (1-4 or 5+)	POLIC	E OFFICER		ENFORC	EMENT
17. FATHER'S NAME (First, Middle, Last)  CLARENCE ANDRE	W TRAIL		18. MOTHER'S I	IAME (First, Middle, Melder V. SILA		
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street end Number or Rure	I Route Number, City or Tox	vn, State, Zip Code	
ANDREW J. NEFF	/ HUSBAND	5605 H	UNTSMORE ROAD,	-		
20a. METHOD OF DISPOSITION  1.X. Burlel 2 Cremetion 3 R  4 Donation 5 Other (Specify)	lemoval from State	b.PLACE AND DATE OF metery, cremetory or othe DUDON PARK		UNE <sup>0A</sup> 15 20c. LO		E, MARYLAND
21. SIGNATURE OF FUNERAL SERVICE			22. NAME AND ADDRESS OF I	FACILITY UNERAL HOM	E. INC.	
Man (	Turrs		3620 WILKENS	AVENUE, BA	LTIMORE	, MD 21229
23. PART I. Enter the disesses, ahock, or heart fellu IMMEDIATE CAUSE (Final	re. Liet only one ceuse on	eech line.		ich se cerdiec or resp	olratory srrest,	Approximate Interval Between Onset and Death
disease or condition reaulting in death)		A CONSEQUENCE OF):	mor			4 mo
Sequentielly list conditions, if any, leading to immediate	b. DUE TO (OR AS	A CONSEQUENCE OF):				
cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST	c. DUE TO (OR AS	A CONSEQUENCE OF):				
readiting in death) EAST	_ d					
PART II. Other significent conditions	tions contributing to death	but not resulting in	the underlying ceuse given		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
DID TOBACCO USE COI	NITRIBLITE TO CALLSE (	DE DEATH VEC	□ NO ☑ LINCEDTA	IN $\square$		1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEATH		WI 4 L		
EXAMINER?  1  YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Out		OTHER:  Nursing Home 5 - Residence	6 Other (Specify)		
27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	286. TIME INJUI	OF 28c. INJURY AT	28d. DEŞCRIBE HOW	INJURY OCCURE	D
2 Accident Investigation 3 Suicide e Could not determined	be 28s. PLACE OF INJUR building, atc. (Spi	Y — At home, farm, str polity)		281. LOCATION (Street City or Town, Stell	and Number or Re	ural Route Number,
coel com			at the time, data and place, end d			use(e) end manner se stated.
296. SIGNATURE IND TITLE OF CERT	Yan MD		29c. LICENSE N		29d. DATE SIG	INED (Month, Day, Year) -(4-96
30. WAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, P			MORE	MO 21229
31. DATE FILED (Marth Day 1601)	32 HEGISTRANS SIG	BATURE O. C. A.C.	,	,		



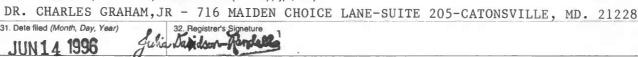


State of Maryland / Department of Health and Mental Hygiene 9 6

17607

					,	Cer	tificate d	of Death		ornar rry	Reg. No.	0	1001	
	Physic /Medi		1. Decedent's Neme (First, Middle, La HELEN E. OBERHEI:							2. Dete of De Month JUNE	Dey	Yeer 1996	3. Time of Deeth 720 PM	
	Exami		4e. Facility Neme (If not institution, giv	e street and nur	nber)			4b. City, To	wn, or Lo	cation of Deet	th 4c. Count	y of Death		
			SUMMIT NURSING H	OME (A	A-WING	- 3-B)			ONSVI	LLE	BA	LTIMO	RE	
	Funeral Director		217-09-8838	ex □M 2kgF	7. Age (In yrs. 96	last birthday) Yrs.	Months De		Min.	8. Dete of Bi (Month, De MARCH	rth ay, Year) 1, 1900	y, Year) 9. Birthplece Country) 1, 1900 MARYI		
	pu .		Usuei Residenca of Decedent  10e. Stete 10b. County		100 Cit	Town out o					<u> </u>			
	the Marylan 28a-f show notfried at	ctor	MARYLAND BALTI	MORE	Toc. Cit	y, Town or Lo	BALTIMO	RE				0d. fnside City Limits 1 ☐ Yas 2 ☐ No		
	th with th	I Dire	10e. Street end Number 304 WESTSHIRE RO	AD			10f. Zip Coo	21229			10g. Citizen of What Country? U.S.A.			
0	21215-0020 i within 72 hours after deeliene. r then "natural", or itams the Medical Examines m	Funeral Director	11. Merital Stetus  1 Never Merried 2 Merried	12. Wes Dece Armed For 1  Yes If Yes, Giv	2x No		Ves Decedent f Yes, specify ( I ☐ Yes 2√	Decedent of Hispanic Origin? (Specify Yes or No specify Cuben, Mexican, Puerto Rican, etc.)			0- 14. Re Ble	ean Indien, etc.		
00		d by	3 □kWidowed 4 □ Divorced	Yeer or De							Specia	WH:	ITE	
215-		Be Completed	15. Decedent's Ed (Specify only highest gra Elementery/Secondary (0-12)	ducation ade completed) College (1	-4or 5+)	(Give		one during mos stired)	of working	ng	16b. Kind of E	dustry		
		20	8TH GRADE			SAL	ESCLERK				DEPART	MENT	STORE	
land	Maryland 2 d2 should be filed v d2 should be filed v file and Mentel Hygie 7 is marked other traumatic avant, tt		17. Fether's Neme (First, Middle, Last) HENRY MILLER								irst, Middle, Meiden Sumeme) SAUERS			
an	Hear Hear other	To	19e. Informent's Neme/Reletionship (	Type, Print)		19b. Meliin	g Address (St	reet end Numbe	r or Rura	Route Numb	per, City or Town	, State, Zip	Code)	
			GLORIA SELCKMANN	(NIECE)		753 1	WHITNEY	LANDIN	IG- C	ROWNSV	ILLE, M	MD 21032		
Baltimore,			20e. Method of Disposition  1 🖾 Buriel 2 □ Cremetion 3 □  4 □ Donetion 5 □ Other (Specify		Stete	ametery, cren	sition (Name one tory or other ARK CEM	plece)	6/	Dete 14/96	20c. Location BALTI		own, State	
Balti	permit. Pages Department of Important: If I any Injury or pages.		21. Signeture of Funerel Service Licer			22 HT	. Neme end Ad UBBARD	dress of Fecilit	HOM	E INC.				
7	-		23a. Pert1. Enter the disease, or com shock, or heart feilure. List only	plications thet co	aused the deet	n. Do not ente	107 WIL or the <i>m</i> ode of	KENS AV dying, such es	ENUE cardiec o	- BAL	TIMORE,	MD	21229 Approximete	
d	Physician /Medical											1	Intervel Between Onset and Deeth	
	Examiner		Immediate Cause (Final disease or condition resulting in death)	e. Mekskie Hyroid Carcifore  Due to (or es e consequenca of):							1	2 year		
	nsit	mine		b			*					i		
60,	tificate be axecuted ig physician and as the bunal-transit	fedical Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury	Due to (or es e consequence of):										
x 68760,	E 00 6	Medica	thet initieted events resulting in deeth) Last	uenca of):	of):									
Box	death ce e ettandir d for use	clan		d						T		1		
P.O.	by th	by Physician/	Per II. Other significant conditions of	ontributing to de	ing to death but not resulting in the underlying cause given in Pert I.						Yss 2 No		the causs of death bably 4 Unknow	
Records,	v requires									24e. Wes	s en eutopsy ormed?	av co	ere autopsy findings allebie prior to mpletion of cause death?	
Œ	Iclan: The law certificata has rector, pege 2:	Completed								10	Yes 2 No	1[	Yes 2□ No	
Vital	yelclan: is certifica director,	Be	25. Wes case referred to medical					26. Plece	of Deeth	(Check only	one)			
of V	G X	10	exa <i>m</i> iner? 1 ☐ Yes 2 ☐ No	Hospitel: 1 🗆 Ir	patient 2	ER/Outpatien	t 3D DOA	Other: 48 Nu	rsing Hon	ne 5 Res	idence 6 🗆 Oti	her (Specif	y)	
ion o	Attending Ph r death. ector: After th by the funeral		27. Menner of Deeth  1 ☑ Neturel 5 ☐ Pending 2 ☐ Accident investigation	1 /1	f Injury n, Dey Year)	28b. Time of Injury		njuryat Work? 1 □ Yes 2 □		8d. Describe	how injury occu	rred		
Division	a for Attendants after death	Certification:	3 Suicide 6 Could not be determined	289. Piece	of Injury - At hog, etc. (Specify	ome, ferm, stre	rm, street, fectory, office  28f. Location (Street end Number or Rural Route Numb City or Town, State)						i Route Number,	
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completaly filled in by the funeral	edical C	29e. Certifier (Check only one)		sis of examine									
	Mithin Fo the	Me	29b. Signeture end title of cartifier				29c. Lic	ense number			29d. Date signed (Month, Day, Year)			
			· Clarent plays	m			02	Conse number			6142			

State Registrar



30. Neme end address of person who completed cause of deeth (item 23e) (Type, Print)

HELD MAD 9 group letting be a minimized with the infinite of the period of the peri

2. DATE OF DEATH DAY

11

1909

1996

9c. COUNTY OF DEATH

June

7. DATE OF BIRTH (Month, Day, Year)

March 31

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

212-30-4805

4. SOCIAL SECURITY NUMBER

THELMA

Se. FACILITY NAME (If not institution, give street and number)

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ges 1	DIRECTO	10e. STATE	10b. COUNT	Y		t0c. CITY, T	DWN OR LO					10	d. INSIDE CITY
permit. Pages		Md.		ltimore				Essex				1 (	LIMITS?
is.	FUNERAL	156 Rive		e Road				101. ZIP CODE 21:	221		t0g. CITIZ	USA	T COUNTRY?
fing physician.	BY	tt. MARITAL STATUS  1 Never Married 2 3 Widowed 4 Dive		12. WAS DECEDENT EVE FORCES? t Y IF YES, GIVE WAR O	ES 2X N		If yes,	DECENDENT OF HISP specify Cuban, Mexi (ES 21 NO Spe	Ican, Pue		s or No—	Black, W Specify:	Amarican Indian, Thite, etc.
r attending use as the	ED		EDENT'S EDU		16a. DE	CEDENT'S USI	JAL OCCUPA	ATION most of working		16b. KIND OF BU	SINESS/IND		111100
M G M	COMPLET	Elementary/Secondary (		College (t-4 or 5+)	ille.	House	tired.)			OW	n hor	ne	
8 6 B	Ö	17. FATHER'S NAME (First, A					·	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		rst, Middle, Maiden			
od by	BE	Marion		arrison							Amanda Lenning		
retained 5 should notified	TO	Patrici		nnina	190			et and Number or Run thorn Ro					21220
r death. Page 6 may be funeral director, page al. examiner must be a		200. METHOD OF DISPOSIT	ION		20b. PLACE A	NDDATEOFD					CATION - C		
		t XSurial 2 Crematic 4 Donation 5 Other		oval from State	ceHOTY	PatoRed C	eme:	Cemete	ry6,	/13/96	Ba1	imor	e MD.
		21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE	11			AND ADDRESS OF				- C D-	
		► R.T.	M	1 (00000	Was	r		nnelly I Mace I					
o certificate be executed within 24 hours after noding physician and completely filled in by the Hygiene prior to burial, cremation, or removal or other traumatte event, the medical	ERTIFICATION	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS	iona, diate	DUE TO (OR A	aused the death. Do not enter the mode of dying, such as cardiac or reapir on each line.  R AS A CONSEQUENCE OF):  R AS A CONSEQUENCE OF):  R AS A CONSEQUENCE OF):						iratory arre	Approximata interval Betwee Onaet and Dai 3 week	
v requires that the death been signed by the atte t. of Health and Mental shows any Injury, to	MEDICAL C		SE CONTI	a contributing to deet  A D M  RIBUTE TO CAUSE	, 14	A V	II,	CAD		t TYES 2	RMED?	AMA COI DF	RE AUTOPSY FINDING NILABLE PRIOR TO MPLETION OF CAUSE DEATH?
<b>声</b> 無 最 <b>与</b>	ICIAN:	25. WAS CASE REFERRED TEXAMINER?	O MEDICAL	HOSPITAL:		OF DEATH (	Check only or	ne)					
CIA.	PHYS	1 YES 2 NO		1 Inpatient 2 ER/C		DOA 4	Nursing H	ome 5 Residence		Other (Specify) DESCRIBE HOW I	N #100 000	10.50	
VG PHYSI ter this c auth with marked	BY P		Pending Investigation	(Month, Day, Yea		INJURY		WORK?	200.	DESCRIBE HOW I	NJUHY OCC	UHED	
TTENDII TOR: Ai after de	_	3 Suicide 8	Could not be determined	28a. PLACE OF INJU- building, etc. (S	JRY — At hor Specify)	ne, farm, stree	t, factory, of	fice	261. L	OCATION (Street of City or Town, State)	end Number o	or Rural Route	Number,
TAL OR AL DIR 72 hour	COMPLETED			CIAN: To the best of my kr									d manner ee stated.
TO THE HOSPI TO THE FUNER be filed within	TO BE C	296. SIGNATURE AND TITLE	esup	ande	M	3 .		D 4		82	29d. DATE	SIGNED (Mo	rith, Day, Year)
		30. NAME AND ADDRESS OF						RN BLI	100	RA-		0= 4	44-
6		31. DATE FILED (Month, Day, JUN 1 4 19;	Year)	32. REGISTRAR'S Q			73/6	N SC	, 0	DITTI	10401	e, r	02/22
10				and the same of th									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

DAYS

6. AGE (In yrs. last birthday)

87 YRS. 17608

3. TIME OF DEATH

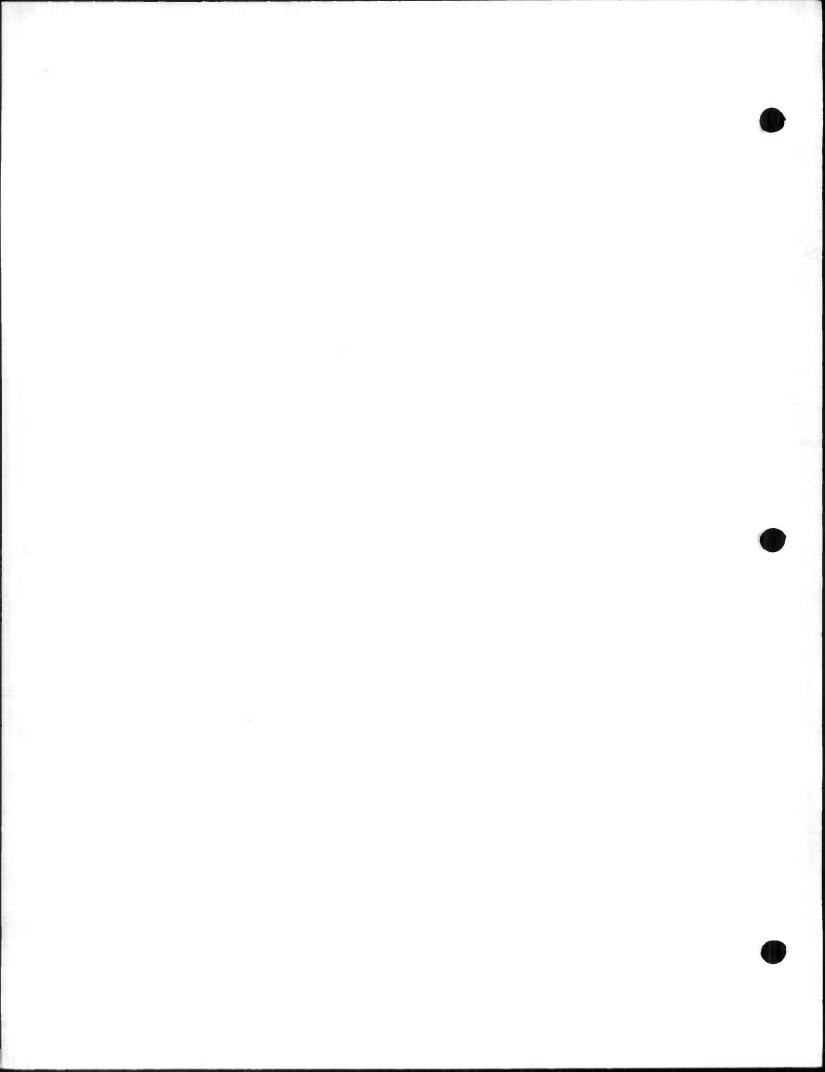
8. BIRTHPLACE (State or Foreign Maryland

Approximata **Onaet and Death** 

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE

7:30 a

DHMH-16 Rev 1/89



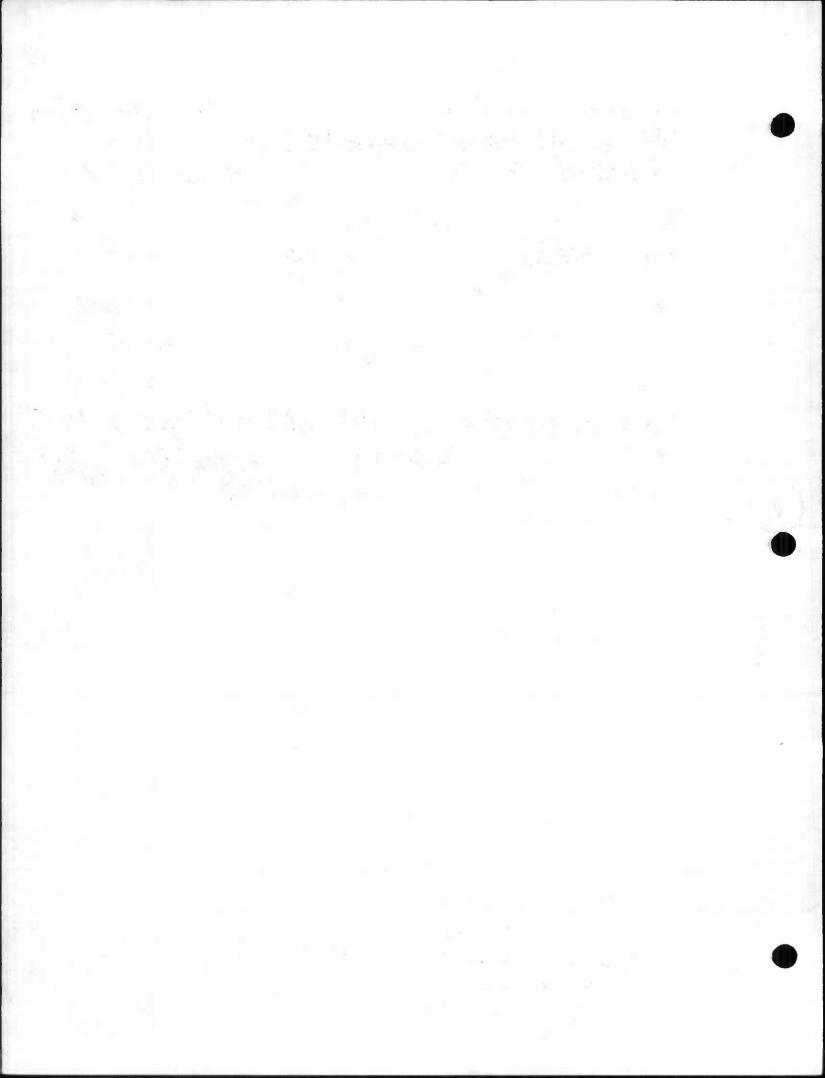
### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

96

17609

		Certificate of Death	F	Reg. No.		
Physician		Decedent's Neme (First, Middla, Last)	2. Data of Dea	ith Day	year Year	3. Time of Death
/Medical		GERTRUDE REDDING	6	9 9	16	4 PM
Examiner	r	44 Faeility Name (If not institution, give street and number)	MADE.			/
Surgeral		5. Social Security Number   Sax 7. Aga (In yrs. last birthday)   If Undar 1 Yeer   If Undar 24 Hi	S. 8. Date of Birt		9 Birth	piece (State or Fora
Funeral Director		VI - 10 - 566 + 1 M 2 F S Yrs. Months Days Hours Min		Year) 10	Cou	ntry
9		Usual Rasidence of Decedant			1	, , ,
show	2	10e, State 10b. County 10c Cont. Town or Location				10d. Insida City Llm 1  Yas 2 □ I
the Marylar 28a-f show normed at	200	10e. Street and Number 10f. Zip Goda		10g. Citizen of	What Cou	
should be filed within 72 hours after death with the Maryland of Mental Hygiene.  merked other than "natural", or items 23s or 28s-f show immite event, the Medical Examine must be notified at To Be Completed by Funeral Director.	5	140/ N. LAKENDON 21/21/3		Us	SIA	intry t
items 2	let	11. Maritel Status  12. Wes Decedent Evar In U.S. Armed Forces?  13. Was Decedant of Hispenic Origin? If Yas, specify Cuben, Maxican, Pue	(Specify Yes or No-	14. Rac		can Indian,
or the		1 Never Merried 2 Married 1 Yes No	nto rican, etc.)	Specif	ck, White,	arc.
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led within 72 ho lygiene. Ner than "natura It, the Medical I	Jes	15. Decedant's Education (Specify only highest grada complated)  Flamentary/Secondary (0.12)  College (1.4cr 5.)	rorking	16b. Kind of B	usinass/in	dustry
iges 1 and 2 should be hied wrinified to the Health and Mental Hygiene. If them 27 is marked other than or other traumatic event, the Mental Hygiene. To Be Comp		Elemantary/Secondary (0-12)  Collega (1-4or 5+)  HOUSEWITE  HOUSEWITE		HUI	110	
d outh	וע	17. Fether's Neme (First, Middle, Last)  18. Mothar's No.	ama (First, Middla,	Maldan Surnar	11	
Merri	2	W my Herson Un	know			nson
a I and 2 should be filed within 7 cm fem 27 is merked other than "netu other traumatic event, by Medical To Be Completed		19e; Informant's Nama Radillons (19th Arint) SC 19b. Mailing Addrass (Street and Number or I	Rural Routa Number	A PALE	, State, Zij	"Cala La
Health tem 27 other tr	1	20a. Mathod of Disposition 20b. Place of Disposition (Name of	Dete	201 Location	City or T	pwn, State
n	1	1 Burial 2 Cramation 3 Removal from Stata 4 Donation 5 Other (Specify)	6/14/	Kitchi	F. F	auv.
[ 등록록		21. SigNalura of Funaral Service Licensea 22 Name and Address of Facility	OCKS 3	unife	AL /	HOME
Deparement of the population o		Ma C. LOCKE 1304 CENTRAL	AVE.	-1,000		
		23a. Part1. Enter the diseesa, or complications that caused the deeth. Do not antar tha mode of dying, such es cardi shock, or heart failure. List only one cause on each line.	ec or raspiretory er	rest,	1	Approximata Intarval Between
hysician					i	Onset end Deeth
/Medical ixaminer		Immediata Causa (Final diseasa or condition rasulting In death)  a. Clur 1: a.c. In Security are a consequence of):  Dua to (or as a consequence of):	5 }			LION
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uriai-tr		Sequentially list conditions, if any, leading to immadiate cause. Entar Underlying Causa (Disaasa or Injury that imitated a vants  Oue to (or as a consequence of):  Due to (or es e consequence of):			i	7200
physicians the burner edical	5	Causa (Olsassa of Injury that Initiated avants resulting in death) Last  Due to (or es e consequence of):			1	7 2020
ij e   2		d. NIDDM				7 20 yrs
d by the attendeteched for us	2	Deal! Others In Manager 1981	1	Winner (British		
ed by the detached	133	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.			3 Pro	o the cause of dea
be det	2	Stage TV Sacral Lecusitus	-	2010	00110	Jacob Committee
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,		30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 5555 Have W. S. Grea Worth R. W. S. Grea Worth R. W. S. Grea Worth R. W. S. Grea Worth R. W. S. Great Worth R. W. W. S. Great Worth R. W. W. S. Great Worth R. W. W. W. S. Great Worth R. W. W. S. Great Worth R. W. W. W. W. W. W. W. W. W. W. W. W. W.	in s	1274	cle	ile
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Registrar		JUNI 4 1996 July Davidson Mandal				



Please Type or Print in Biack Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 6 item #12, filmg 736, 6/14/96,cyw, per fh Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month Year Stephen Joseph REIMER June 11,1996 9:25 p.m. /Medicai 4a. Fecility Neme (If not institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner Franklin Square Hospital Baltimore Baltimore | If Under 1 Yeer | If Under 24 Hrs. | 8. Dete of Birth (Month, Dey, Year) 5. Social Security Number 7. Age (In yrs. last birthdey) Birthplece (State or Foreign Country) **Funeral** Deys 1⊠M 2□F Yrs 214-42-2041 Director 53 May 20, 1943 Maryland Usuel Residence of Decedent death with the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits raf", or Items 23a or 28a-f ahow Examiner must be notified at Baltimore 1 ☐ Yes 2 X No Maryland Baltimore Directo 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 9101 Transoms Road 21236 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☑ Yes PEND If Yes, Give Yeer or Detes: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. e filed within 72 hours after of Hygiene. 1 ☐ Never Merried 2 ☐ Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ▼ No Specify: Specify: White à 3 ☐ Widowed 4 ☐ Divorced Completed event, the Medical Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Tropical Fish Elementary/Secondary (0-12) College (1-4or 5+) Retail Owner 12th grade Store permit. Pages 1 and 2 should be file Department of Health and Mental Hy, Important: If item 27 is marked othe any injury or other traumatic event, once. 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) Be Agnes Marcella Tyminski Joseph George Reimer 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Mrs. Rosanne Reimer (wife) 9101 Transoms Rd., Baltimore, MD 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other piece) 20c. Location - City or Town, Stete 1 Burial 2 Cremetion 3 Removel from Stete 6/15/96 Baltimore, Maryland Oaklawn Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Furnal Service Licensee 22. Name and Address of Facility
Schimunek Funeral Homes, Inc. 9705 Belair Rd., Baltimore, MD 21236 complications thet caused the deeth. Do not enter the mode of dying, such as cerdiec or raspiretory arrest, ast only one cause on each line. Part1. Enter the di shock, or heart fall Approximata Interval Between Onset and Deeth Physician /Medicai Immediete Ceuse (Finel diseese or condition resulting in death) Ventricular Fibrillation 55 min. Examiner Dua to (or es e consequence of): Examine 2 hours b. Acute Myocardial Infarction The law requires that the death certificete be executed physician end Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initialed avents resulting in deeth) Last Due to (or es e consequence of) Box 68760 Severe Coronary Artery Disease 10 years Physician/Medicai Due to (or es e consequence of): ettending p Atherosclerosis Part II. Other significant conditions contributing to death but not resulting in the underlying ceusa given in Pert i. been signed by the should be deteched 23b. Did tobacco use contributa to the cause of death? 1 TYee 2 No 3 Probably 4 Unknown Diabetes mellitus Records, þ 24b. Were autopsy findings available prior to Completed 24e. Wes en eutopsy performed? Chronic tobacco abuse completion of cause of death? s certificate has I 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attending Physician: 24 hours effer death. Funeral Director: After this certifica etely filled in by the funeral director, p Be 25. Wes cese referred to medical examiner? 26. Plece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Rasidance 6 Other (Specify) P 1 Yes 2 No 27. Menner of Death Certification: 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Natural 5 Pending 1 ☐ Yes 2 ☐ No investigetion 2 Accident 6 Could not be 3 Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28a. Plece of Injury - At home, ferm, street, fectory, office building, atc. (Specify) 4 Homicide To the Hospital or within 24 hours eff To the Funeral Di completely filled in Confining Physician: To the pest of my knowledge, death occurred at the time, date and place, and due to the ceusa(s) and manner as stated.

If Medical Examiner: On the pass of examinetion ender investigation, in my opinion, deeth occurred at the time, date and place, and due to the ceuse(s) and manner stated. 29a, Certifier Medical 29b. Signature 29c. License number 29d. Dete signed (Month, Dey, Year) D42083 June 11,1996 30. Name and ause of deeth (Item 23a) (Type, Print) Gunta Wheeler 9000 Franklin Square Drive Baltimore, Maryland 21237

Julie Davidson Randell

State Registrar

DHMH 16 Rav 6/95

7+1

JUN 1 4 1996

31. Dete filed (Month, Dey, Year)



BIRTHPLACE (State or Foreign Country)

10d, INSIDE CITY LIMITS?

14. RACE — American Indian, Black, White, atc.

1 YES 2 X NO

White

21093

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO

1 TYES 2 NO

Hatulard 21093

29d, DATE SIGNED (Month, Day, Yber)

COMPLETION OF CAUSE OF DEATH?

Approximata Interval Between

**Onset and Death** 

3 hours

Colorado

10g. CITIZEN OF WHAT COUNTRY?

Specify:

USA

Garvin

21093

9c. COUNTY OF DEATH

N/A

2. DATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last)

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O. BOA 00/0	certificate be executed writim 24
P.O. BOA 8676	ath certificate be executed writim 24 me
3, P.O. BOA 6676	death certificate be executed writim 24 me
103, P.O. BOA 00/0	the death certificate be executed writim 24
RECORDS, P.O. BOA 80/0	that the death certificate be executed writim 24

DIVISION OF VITAL

9

auson 6 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) Oct 25, DAYS HOURS 522-36-0599 1 💢 M 2 🗌 F 64 YRS. 1931 permit, Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Sinai Hospital Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10h. COUNTY Maryland Baltimore Timonium FUNERAL 10a. STREET AND NUMBER as the burial-transit 2205 Westridge Road 21093 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 Never Merried 2 X Married 1 TES 2 NO Specify: BY 3 Widowed 4 Divorced 8/1/68 ETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refired.) 15. DECEDENT'S EDUCATION pecify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY use (Spe Elementary/Secondary (0-12) College (1-4 or 5+) 0 COMPL 12 4 X-Ray Service Technician Medical detached once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) at Walter Rawson Elizabeth page 5 should notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Harriet W. Rawson 2205 Westridge Rd., Timonium, MD pe 20e. METHOD OF DISPOSITION
t X Burlei 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 87E 20c. LOCATION - City or Town, Stata must t X Burlei 2 Cremation 3 L 4 Donation 5 Other (Specify) Dulaney Valley Mem. Grdns. June director. Timonium, Maryland H. MIGHATORE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY funeral Bryan W. Clary Lemmon Funeral Home 10 W. Padonia Rd., Timonium, MD filled in by the fion, or removal. medical 23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or reepiratory arrest, shock, or heart fellure. List only one cause an each line. IMMEDIATE CAUSE (Final disease or condition cremation, the completely Suparacknoid resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF) and com other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to ( if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evente the attending p resulting in deeth) LAST 6 Injury, PART ii. Other significent conditione contributing to death but not resulting in the underlying ceuse given in Pert i. 24a. WAS AN AUTOPSY MEDICAL PERFORMED? any 1 - YES 2 NO signed the shows been f. of r this certificate has been with the State Dept. o arked, or item 23 sh DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO VO UNCERTAIN PHYSICIAN: HOSPITAL OR ATTENDING PHYSICIAN: The law 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: 4 - Nursing Home 5 - Residence 8 - Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED 28a. DATE OF INJURY (Month, Day, Year) 5/3/196 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? marked, PM subject fell 1 Natural 5 Pending investigation 1 YES 2 NO DIRECTOR: After the hours after death v BY 2 Accident
3 Suicide 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 ls | 8 Could not be determined COMPLETED Item 29a. CERTIFIER
(Check only one)

MENICAL EXAMINER. On the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. TO THE HOSPITAL O
TO THE FUNERAL D
DE filed within 72 ho
IMPORTANT: II III 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

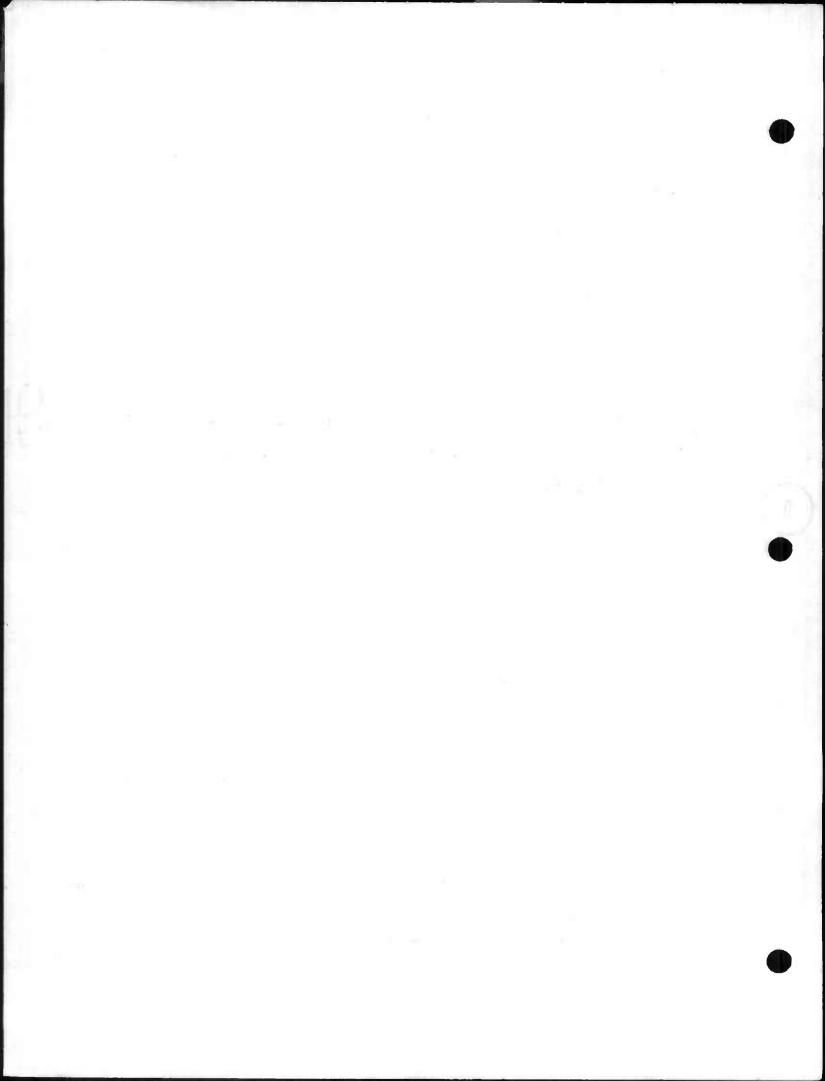
Cina Davidson-Randale

Robert Eggene Rawson

**CERTIFICATE OF DEATH** 

DHMH-18 Rev 1/89

31. DATE FILED (Month, Day, Year)
JUN 1 4 1996



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month Ine 1946 11:50 an 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death medica Bultimore 1ercy ff Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Year, 9. Birthplace (State or Foreign Country) West Virginia 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Months 1 □ M 2 1 F Jan 12, 1942 West 236-66-7510 Usuel Residence of Decedant 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No MD Baltimore Baltimore 10g. Citizen of What Country? 10e. Street end Number 10f. Zip Code 21222 7527 Westfield Rd. USA 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritai Stetus 14. Race - Amarican Indien Bieck, White, etc. 1 ☐ Yes 2 ☐ No if Yas, Giva Yeer or Detes: 1 ☐ Never Merried 2 ☐ Married 1 ☐ Yas 2 ☑ No Specify: Specify: White 3 Widowed 4 Divorced 15. Decedent's Education (Specify only highast grada complated) 16a. Decedent's Usuel Occupation (Giva kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry Elementery/Secondery (0-12) College (1-4or 5+) U S Vision Optical Manager 12 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Harold Turner Florence Tyler 19a. informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 13 Washington & Less Blvd., Stafford, VA Patty Muhler 20b. Pieca of Disposition (Name of cametery, cremetory or other piece) 20a. Method of Disposition Data 20c. Location - City or Town, State 1 ☐ Buriei 2 ☐ Cramation 3 X Removal from State 6/15/96 4 □ Donetion 5 □ Other (Specify) Greenbrier Burial Park Hinton, WV 21. Signature of Funeral Sarvice Licenses 22. Name end Address of Facility ALTENBURG FUNERAL HOME, P.A. 23a. Part If Enter the disease or complications that cau ed in death. Do not enter the mode of dying, such es cardiec or respiretory errest, st only one cause on each firm Approximate Interval Between Onset and Deeth Immediate Cause (Finei disaese or condition resulting in deeth) Dua to (or as a consequence of) 10 Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Dua to (or as a consequence Due to (or es e consequence of) Part ii. Other eignificant conditions contributing to death but not resulting in the underlying causa given in Part ii. 23b. Did tobacco use contribute to the cause of death? 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to 24e. Wes an autopsy completion of cause of death? 2 2 No 1 Yas 2 No 25. Wes case raferred to medical 26. Piece of Death (Check only one) axaminar? Hospitei: Othar: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Inpatient 2 ER/Outpatient 3 DOA 28e. Data of Injury (Month, Dey Year) 27. Menner of Death 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? 1 Natural 2 Accident 5 Pending Invastigation 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Suicida 28e. Placa of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Routa Number, City or Town, Steta)

Physician /Medical Examiner ate has been signed by the ettending physician and page 2 should be detached for use as the buriel-transit

**Physician** 

/Medical

**Examiner** 

Director

Funeral

P

Completed

Be

**Funeral** 

Director

7 is marked other than "natural", or items 23s or 28s-f show traumstic avant, the Medical Examiner must be notified at

Pages 1 and 2 should be filled within 72 hours after in the Heelth and Mental Hygiene.

The fill flort 27 is marked other than "natural", or flort

al Hygiene.

permit. Pages 1 end 2 sh Department of Heelth end Important. If them 27 is m any injury or other traum once.

Baltimore, Maryland 21215-0020

deeth with the Marylend

Examiner Certification:

Physician/Medical ğ Completed Be 70

4 Homicide

(Check only one)

29e. Cartifiar

funeral director, After Attanding death. Hospital or Attandi
 24 hours effer death.
 Funeral Director: A filled in by To the I within 2 To the F

certificate

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Division of Vital Records, P.O. Box 68760,

lew requires that the deeth certificate be

Medical

State Registrar

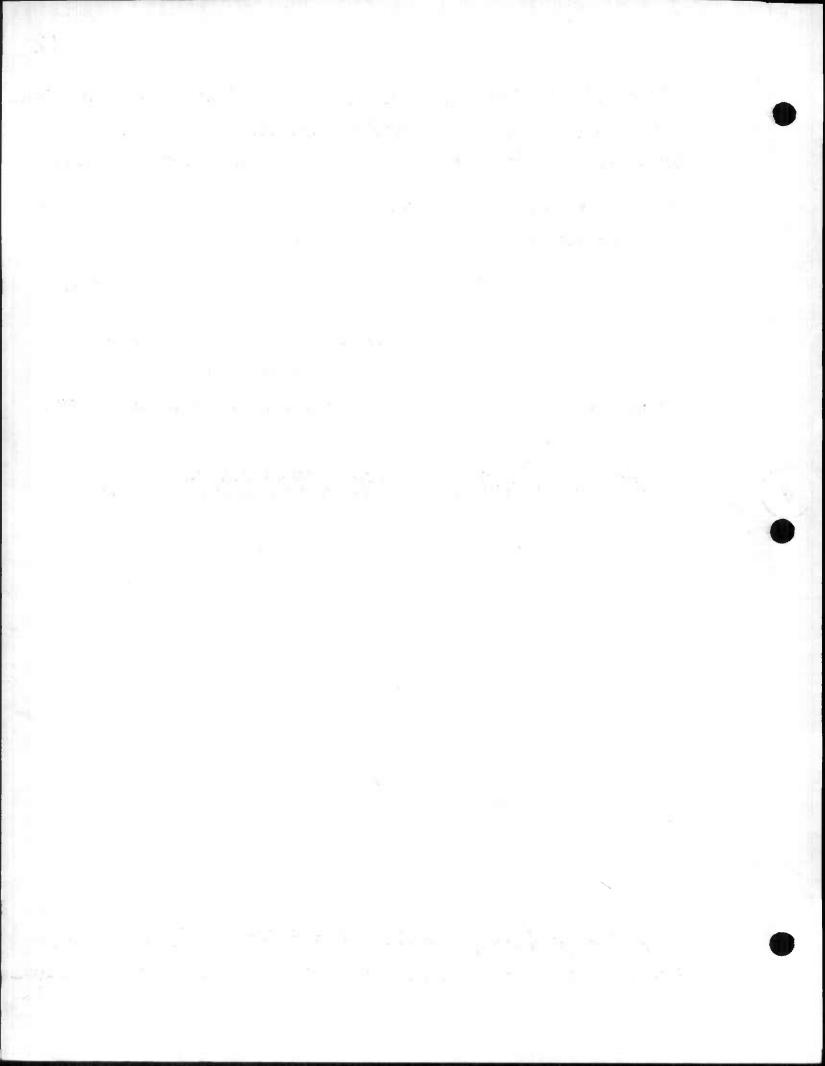
Certifying Physician: To the best of my knowledge, deeth occurred et tha tima, deta and place, end due to the ceuse(s) and manner as stated.
2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, deeth occurred et the time, dete end placa, and dua to the causa(s) and menner stated. 29b. Signature and title of certifier

29c. License number 29d. Dete signed (Month, Dey, Year)

who completed cause of deeth (Item 23a) (Typa, Print) 30. Nama and eddress of person

Paul St. Bultimore. Mary and 2120) 54. enaye 9run 301 31. Date filed (Month, Dey, Year)

32: Registrer's Signeture



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 176 13

					Cei	uncate of	Deam		Reg. No.			
ician	1. Decedent's Ne	me (First, Middi	e, Last)					2. Date of D Month	eeth Day	Year	3. Time of Death	
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ner	4a. Facility Name	(If not institution	n, give street end nu	mber)		II.	4b. City, Town,	or Location of Dee	th 4c. Coun	ty of Death		
	UNIVERS	SITY HO	OSPITAL	S.T.U.			BALTIN	ORE CIT	ry n.	/a		
	5. Social Security		6. Sex	7. Age (In yrs. le	st birthdey)	If Under 1 Yea	r If Under 24 h			+	place (State or Fore	
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	Usuel Residence								Norcheard			
	10a. State Md •	10b. County	ltimore	10c. City,	Town or Lo		Ltimore			10d. Inside City Limi		
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runeral	11. Mantal Status		12. Was Dec	edent Ever In U,S	. 13. V	Vas Decedent of	Hispanic Origin?	(Specify Yes or Nerto Rican, etc.)	o- 14. Ra	ce - Ameri	ican Indian,	
		rried 2 Marr		2X No				lerto Hican, etc.)	Bi	eck, White	, etc.	
2	3 Widowed	4 Divorced	If Yes, Gir Yeer or D	ve ates:	1	l□Yes 21X0No	Specify:		Speci	h: W	hite	
2	/60	15. Deceden	t's Education		16a. Decad	ent's Usual Occu	pation		16b. Kind of I	Business/Ir	ndustry	
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O	17. Fether's Name	(First, Middle,	Last)				18. Mother's N	Name (First, Middle	, Maiden Sume	me)		
To B	Georg	e W. Ro	bbins				F	annie B.	Robbins	3		
	19a. Informant's I	Name/Relations	hip (Type, Print)		19b. Mailin	g Address (Stree	at end Number or	Rural Route Numb	per, City or Town	, Stete. Zi	p Code)	
	George	M. Rob	bins					Severn Mo				
	20a. Method of DI	sposition		20b. Pla	ce of Dispos	sition (Neme of		Dete	20c. Location	- City or T	own, Stete	
		© Cremation 5 ☐ Other (Si	3 □Removel from	State		netory or other pla		115 106				
	21. Signature of F			Met		ematory  Name and Addr		/15/96	Balti	lmore	MO.	
	0			0/	f.			Home of	Essex			
	Λ.	Ier	Mo	mell	11 3	OO Mace	Ave. Ba	1timore	vd 2123	21		
	23a. PartT. Enter shock, or he	the diseese, or art feilure. List	complications that conly one cause on a	aused the death. ech line.	Do not ente	er the mode of dy	ing, such as card	liec or respiratory	arrest,		Approximate Intervel Between	
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	fmmediate Cause diseese or conditi resulting in death	on	a	200	du	rod la	tenot	Dra		İ		
-	The state of the s			Due to (or	es a conseq							
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Examiner	Sequentially list of if any, leading to I	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying										
a E	Cause (Disease o	r Injury 👚	C									
S	that initiated even resulting in death)			Due to (or e	s e consequ	ienca of):						
n/Medical			d									
lan												
Physicia	Part II. Other sign	ficant conditio	ns contributing to de	ath but not result	ing in the un	derlying cause gi	iven in Part I.	23b. Did	tobacco use co	ontribute t	o the cause of deat	
								10	Yes 20 No	3 Pro	bably 4 Unkno	
by												
Completed								24a. Was	an autopsy ormed?	84	ere autopsy finding aliable prior to	
du du								-			ompletion of cause death?	
Ö								10	Yes 20 No	11	□Yes 2□No	
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0	1 Yes 2	No	Hospital:	npatient 2 E	R/Outpatient	3 DOA Ot	her: 4 Nursing	Home 5 ☐ Resi	dence 6 □Ot	ner (Specii	(v)	
	27. Manner of Dea		28a. Date o	of Injury 2 h, Dey Year)	8b. Time of Injury	28c. Inju Wo			how injury occu		1	
all	1 UNatural	5 Pending investig	9 /	96	UNK		Yes 2 No	Sub, ec	# tell	att	omo	
Certification:	Suicide 4 ☐ Homicide	6 ☐ Could n determi	ned 288. Place	of Injury - At hom	e, farm, stre	et, factory, offica		28f. Location (	Street and Num	ber or Run	al Route Number,	
9	4 El Horniolog		Dundir	ng, etc. (Specify)	Hone			260 N	Ell was	o Ac	R 2122	
	29a. Certifier	1☐ Certifying	Physician: To the	best of my knowle	edge, death	occurred at the ti	me, date and pla	ca and due to the	cause(a) and m	anner as e	toted	
edical	(Check univ	2 XMsdical E	xaminer: On the be end mann	sis of examinetion	n and/or Inve	estigation, In my	opinion, death oc	curred et the time,	dete end place,	and due to	the cause(s)	
ž	29b. Signatur and	title of certifier	1 1			29c. Licens	se nu <i>m</i> ber		29d. Date signe	d (Month,	Dey, Year)	
	1/0	41 -	Losto	MIN								
	20 Name and add	anos	- CV-IC	1040	0.16		M.E.		JUNE 1	1, 1	1996	
	TIA P		who completed cause	of death (Item 2								
	31 Data filed (1)	,	V	/	111_	Penn St	treet,	Baltimo	re, Ma	ryla	and 2120	
	31. Date filed (Mor	1 1996	a. a. wie	gistrer's orginatur	R.							
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### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

17614

Certificate of Death 3. Time of Death 2. Dete of Death 1. Decedent's Neme (First, Middle, Last) Month **Physician** Short June 6:00 pm. Joseph Kirwan /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Reister boom

If Under 1 Year If Under 24 Hrs. 8. Dete of Birth
(Month, Dey,
May 12, 302 Northway Ct. Baltimore 6. Sex 10 M 2 ☐ F 9. Birthplece (Stete or Foreign Country) Pennsylvania 5. Sociel Security Number 7. Age (In yrs. last birthdey) **Funeral** Months 82 164-01-9801 Yrs. Director Usuel Residence of Decedent the Marylend 10d. Inside City Limits 10e State 10b Counts 10c. City. Town or Location 28a-f ahow traumatic event, the Medical Examiner must be notified at 1 ☐ Yes 2 ☐ No Baltimore Reisterstown Director Maryland 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? 8 Items 23a 302 Northway Ct. 21136 U.S.A. filed within 72 hours after deeth Hygiene. Funeral 12. Wes Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 ☐ No if Yes, Give Yeer or Detes: 14. Race - American Indien. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Bleck, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 natural', or 1 Yes 2 No Specify: by 3 ☐ Widowed 4 ☐ Divorced White Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry other then Elementery/Secondery (0-12) College (1-4or 5+) Salesman Oscar Mayer Department of Health and Mental Hyg Important: If Item 27 is marked other any injury or other traument 18. Mother's Neme (First, Middle, Meiden Sumeme) 17. Fether'a Neme (First, Middle, Last) Be Mae Diehm Maurice Short 2 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Informent's Neme/Relationship (Type, Print) Florence C. Short - Wife 302 Northway Ct. Reisterstown, Md. 21136 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 20e. Method of Disposition 1 ☐ Buriel 2 ☐ Cremation 3 ☐ Removel from State Metro Crematory 4 ☐ Donetion 5 ☐ Other (Specify) June 13, 1996 Baltimore, Md. 22. Neme end Address of Fecility 21. Signeture of Funerel Service Licensee Eckhardt Funeral Chapel Garth 11605 Reisterstown Rd. Owings Mills, Md. 21117 23e. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feiture. List only one cause on each line. Approximete intervei Between Onset end Deeth Physician Immediate Cause (Finel disease or condition resulting in deeth) /Medical **Examiner** Examiner The law requires that the deeth certificate be axecuted ettending physician and for use as the buriel-transit Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of Box 68760, Physician/Medicai Due to (or es e consequence of): 23b. Did tobacco use contribute to the cause of death? ed by the e Pert il. Other elanificant conditions contributing to death but not resulting in the underlying cause given in Pert I. Division of Vital Records, P.O. s been signed by the should be detached 1 ☐ Yee 2 ☐ No 3 Probably 4 Unknown by 24b. Were autopsy findings avelleble prior to completion of cause of death? 24e. Wes en eutopsy performed? Completed has 1 ☐ Yes 2 ☑ No 1 ☐ Yes 2 ☐ No certificate Physician: 25. Was case referred to medical exeminer? Be 26. Piece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Aesidence 6 Other (Specify) 1 ☐ Yes 2 ☑ No 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 27. Menner of Deeth 1 ☑ Neturet 28d. Describe how Injury occurred 28b. Time of 28e. Dete of Injury (Month, Dey Year) 28c. Injury et Work? Certification: i or Attending P after death. After 1 5 Pending 1 Yes 2 No Investigation 2 Accident 6 Could not be determined 3 ☐ Sulcide Location (Street end Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) filled in by 4 I Homicide within 24 hours af To the Funeral D completely filled 29e. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, end due to the ceuse(s) end menner es steted. Medical 2 Medical Examiner: On the besis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) and menner stated. 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signeture and title of certifier of death (Item 23a) (Type, Print)
Dr. Reistenstauru MD 21136 Tammi Daws, MD 30. Name and eddress of person who comp 32. Registrar's Signature 31. Dete filed (Month, Dey, Year) State JUN 1 4 1996 Registrar

**DHMH 16 Ray 6/95** 

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State Registrar 29b. Signature and title of certifier

an ll

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30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

NORTHWEST HOSPITAL, MD 21133 31. Date filed (Month, Day, Year)
JUN 1 8 1996

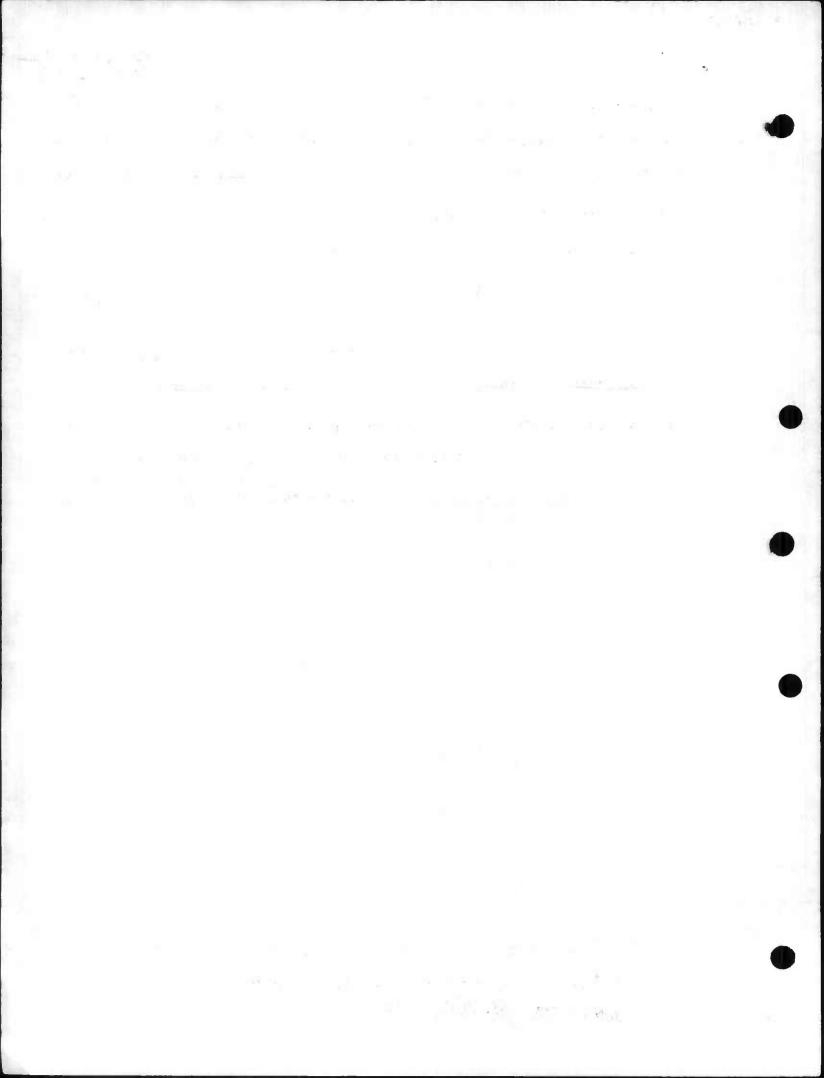
29c. License number

1)37333

29d. Date signed (Month, Day, Year)

JUNE 9

1996



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State of Maryland / Department of Health and Mental Hygiene 96 17616

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neral ector		274-58-3785	6. Sax 1 □ M 2√2 F	7. Age (in yrs. li 84	ast birthday) Yrs.	If Under 1 Yaa Months Deys		Min. (/	ete of Birth Month, Day, CT . 1	Year) 1911		lace (State or Foreig try) NGARY	
nd at	or	Usuel Residence of Decedent  10e. Stata 10b. County  MARYLAND BALTI	MODE		, Town or Lo				10d. Inside City Lir 1 □ Yas 2 ⊊				
on notifi	Direct	10e. Street and Number		I.D.F	TELLICI	10f. Zip Code	01014		10	10g. Citizan of Whet Country?			
edical Examiner roust be notified at	Funeral Director	2 AMLEHT CT., A  11. Marital Status  1 Never Merried 2 Marrie	12. Was Daced Armed Fore	iant Evar in U,S cas? 2 Tano	S. 13. V	Was Decedant of If Yas, specify Cu		gin? (Specify , Puerto Ricar	Yas or No- n, etc.)	14. Rac	JSA ce - Americ ck, Whita,		
al Exam	P	3 XWidowed 4 ☐ Divorced	If Yas, Give Yeer or De			1 ☐ Yes 2 ØNo	-,,-			Specif	WI	HITE	
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		19e. Informant's Neme/Reletionshi MRS. RITA R. ST		HTER)		ng Address <i>(Stree</i> L PARK H						Code) ORE, MD2	
ry or other		20a. Method of Disposition  1 Burial 2 Cremetion  4 Donetion 5 Other (Special Control	B □Removel from S	20b. Pl	ece of Dispo	sition (Name of matory or other pl SES MONT		De	eta 2	0c. Location - BALTI	City or To	wn, Stata	
any injury or	Ī	21. Signature Policial Service L	- 14		22	Neme end Add	ass of Fecility	s BROS	TNC				
cal ner	Examiner	Immy dete Ceuse (Final disease or condition resulting in death)  a. Underwhite (Couse of the Couse											
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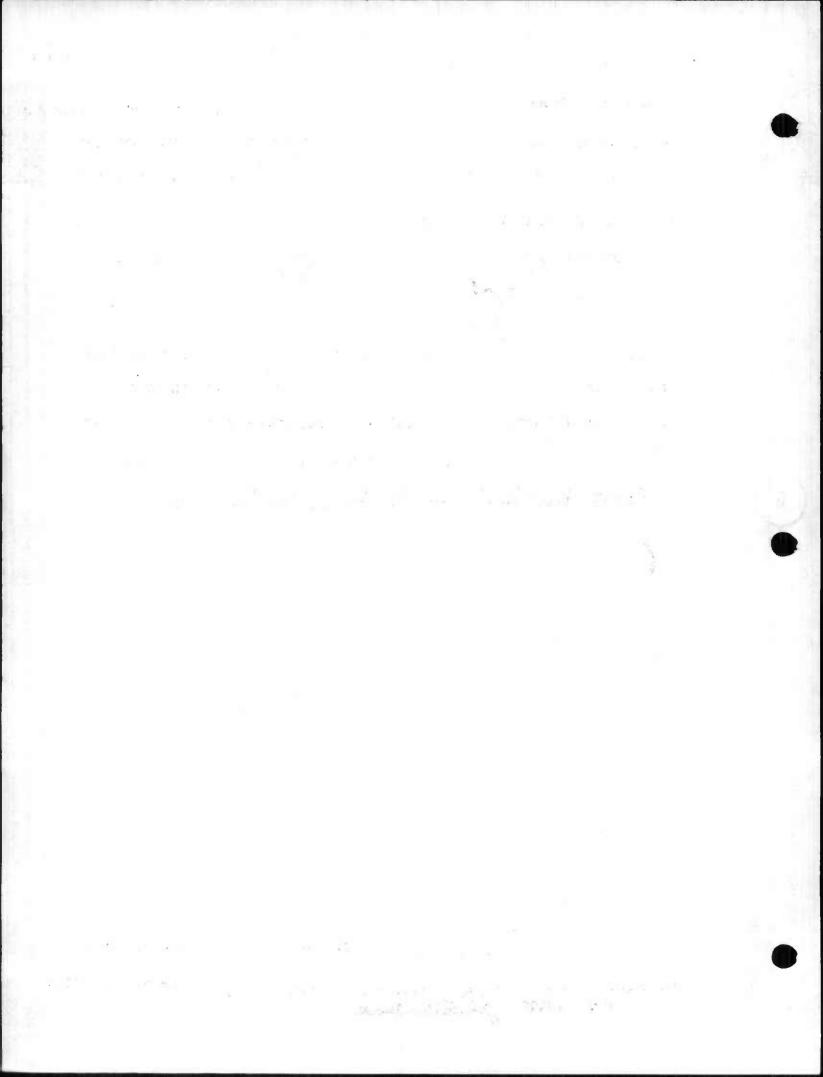
Baltimore, Md.

21229

	Physic /Med		1. Decedent's Nem Wilbe	e (First, Middle, L rt L. Sw	*				10010 07	Dout	2. Date of I Month June	Dey	Year 996	3. Time of Death
	Exami		4e. Facility Name (				OCD I III A I	E D		4b. City, Town, BALTIM	or Location of De	ath 4c. Coun	ity of Death	1 1 1 1
	Funeral Director		5. Social Security N 213-28-6 Usuel Residence of	192 6.	Sex 1√EM 2□ F		vrs. last birth	day) H	Under 1 Yeer onths Deys	If Under 24	Hrs. 8. Dete of E		9. Birthpl Coun. 1 VIR	CITY lace (State or Foreign try) GINIA
	deeth with the Meryland me 23a or 28a-f ehow r must be notified at	or	10a. State	10b. County BALTIMOI	RE CITY	10c.	City, Town	or Locati					10	0d. Inside City Limits
	with the Me or 28s-f	Director	10e. Street and Nu	mber			27.11		10f. Zip Code			10g. Citizen o		try?
020	d within 72 hours efter giene.	by Funeral	11. Maritel Status	RENELL I	12. Wes Dec	cedent Ever in orcas? 2 No silve Dates: KOF					? (Specify Yea or I uerto Rican, etc.)		S.A. ace - America lack, White, o	
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	Physician /Medicai Examiner	her	23a. Part1. Enter the shock, or head the shock, or head the shock of t	(Finel	a. Myo	cardia Due t	l Isc	hemi onsequen	a nce of):					Approximete Interval Between Onset and Death Minutes
ox 68760,	th certificate be executed ending physician and r use as the burial-transit	an/Medical Examiner	Due to (or as a consequence of):  Coronary atherosclerosis, calcific, marked with  Due to (or as a consequence of):  Due to (or as a consequence of):  90% occlusion of the right  Cause (Disease or Injury that initiated events resulting in death) Last  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):											Years
P.O. B	requires that the death been signed by the atter hould be detached for t	by Physicia	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.  Dilated cardiomyopathy  23b. Did tobacco use contribute  1 Yes 2 No 3 P											the cause of death
of Vital Records,	> 20 00	Completed b	Myocar	dial inf	arction	s, old	l, hea	led			24a. Wa	as an autopsy formed?	eve	ere autopsy findings aliable prior to appletion of cause death?
ital Re	The ate h	Be Com	25. Was case refer							26. Piace of	Death (Check only	Yes 2 No	12	Yes 2□ No
Division of V	To the Hospital or Attending Physician: within 24 hours efter death. To the Funeral Director: After this certific completely filled in by the funeral director,	Certification: To E	examiner? 1 Yes 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	h 5 ☐ Pending investigation 6 ☐ Could not	28a. Date (Mor	Inpatient 2 of Injury oth, Day Year	28b. Tin Inju	ne of ury	28c. Inju Wo			sidence 6 00 e how Injury occi	urred	
Div	To the Hospital or Attending I within 24 hours efter death.  To the Funeral Director: After completely filled in by the funer		4 Homicide	determine	build	ling, etc. <i>(Spe</i>	ecify)	death occ	curred at the ti	me, date and pl	City or T	own, State) e cause(s) and r	nanner as st	ated.
	To the He within 24 To the Fu completel	Medical	(Check only one)  29b. Signature end	2   Medical Exa	miner: On the b	pasis of examiner steted.	ination and/	or Invest	29c. Licens DO99	opinion, death o	ccurred at the time	29d. Dete sign  June 1	e, and due to	Day, Year)
	111		30. Name and addr	ess of person who	completed cau	se of death (i	tem 23a) (T	ype, Prin	t)	-				

Dr. Michael Pelczar - St. Agnes Hospital - 900 Caton Ave.

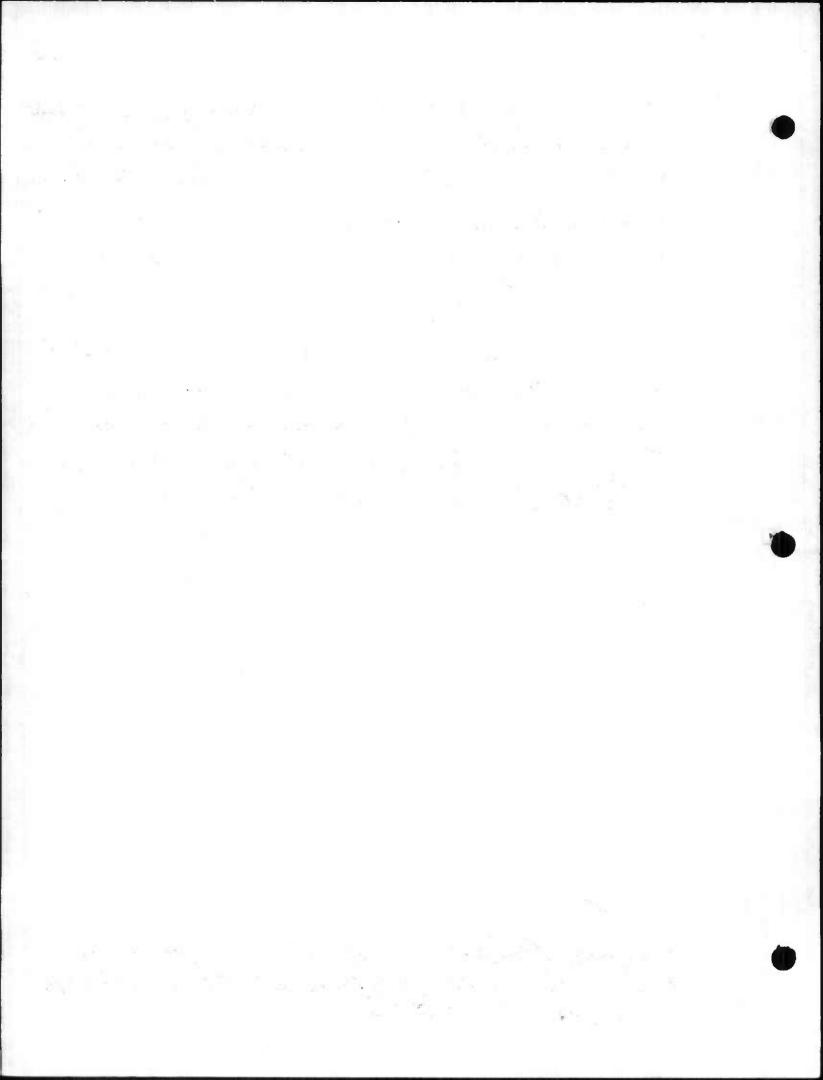
Registrar



## Please Type or Print in Biack Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

		Certificate of Death	Reg. No.
Phys		1. Decedent's Name (First, Middle, Last)  Soft Harry Sagraves	Date of Deeth Month Day Year 9404M
Exam	dical niner	4a. Facility Name (If not institution, give street and number)  4b. City, Town, or Local  LAUREL REGIONAL HOSPITAL  LOURE	0 - 6
Funera Directo			Data of Birth (Month, Day, Year)  9. Birthplaca (Stata or Foreign Country)  OU /C /930 WCS+ VIRGINIA
Maryland Ff show	tor	10a. Stata 10b. County 10c. City, Town or Location MARYLAND ANNE ARUNDEL ODENTON	10d. Inside City Limits 1 ☐ Yes 2 ☑ No
020  Was after death with the Manyler al', or items 23a or 28a-f show  Examiner must be notified at	Funeral Director	10e. Streefand Number 10f. Zip Code 21113	10g. Citizen of What Country?  U. S. A-
020 urs after de al', or ttem	þ	11. Marital Status  1 Nevar Married 2 Merried  3 Widowed 4 Divorced  12. Wes Decedent Ever in U,S. Arms Forcas?  13. Was Decedent of Hispanic Origin? (Specifit Yes, specify Cuban, Mexicen, Puarto Rich 1 Yes, Give Year or Dates: 2/9/1/1/4/	y Yas or No- an, atc.)  14. Race - American Indian, Bleck, Whita, atc.  Specify: White
oln 72 ho	Completed	15. Decedent's Education (Specify only highest grade complated)  Elementery/Secondery (0-12)  College (1-4or 5+)  12+h quade  2 Years  16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired)  SGM	16b. Kind of Business/Industry  U.S. ARMY
be filed with that Hygiene. d other that	Be B	17. Fether's Nema (First, Middla, Last)  18. Mothar's Nama (F	First, Middle, Malden Surneme)
aryla should nd Men marks	2	19e. Jaforment's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural F	MCNEELY  Route Number, City or Town, Steta, Zip(Code) Z 1//3
CHUF		PNINASGRAVES 502 REALM C- 20e. Method of Disposition 20b. Place of Disposition (Name of	t. EAST OdeNtoN, Md
Peges nent of int: If it		1 Burlai 2 Cremetion 3 Removel from Stete 4 Donetion 5 Other (Specify)  Cent. 6-	Dete 20c. Location - City or Town, State 21-96 A RLINGTON, VA.
Departit. Departit		Hardesty Funeral	Ridgely Avenue Home P.A. Annapolis, Md.
Physicia	_	23e. Pert Thur the disease of confidence and full caused the deeth. Do not enter the mode of dying, such as cardiac or reshock, or heart failure. List only the cardia on each line.	Onset and Death
/Medica Examine	_	Immediate Cause (Final disease or condition resulting in death)  Jupitemme— Caulto vascula disease of consequence of its conseq	listane
ted nsit	Examiner	- (	
68 / 60, filcate be executed g physician and es the buriel-transit		Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or Injury that initiated events	
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ecorc sw requires been s 2 should	Completed k		24a. Was an autopsy performed?  24b. Were autopsy findings eveileble prior to completion of cause of death?
VITAL HE INCIDENT THE INCIDENT	e Con		1 Yes 2 No 1 Yes 2 No
Of VITA Physician: this certificantal director,	To Be	25. Was case efferred to medical example?  1  Yes 2 No  1  Nospitel: 1 Inpatient 2	Check only ona)  5 ☐ Residence 6 ☐ Other (Specify)
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5 5 8 5 5		4 ☐ Homicide building, etc. (Specify)	Location (Street and Number or Rural Route Number, City or Town, State)
五名五百	edical	29a. Certifier (Check and) (Ch	due to the cause(s) and manner as steted. et tha time, dete and piece, and due to the cause(s)
To the within: To the comple	Me	29b. Signature and title of certifier 29c. License number	29d. Dete signed (Month, Dey, Year)
)		30 Name angregatives of pareon whereaumpleted gause of death (litera 23a) (Type, Print)	June 9/1996
		August fl. Ko drifuez MD 3 009 (Cay pur Ct.	Ju. Mrs 20748
S Regis	tate trar	JUN 14 1996 Special Sp	

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Physici		1. Decedent's Neme (First, Mic Daisv Phi	ddle, Last) 10mer		Sch	midl					2. Dete of D Month JUNE	eeth Dey	Yeer 1996	3. Time of Death	
/Medio Examir		4a. Facility Name (If not institute Caton Manor	tion, giva s	street and nu	ımber)				4b. City, To		ocation of Dea	th 4c. Cour	ity of Deat	12:20PM e City	
Funeral Director		5. Social Security Number 820-02-4594	6. Sex			yrs. last birti Y	'rs. If Un Monti	der 1 Yaar ns Deys	If Undar Hours	24 Hrs. Min.	8. Deta of Bi (Month, D DEC 1	irth	9. Birtl	npieca (Stata or Foraign untry) ltimore, Md	
r 28a-f show	ctor	Usuei Residence of Decedent           10a. Stete         10b. Cour           Md         Bal		re Cit		:. City, Town	or Location Baltin	nore						t 0d. Inside City Limits	
death with the Maryland ms 23s or 28s-f show Linust be notified at	Funeral Director	10e. Street end Number 2656 Lehman St		10 Was Day	and and Even	- 116		Zip Code	212			U.S.	Α.		
be filed within 72 hours after lal Hyglene. I other than "naturel", or its event, ma Medical Examine	by	11, Meritei Status  1 □ Never Merried 2 ☑ M 3 □ Widowed 4 □ Divorce	errled	12. Wes Dec Armed F 1  Yes If Yes, G Yeer or I	orces? 2x⊟xNo ive	in U,S.		cedent of repecify Cub	an, Mexicar Specify:	gin? (Sp. i, Puerto	ecify Yas or N Rican, etc.)		ace - Amai lack, White		
	Completed	15. Deced (Specify only high Elementery/Secondery (0-12 6TH Grade	hest grade	completed)	(1-4or 5+)	16a. i	6a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired)  Homemaker  Homemak								
	To Be Co	17. Fether's Neme (First, Middle John Sanders		Homemaker Homemaking  18. Mother's Nama (First, Middle, Meiden Surnama)  Mary Wright											
and 2 sho selth and A n 27 is ma		19e. informent's Name/Reletio				26	56 Leh	man S				re, Mc			
0-20		20e. Mathod of Disposition  1  Burial 2  Crametion 3  Removal from Stete  4  Donation 5  Other (Specify)  21. Signeture of Funarei Service Liceusee  20b. Place of Disposition (Name of cemetery, cremetory or othar place)  Loudon Park Cemetery 6/15/96 Baltimore  22c. Name and Address of Facility													
permit. Pa Departmen Important any injury 2006		Hubbard Funeral Home, Inc.  4107 Wilkens Avenue - Baltimore, Md 21229  23a. Part 1. Enter tried disease, or complications that caused the death. Do not enter tha mode of dying, such as cardiac or respiratory errest,  Approximate													
Physician /Medical		Immediata Ceuse (Final disease or condition  Since the disease or condition  Since the disease or condition  Since the disease or condition  Since the disease or condition  Since the disease or condition											 	Approximate Interval Between Onset and Death	
Examiner	liner	resulting in deeth)  Due to (or es e consequence of):												J TOTIES	
be executed sician and buriel-transit	ai Examiner	Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Disease or injury													
eeth certificete be ettending physici i for use as the bu	Physician/Medica	that initiated events resulting in deeth) Lest  Dua to (or as e consequenca of):  d.													
The law requires that the deeth certificate be ate has been signed by the ettending physicia page 2 should be detached for use as the but	by Physicia													to the cause of death?	
e law require has been sig ge 2 should b	Completed											s en eutopsy ormed?	8	Were autopsy findings ivallable prior to completion of cause of deeth?	
ysician: The lav s certificate has director, page 2	o Be	25. Wes case referred to medic examiner? 1 ☐ Yes 2 ☐ No	-	ospitel:	inpatient	2 □ ER/Out	nationt 3	DOA Oth	nar /		h (Check only	one)		Yes 2 No	
anding Physically.		27. Menner of Death  1- Neturei 5 Pend 2 Accident invest	stigetion	28e. Dete		28b. Ti		28c. inju	ry at			how Injury occ		ary)	
To the Hospital or Attending Physician: To the Funeral Director: After this certific, completely filled in by the funeral director,	i Certification:														
o the Hosi vithin 24 ho to the Fund ompletely f	Medical	29e. Certifier  (Check only one)  20 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete and piece, and due to the cause(s) end menner es steted to the cause(s) end menner es steted and menner stated.											to the cause(s)		
\ \		29b. Signatura and title of cartifier  29c. License number  29d. Deta signed (Month, Dey, Year)  JUNE 12 1976  30. Name end eddress of person who completed cause of death (item 23a) (Type, Print)												1996	

21225

State Registrar S.

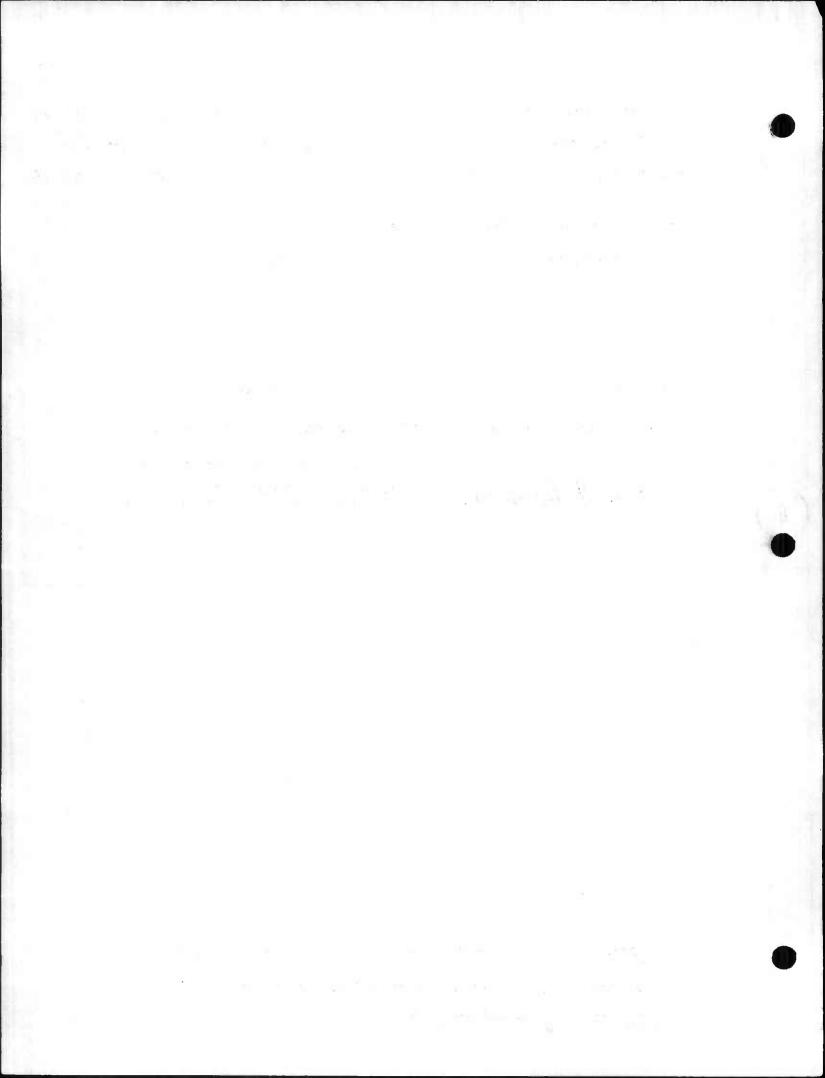
31. Dete filed (Month, Dey, Year)

JUN 14 1996

203 E. Patapsco Ave., Balto., Md. P. Mundra, MD 32 Registrer's

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760,



2. Dete of Deeth June

1996

3. Time of Deeth 4:30 PM

10d. Inside City Limits

4e. Fecility Neme (If not Institution, give street and number)

4b. City, Town, or Location of Deeth

4c. County of Deeth

**Funeral** 

the Maryland 28a-f show ö

permit. Pages 1 and 2 should be filed within 72 hours after death v Department of Health and Mental Hygiena. Important: if item 27 is merked other than "natural", or items 23a any injury or other traumatic event, the sec

**Physician** /Medical **Examiner** 

Hospital or Attending Physician: The law requires that the death certificate be associated 24 hours after death.

24 hours after death.

24 hours after death.

25 hours after this certificate has been signed by the attending physician and attended to the set of the tendent director, page 2 should be detached for use as the burle-transit To the Hospi within 24 hou To the Funer completely fil

Box 68760.

Division of Vital Records, P.O.

**Physician** /Medical **Examiner** Director traumatic event, the Medical Examiner must be notified at Director Funeral þ Completed Be 2

Examiner Physician/Medical þ Completed Be Medical Certification: To

Aaron David Schmidt. Usuel Residence of Decadent 10e. Stete Maryland Baltimore 10e. Street end Number 3701 Redgrove Road 1 Never Merried 2 Married 3 Widowed 4 Divorced Elementery/Secondery (0-12) 17. Fether's Neme (First, Middle, Last) Ronald Schmidt 19e. Informent's Neme/Reletionship (Type, Print) 20e. Method of Disposition Immediate Ceuse (Final disease or condition resulting in deeth) Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initieted events resulting in deeth) Lest

27. Menner of Deeth

S.T.C. University Of Maryland Medical Ctr.

7. Age (In yrs. lest birthday) 1**⊠**M 2□ F

Months

Certificate of Death

Baltimore, Md.

N/A 9. Birthplece (State or Foreign

if Under 1 Year If Under 24 Hrs. 8 Dete of Birth Oct 12, Months Deys Hours Min. (Month, Day, Year) 79 Maryland

10b. County 10c. City, Town or Location

12. Wes Decedent Ever in U,S. Armed Forces?

1 ☐ Yes 2 X No If Yes, Give Yeer or Dates:

Middle River

1 ☐ Yes 2X No 10g. Citizen of Whet Country?

10f. Zip Code 21220 Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.)

U.S.A. 14. Rece - American Indian, Bleck, White, etc.

1 ☐ Yes 2 X No

Specify: White

15. Decadent's Education (Specify only highest grade completed) College (1-4or 5+) 18e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired)

16b. Kind of Business/Industry

School

Student

18. Mother's Name (First, Middle, Maiden Sumeme)

Sharon Morgan

Ronald Schmidt (FATHER)

19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 3701 Redgrove Road Middle River, Md. 21220

20b. Piece of Disposition (Name of cemetery, cremetory or other place) 1 ■ Burial 2 □ Cremetion 3 □ Removel from Stete

20c. Location - City or Town, Stete Baltimore, Co.

Holly Hill Mem. Gardens 6/12/1996 4 ☐ Donetion 5 ☐ Other (Specify) sture of Funeral Service Licenses

22. Name and Address of Fecility
Bruzdzinski Funeral Home P.A. 1407 Old Eastern Ave. Essex, 21221

Furly Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, ock, or heart feiture. List only one cause on each line.

Approximete intervei Between Onset end Death 30 Minutes

Crushing Head Injury Due to (or as a consequence of)

Due to for as a consequence of)

APPERET BY MEDICAL Due to (or as a consequence of):

Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24a. Wes en eutopsy performed?

24b. Were autopsy findings aveileble prior to completion of ceuse of death?

1 XYes 2 □ No

26. Plece of Deeth (Check only one)

1 ☐ Yes 2 No

25. Wes cese referred to medical exeminer? 1XXYes 2 No

1 Neturei

2 X Accident

3 ☐ Suicide

29e. Certifier

4 Homicide

5 Pending investigation

6 Could not be

1 Inpatient 2 KER/Outpatient 3 DOA 28e. Dete of Injury

28b. Time of June 8,1996 1430

28c. Injury et Work? 1 Yes 2 No

Other: 4 Nursing Home 5 Residence 8 Other (Specify) Subjects head crushed under auto when jack slipped

28e. Piece of Injury - At home, farm, street, fectory, office building, etc. (Specify)

Home

281. Location (Street and Number or Rural Route Number, City or Town, State)
3701 Redgrove Rd. 21220

🔀 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the cause(s) end menner as stated. Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) and menner stated.

and title of certifier 29b. Signatur

29c. License number D 23286

JUNE. 13th 1996

29d. Dete signed (Month, Day, Year)

who completed cause of deeth (Item 23a) (Type, Print)

S.T.C University of Maryland Medical Ctr. 22 Greene St. Baltimore, Md.

**DHMH 16 Rev 6/95** 

State Registrar

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AVE programmes

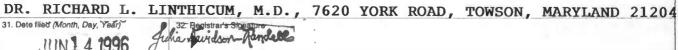
State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death

		1. Decedant's Nama (First, Middla, Li	ast)						2. Deta of De	eth		3. Time of Death			
Physicia /Medica	al		HARLES	WII	LIAM	S	4b. 0	City, Town, or L	Month JUNE  Location of Deet	11, 19	996	7:50 PM			
Examine	er	SAINT JOSEPH M		TER	2				IARYLAN	-	LTIMOI	प्र			
Funeral Director		Social Security Number     6.	Sex 7. Age (In 1) 70			If Under 1 Months (	Yeer If	Under 24 Hrs. Hours Min.		th v. Year)		ca (State or Fore			
g		Usual Rasidence of Decedent  10a. Stata 10b. County	100	City 1	Town or Lo	cation						I. inside City Lim			
after death with the Maryla or items 23s or 28s-f show miner must be notified at	Director	MARYLAND HARFORD			LSTON						100	1 □ Yas 2 N			
with the M a or 28a-f the notifie		10e. Street and Number				10f. Zip C				10g. Citizan of		n			
na 23	Funeral	1811 BRICKHOUSE I	12. Was Decedant Evar	in II S	13 V	2104		nic Origin? (Sr	pecify Yas or No	U.S.A.	ce - Amaricar	indian			
O20 urs after d af, or iten Examiner	þ	1 Nevar Married 2 Married 3 Widowed 4 Divorced	Armed Forces?  1 XYes 2 □ No If Yas, Giva Yaar or Detas: WW		ff	Yas, specify	Cuban, N	Maxican, Puarto	Rican, atc.)		ock, Whita, at				
5-0 72 ho 72 ho	eted	15. Decedant's E (Specify only highast gr	ducation ada completed)		16a. Deced	ant's Usuai (	occupation dona durir	n ng most of wor	king	16b. Kind of E	usiness/Industry				
veilthin one. then	dmo	Elamentary/Secondary (0-12)	Coilega (1-4or 5+) 4 YEARS		ENGIN		retired)			RAITTN	MPF C	SAS & ELE			
Maryland 21215-0020 d 2 should be filed within 72 hours et th and Markal Physicon. 7 is marked other than "natural", or traumetic event, the Medical Exam	Be Completed	17. Fether's Nama (First, Middla, Las.	")		ENGTI	EER			ne (First, Middle			WO G ETE			
arylar should b of Menta merked metic ex	To	THOMAS M. WILLIAM	<u> </u>					MARY Z							
Mar d 2 shx th and 7 is m		DORIS K. WILLIAMS						LANE,	ral Routa Numb	er, City or Town					
		20a. Mathod of Disposition		Ob. Piac	a of Dispos	sition /Nama	of	LEMME	Data	20c. Location		-			
Pages ent of mt: If it									6/15/96	BAT.TT	MORE.	MARYI.AN			
Baltimore, permit. Pages 1 at Department of Hea Important. If Item; any Injury or other once.		1 XBuriel 2 Cramation 3 Ramovel from Stata 4 Donation 5 Other (Specify)  PARKWOOD CEMETERY  22. Nama and Addrass of Facility SCHIMUNEK FUNERAL HOME OF BEL AIR, INC. 610 W. MACPHAIL ROAD, BEL AIR, MD. 21014													
Physician /Medical Examiner	ler	23a. Part1. Enter the disaesa, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line.  Immediate Cause (Finei disease or condition resulting in death)  e. CARDIOGENIC SHOCK  Due to (or as a consequence of):  MYOCARDIAL INFARCTION										itarvai Between Inset end Deeth			
outed nd ransit	Examiner	Sequentially list conditions	b. MYOCARDI		INF s a conseq		ON				j <b>I</b>	HOURS			
760, the executed sictan and thurst-transit	EX	Sequentially list conditions, if any, laading to immediate cause. Entar Underlying Causa (Disaase or injury	CORONARY	,	RTER		SEAS	SE			7	EARS			
OX 68/ certificate rding physise as the	an/Medical	that initiated evants rasulting in death) Last	d	to (or as	s a consequ	uance of):			n						
death death ed for u	Sicia	Part ii. Other significant conditions	contributing to death but not	t rasultii	ng in tha ur	nderiving cau	sa givan ir	n Part i.	23b. Dld	tobacco use co	ontribute to ti	he cause of deat			
P.C	y Physici	1) PERIPHERAL	VASCULAR	DIS	EASE				10	Yee 2□ No	3 Probe	bly 4 TUnkno			
Records,	Completed by			24a. Was	an autopsy ormed?	avail	autopsy finding able prior to pletion of cause ath?								
= F # a a	000								10	Yes 2X No	10	ras 210 No			
/itc	e m	25. Was casa refarred to madical axaminar?	Hospitai:				1 -	6. Placa of Dea	th (Chack only	ona)					
P Pys Sign	2	1  Yes 2 No 27. Menner of Death	1 K inpatient		VOutpatien			4□ Nursing H	ome 5 ☐ Resi	dance 8 Ot how injury occu					
On dling	ation	1 Naturai 5 ☐ Panding 2 ☐ Accident invastigatio	28a. Data of injury (Month, Day Yea n	ar)	injury	м	injury at Work? 1 ☐ Yes	2 🗆 No	EGG. Daggarage	now injury occu					
Division Hospital or Attending 24 hours after death. Funeral Director: After stely filled in by the fune	Certification:	3 Suicida 6 Could not be datamined		At home	a, farm, stre	eat, factory, o	ffice		28f. Location ( City or To	Street and Num wn, Stata)	ber or Rural F	Route Number,			
Hospi 4 hou Funer tely fill	edical C	29a. Certifier (Check only one) 1 Certifying Pt	nystctan: To the best of my niner: On the besis of axan and manner stated.	knowle	odge, daath n and/or inv	occurred at a stigetion, in	ha tima, c my opinic	data and piaca, on, daath occur	, and due to the rred at tha tima,	cause(s) and m	enner es stat and due to th	ed. ne cause(s)			
Within 2 To the comple	Z	29b. Signetura end titia of certifier	Constitution of the Consti		mr	29c. L	icense nu	ımber		29d. Date sign	ed (Month, De	ny, Year)			

State Registrar

31. Dete filed (Month, Day, Year)



30. Nama and addrass of person who completed causa of death (Itam 23a) (Type, Print)

D 31826

6-11-96

DHMH 16 Rav 6/95

0 , 12%

### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

					Ce	rtificat	e of	f Death		Re	g. No.			
Physician		1. Decedent's Nama (First, Middla, Li								2. Dete of Deat Month	h Day	Yaar	3. Tima of Death	
Physiciar /Medica		EUNICE	INEZ	WILLI	AMS					June 12	, 1996	1 4441	2:30 PM	
Examine	r	4a. Facility Nema (If not institution, git 2815 Cross Coun		3.5				Fal	Isto			of Deeth rford		
Funeral Director		216-03-6111	Sex 7. 1 □ M 2 1 X F	Aga (In yrs. last 85	birthday) Yrs.	Months Months			24 Hrs. Min.	8. Deta of Birth (Month, Day, January 2	Year) 2,1911	9. Birthp Cour GeO	olaca (Stata or Forai otry) rgia	
show		Usuel Residence of Decedant  10a. Stata  10b. County		10c. City, T								1	0d. Insida City Limit	
28a-f	901	Maryland N/A  10e. Street and Number		Balt	,111101	e Cit					0.00			
23a or	מו חוב	3607 Bayonne A	ve.			10f. Zip	212			1	U.S.		itry?	
72 hours effer death with the Maryland natural; or items 23s or 28s-4 show dies Examiner must be notified at the course of the c		11. Meritel Stetus  1 □ Nevar Married 2 □ Married  3 ☑ Widowed 4 □ Divorced	12. Wes Dacede Armed Forca 1 Tyes 2[ If Yas, Giva Yaer or Date	is? ☑No		Wes Deced If Yes, sped 1 ☐ Yas	cify Cu	ben, Mexica	n, Puarto	ecify Yes or No- Ricen, atc.)	No- 14. Race - American Indien, Bleck, Whita, atc.  Specify: White			
72 h	erec	15. Dacedant's E (Specify only highest gr	ducetion ada completed)	1	(Giva	danf's Usua kind of wo	rk don	e durina mos	t of work	ina	16b. Kind of B	usinass/în	dustry	
Hygiene. ther than out, it	Completed	Elamentary/Secondary (0-12)	Collega (1-4d	or 5+)	lifa.	po not ii. Ir se	se ratir	red)			Medic	al		
2 should be filed within 72 hours and Mentel Hygiene. Is marked other than "natural", reumetic event, the Medical Examples of The Reformalished Hygienes	9	17. Fathar's Nama (First, Middla, Last George Leon		aldwell					ars Nama	a (First, Middla, A	Muse		- 1	
marks metic	=	19s. Informant's Name/Ralationship			Igh Mailir	ng Addrass	: /Stree						Code	
permit. Pages 1 and 2 should be filed within 72 ho Department of Health and Mentel Hygiene. Important: if flem 27 is marked other than "natur any injury or other traumatic event, tra Medical 2006.	19a. Informant's Name/Ralationship (Type, Print)  Mrs. Linda J. Mazziott - Niece  2815 Cross Country Ct. Fallston, Md.  20a. Method of Disposition  1												wn, Stata , MD	
20200	_	23a. Part 1. Enter the disease, or correshock, or heart failure. List only	book for			Leona	rd	J. Ruc	k,Ir	nc. 530!	5 Harfo	ord Re	d	
requires that the death certificate be execute een signed by the ettending physician and hould be deteched for use as the buriel-transit eted by Physician/Medical Examiner		Immediata Causa (Final disease or condition rasulting in death)  e. Macroglobul/Neura.  Dua to (or as a consequence of):  b. Dua to (or as a consequence of):  Dua to (or as a consequence of):  Dua to (or as a consequence of):  Causa (Disease or injury that initiated evants  Dua to (or es e consequence of):											yeur	
th certificete be ending physicia r use as the bu	2	rasulting in death) Last												
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ires that the death cosigned by the ettend does deteched for us		Chronic o	bstructi	ve Inn	s di	sease				Yee 2 No 3 Probably 4 U			bably 4 Unkno	
aw is b 2 s 2 s										24a. Was ar perform	n autopsy ned?	av	ara autopsy findings allable prior to mpletion of cause death?	
The law ate has the page 2 s	3									1 □ Ya	s No	10	Yas 2□ No	
yalcian: The la certificate director, pag	2	25. Was cesa rafarrad to medicel axaminar?	Hospital:				10	and the	of Deat	h (Check only on	в)			
2 00		1 Yes 2 No 27. Mannar of Death Natural 5 Pending	Hospital: 1 🗆 Inpa 28a. Data of It (Month, I		Outpatier b. Time of Injury		8c. Inj			ma 5 Rasida 28d. Dascribe ho	nce 6 Ott		y)	
To the Mospital or Attending Phywithin 24 hours effer death. To the Funeral Director: After thi completely filled in by the funeral Medical Certification: ]	a mina	2 Accident investigatio 3 Suicide 6 Could not b 4 Homloide determined	e 28a. Place of	Injury - At homa atc. (Specify)	, ferm, str					28f. Location (St. City or Town	cation (Street and Number or Rural Routa Number, y or Town, Stata)			
To the Hospital or within 24 hours effe To the Funeral Dir completely filled in Medical Cert		29a. Cartifiar Cortifying Ph (Check only one)	nysicien: To the bearing and mennar	of axamination	iga, daath and/or in	n occurrad vastigation	at tha , in my	tima, data an opinion, daa	d place, th occurr	and dua to tha ce red et tha time, de	usa(s) and mate and place,	annar as s and dua to	lated. the cause(s)	
within To the compl		29b. Signatura and titla of certifier				290	-	nsa number		25	d. Data signe	d (Month,	Day, Year)	
		Daul Cle	my, no-				1	) 165	87		6/	13/9	6	
		30. Nama and addrass of person who Paul Chang, m	complated ceusa of 2 566/	Loch R	a) (Type,	Bluz	4	Balto	more	, mo 2	1239			
State Registrar		31. Dete filed (Month, Day(Crear)	Luka Sau	don-Aan	full	,	-	10	-	-				

25-34 Take the second to the second 2 TWAT 18

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

							Ce	runcate o	Dealli		Reg. No.		
	Physic	ian	1. Decedant's Nam		ast)	Wei	11			2. Dete of D Month	eeth Day	Yaar	ima of Death
	/Medi		Boni		۲.		161			06	12 19	7 4	: 10 AM
3	Exami	ner	4a. Facility Neme (	ilf not institution, gl RSGILL			NT Ca	MAUNIT	4b. City, Town, or TOWSON		,	of Death timore	
	Funeral Director	_	5. Social Security N 213-01-	Number 6. 7688	Sex 1 □ M 2 🔀 F	7. Age (In yrs. 95	last birthday) Yrs.	Months Day		6. Deta of B	nh an 8 ar 1900	9. Birthplace ( Country) New You	Stata or Foreign
3			Usuel Rasidance of										
Manda	and showing	tor	Md.	10b. County Baltin	nore		y, Town or Lo	ocation					side City Limits ☐ Yas 2 🕍 No
4	or 28	ire.	10e. Street and Nu			1		10f. Zip Coda	1		10g. Citizan of V	Vhat Country?	
3	138 138	a E	615 C	hestnut A	Ave.			21204				USA	
5-0020	r home	Funeral Director	11. Meritel Status 1 ☐ Never Man	ried 2 Married	Armed Fo	21 No			f Hispanic Origin? ( uban, Maxican, Pue	Specity Yas or N rto Rican, atc.)	o- 14. Raci Biad	e - Amarican Inc k, Whita, etc.	llan,
21215-0020	1.3	b	3€ Widowed	4 Divorced	If Yas, Giv Yaar or D	/a atas:		1□Yas 22⊠N	lo Specify:		Specify	White	
2 5	2 8	Completed	10	15. Decedent's E	ducation		16e. Dece	dant's Usual Occ	cupation ne during most of w	STATE OF THE PARTY	16b. Kind of Bu	sinass/Industry	
Z Lid	Med Med	pie	Elemantary/Seco	ondary (0-12)	ada complated) College (1	-4or 5+)	lifa.	DO NOT usa reti	ired)	orking			
	in a second	PO	a.o.mama.y.ooo	, , , , , , , , , , , , , , , , , , ,	+4	401 017	Bus	iness O	wner		Self	Employe	ed
Maryland 2121	d Mental Hygiene. marked other than "natural", imatic event, the Medical Exe	To Be	17. Fether's Neme Oscar	(First, Middle, Las	1)		Katz		18. Mothar's Na August		n, Ma <i>ide</i> n Su <i>m</i> am		lauer
Maryla	g = 5		19a. informant's N Lee Gree	ame/Relationship	(Type, Print)		19b. Mailii 48 C	ng Addrass <i>(Stre</i> ) 1msted (	get and Number or F Green Ba	Rural Routa Numi 1timore	per, City or Town, Md. 212	Stata, Zip Code 210	)
ore,	t of Health If Item 27 or other tr		20a. Mathod of Dis				Place of Dispo	sition (Nama of	6223	Data	20c. Location -	City or Town, S	tata
0	5 ± 5			☐Cramation 3 ☐ 5 ☐ Other (Speci				Service		6-14-96	Towson	Md.	
James Committee	Department Important: any injury once.		21. Signeture of Fu		**	2	22	2. Nama and Add	dress of Fecility Ruck To 1050 Yo	wson Fur			
de			/	JOA		>			lying, such as cardia			4d. 2120	)4
OX 58 / 50,	nding physician and use as the burial-transit	n/Medical Examiner	Sequantially list co if any, laading to in causa. Enter Unde Causa (Disaasa or that initiated evants rasulting in death)	enditions, nmadiate strying Injury s Lest	D.	nal Dua to (0	r es e consec	UKC quance of):					
	for u	ian											
j §	ed by the atter detached for	Physicia	Part II. Other signif	icant conditions	contributing to de	ath-but not res	ulting in tha u	ndarlying cause	given in Part I.	23b. Dld	tobacco use cor	tribute to the c	ause of death?
Tat the	ed by	P	Sac	Ral C	decuk	ctus				1□	Yes 2 No	3 Probably	4 Unknow
Or Vital Records, F.O. B. Physician: The law requires that the death	been signed t should be det	Completed by								24a. We	s an eutopsy omed?	24b. Ware au evailable completi	prior to on of ceuse
<u>a</u>	ge 2	E D										of death?	20
			05 Was some safer	and to a adiasi							Yas 2 ANO	1 □ Yes	200 No
Physician:	certi	Be C	25. Wes casa rafar examinar? 1 ☐ Yes 2		Hospital:				Mhan	ath (Check only			
2 4	5 6	. To	27. Mannar of Deet		28a. Data d		ER/Outpatier 28b. Tima of	IL SLI DOA	4 Jan Ivursing	T	how Injury occurr		
2 2	After	rion	1 Natural	5 Panding	(Mont	h, Day Year)	injury	W	ork? □ Yas 2,5 No	200. 24301100	now injury occur	60	
DIVISION t or Attending	after deat Director: in by the	Certification:	2 ☐ Accidant 3 ☐ Sulcida 4 ☐ Homlolda	6 Could not b	e 28e. Place	of Injury - At hong, atc. (Specify	oma, farm, str	eat, factory, offic		26f. Location City or To	(Street and Numb wn, Steta)	er or Rurai Rout	a Number,
To the Hospital or	within 24 hours after death.  To the Funeral Director: After completely filled in by the funer	edical C	29a. Cartifiar (Check only one)	1 Certifying Pt 2 Medicai Exa	nysician: To tha miner: On the ba and menr	isis of axamina	wledge, daath tion and/or in	n occurrad at tha vestigation, in my	tima, data and piac y opinion, daath occ	e, and due to the curred at the tima	cause(s) end ma data and piece, e	nnar as stated. and dua to tha c	ause(s)
o,	vithir ro th	Me	29b. Signatura and	title of certifier	-			29c. Lice	nse number		29d. Data signed	(Month, Day, )	(ear)
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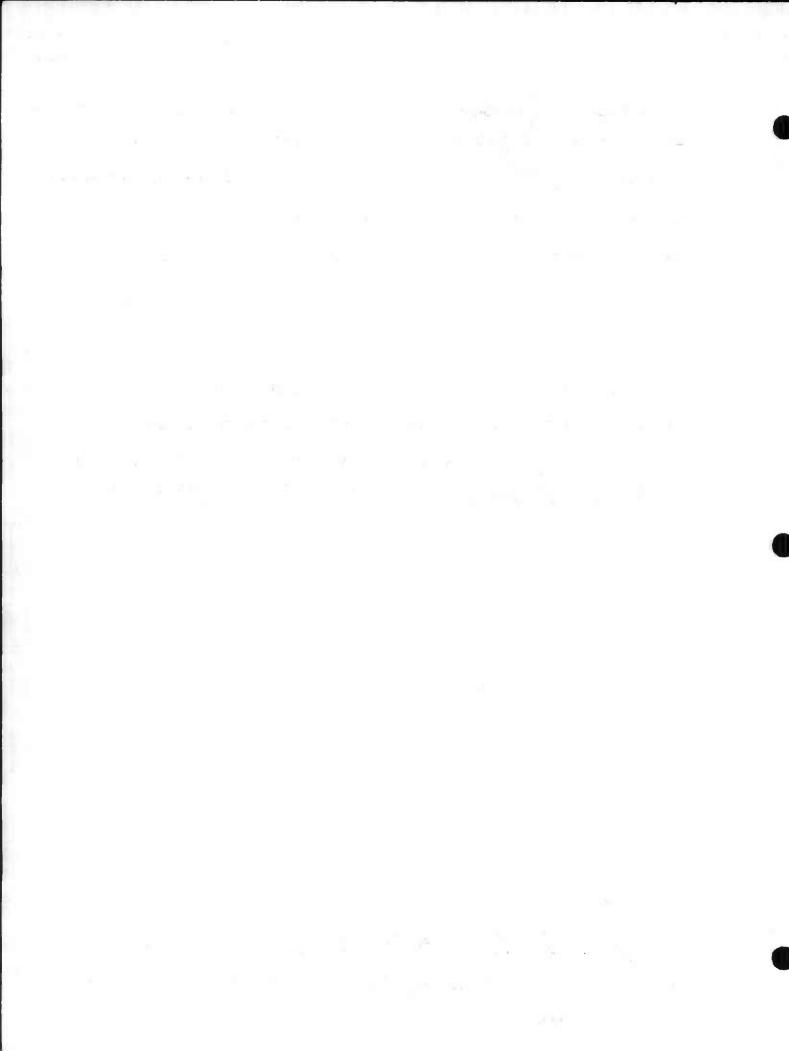
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State of Maryland / Department of Health and Mental Hygiene 9 6

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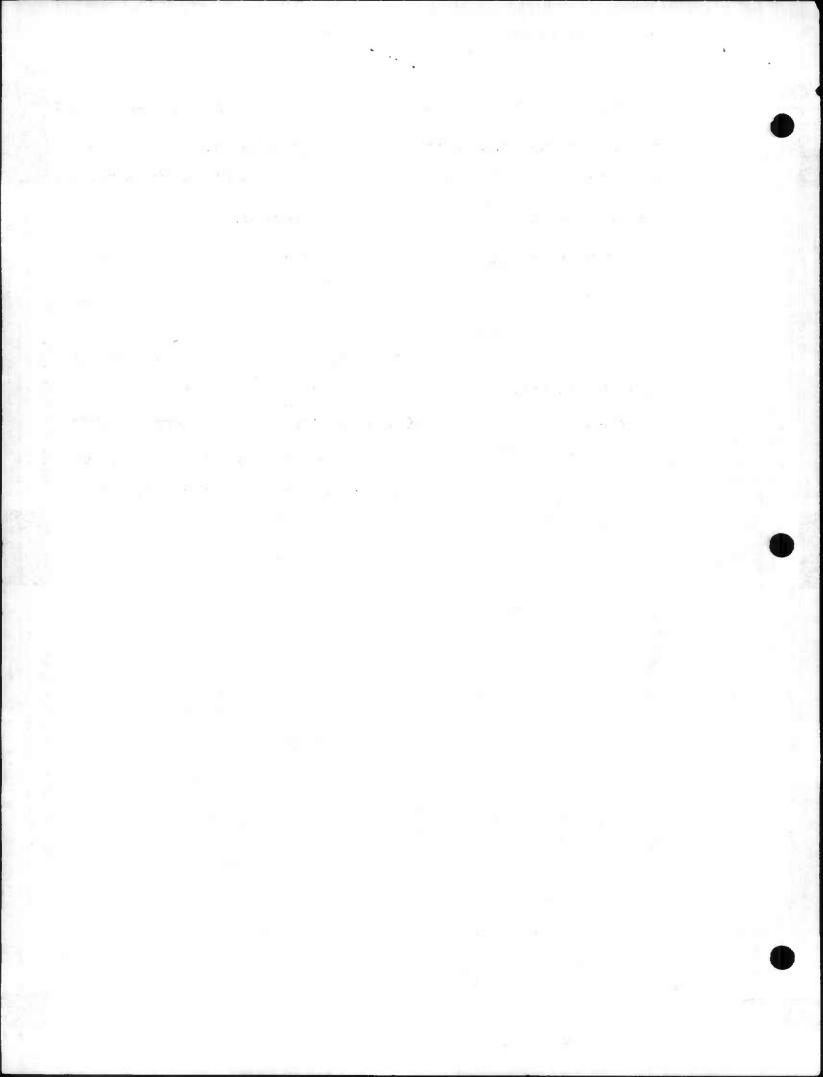
			Certificate of Death		Reg. No.	) 1	1064
	Dharata		Decedent's Name (First, Middle, Last)	2. Date of Dee		Year	3. Time of Deeth
	Physic /Medi		RUDOLPH WONGUST	JUNE	12,199	5	2AM
	Exami			or Location of Death MORE CIT		of Death	
	Funeral Director		5. Social Security Number 6. Sex 1 M 2 F X 7. Age (In yrs. last birthday) Yrs.  7. Age (In yrs. last birthday) Yrs.  1 Months Deys Hours Yrs.  1 Under 1 Year If Under 24  1 Months Deys Hours  1 Under 24	Min. (Month, De)	V. Year) 0,1916	9. Birthpl Count MAR	lace (State or Foreign try) XYLAND
	A M		10e. State 10b. County 10c. City, Town or Location			10	0d. Inside City Limits
	with the Maryland a or 28a-f show Lbs notified at	to	MARYLAND N/A BALTIMORE CITY				Y□ Yes 2 □ No
	or 28s	lirec	10e. Street end Number 10f. Zip Code		10g. Citizen of W	hat Coun	try?
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Maryland 21215-0020	hours after desth with the Maryla unaf, or thems 23e or 28e-f ahou al Examiner must be notified at	by Funeral Director	If Yes, Give  3 □ Widowed 4 □ Divorced Year or Dates:	? (Specify Yes or No- uerto Rican, etc.)	Specific	- America c, White, e	
20	건 물품	Completed	15. Decedent's Education 16e. Decedent's Usual Occupation (Specify only highest grade completed) (Give kind of work done during most of	warking	16b. Kind of Bus	siness/Ind	lustry
121	within than	mpie	(Specify only highest grade completed) (Give kind of work done during most of life. DO NOT use retired)  Elementary/Secondery (0-12) College (1-4or 5+)				
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Ž	should nd Men marks marks	10	19e. Informant's Name/Relationship (Type, Print)  19b. Malling Address (Street and Number of			State. Zio	Code)
	nd 2 27 is r frau		FRIEDA WONGUST WIFE 1307 E. FEDERAL			2121	
altimore,	of Hear Hear Hear rothe		20a. Method of Disposition 20b. Place of Disposition (Name of	Date	20c. Location - 0	City or To	wn, State
Ë	Pages nat: If the ary or o		1 Suriel 2 Cremation 3 Remove from State 4 Donation 5 Other (Specify)  KING MEMORIAL PARK	JUNE 17,	1996 B	ALTO	, MD.
alt	ponts y inju		21. Signature of Funeral Service Ucensee 22. Name end Address of Facility CALVIN B. SCR	HCCC FIIN	EDAT III	OME	
æ	SSEES		The state of the s				21213
u	41.79		23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as call shock, or heart failure. Ust only one cause on each line.	rollac or respiratory an	ALTO, I	10.	Approximate interval Between
	Physician /Medicai		Immediate Cause (Final				Onset end Death
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Records,	requir seen s hould	Completed t	Diobetes Mellitus Type I : Peripheral Vascular dis	24a. Was a perfor	an autopsy med?	ava	ere autopsy findings aliable prior to mpletion of cause
Rec	has ye 2	dm	( ) ( )				death?
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o	Phys rrthis eral di		27. Menner of Death 28a. Dete of Injury 28b. Time of 28c. Injury at	ng Home 5 Resid	ow Injury occurre		"
lon	Attending For death. sector: After by the funer	ation	1 Netural 5 Pending (Month, Day Year) Injury Work? 2 Accident investigation M 1 Yes 2 No				
Division	or Attendia efter death. Director: A d in by the fu	Certification:	3 ☐ Suicide 6 ☐ Could not be determined 28e. Place of Injury - At home, ferm, street, factory, office	28f. Location (S City or Tow	Street and Number	r or Rura	l Route Number,
	s efte	Cert	4 Homicide building, etc. (Specify)	Ony or you	ii, otare)		
	To the Hospital or within 24 hours effective to the Funeral Director completely filled in	edicai	29a. Certifier (Check only one) 1 ☑ Certifying Physician: To the best of my knowledge, death occurred at the time, date and p (Check only one) 2 ☐ Madical Examiner: On the basis of examination end/or investigation, in my opinion, death of and manner steted.				
	No the	Me	29c. License number	1	29d. Date signed	(Month, I	Day, Year)
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	Sta Registr	-	31. Date filed (Month, Day, Year)				

DHMH 16 Rev 6/95



Ammended Harford County Health Dept. Line # 2, KDG KDF Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 7625 Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death 1996 Month **Physician** 5-25 PM HNDY MACK ANDERS MAY 22 /Medical 4e. Fecility Nama (If not institution, give street end number 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Levindale Hebrew Geriatric Center Baltimore City
If Undar 24 Hrs. 8. Deta of Birth
Hours Min. (Month, Day, Year) If Under 1 Year 5. Sociel Security Number 6. Sex 7. Aga (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** Months Deys 1₩M 2□F Yrs **Director** July 21, 1909 North Carolina 229-05-6632 86 Usuel Rasidence of Decedant deeth with the Maryland permit. Pages 1 and 2 should be filed within 72 hours aftar death with the Marylan Department of Health and Mental Hygiene. important: If item 27 is marked other than "naturel", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examiner must be notified at once. 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Harford Abingdon 1 ☐ Yas 2 ☑ No Director 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 2815 Preston Lane 21009 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forcas? 13. Was Decedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuben, Maxican, Puarto Rican, atc.) 14. Rece - Amarican Indian, 11. Marital Stetus Black, White, etc. 1 ☐ Yas 2 ☑ No If Yes, Give 1 Nevar Married 2 ☑ Married 1 ☐ Yas 2 ☐ No Specify: white p 3 Widowed 4 Divorced Yaar or Datas: Completed 16a. Decedent's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Spacify only highast grada complated) 16b. Kind of Businass/Industry Eiamantary/Secondary (0-12) College (1-4or 5+) 5 Assemblyman manufacturing 17. Fethar's Nema (First, Middla, Last) 18. Mothar's Nama (First, Middla, Malden Sumama) Be John Calvin Anders 10 Nanny (u/k) Pharris 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Clara Anders 2815 Preston Lane, Abingdon, Maryland 20b. Placa of Disposition (Nama of cametery, cramatory or other place) 20a, Mathod of Disposition 20c. Location - City or Town, Stata 1 █ Burial 2 ☐ Cramation 3 ☐ Ramovei from Stata Memorial Garden's 5/25/96 Bel Air, Maryland Bel Air 4 ☐ Donation 5 ☐ Othar (Specify) 22. Nama and Address of Facility Howard K. McComas III Funeral Home, P.A. 1317 Cokesbury Road, Abindon, 23a. Part 1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failured lest only one cause on each line. Physician /Medical Immediata Causa (Final disease or condition rasulting in death) 10 DA-40 PNEUMANIA Examiner Dua to (or as a consequanca of): Examiner POST CEREBRO VASCULAR ACCIDENT been signed by the ettending physician and should be detached for use as the bunel-transit Sequantielly tist conditions, if any, laading to Immadiate cause. Entar Undarlying Cause (Diseasa or Injury that Initiated evants resulting In daath) Last Box 68760 certificate be Physician/Medical Due to (or as e consequenca of): P.0. Pert It. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown DIAGETES INSULIN DEPENDENT Division of Vital Records, þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? page 2 s certificate has 2 DX10 1 ☐ Yas 1 ☐ Yes 2 ☐ No 25. Was case referred to medical axaminar? Be 26. Plece of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yas 2 No Other: 4 Nursing Homa 5 Rasidence 6 Othar (Specify) 10 28a. Date of Injury (Month, Day Year) funeral 27. Mannar of Death 28b. Tima of injury 28d. Describe how Injury occurred Certification: 28c. Injury at Work? 1 Natural 2 Accident 5 Pending invastigation deeth. 1 Yas 2 No i or Attend efter deeth Director: / 6 Could not be detarmined 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 3 ☐ Suicida 28a. Placa of Injury - At homa, farm, streat, factory, offica building, etc. (Spacify) 4 Homicida To the Hospital
within 24 hours of
To the Funeral C 12 Certifying Physician: To tha best of my knowladga, daath occurred at the time, dete and piece, and due to tha cause(s) and manner as stated.
2 Medical Examiner: On the basis of axaminetion and/or invastigation, in my opinion, death occurred at tha time, data and place, and due to the cause(s) and menner steted. edical 29a. Certifiar (Check only one) 29b. Signetura and titla of certifiar 29c. License number 29d. Deta signed (Month, Day, Year) ATTENDING 025610 Egtish MAY 23 PHYSICIAN 30. Nama and address of person who completed cause of deeth (Item 23a) (Type, Print) SET HTWAR W. BELVERDERE AVENUE BALTIMORE MD 2434 32 Aggistrat's Signatura Rawall 31. Dete filed (Month, Day, Year) State MAY 24 1996 Registrar

DHMH 16 Rev 6/95



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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant'e Neme (First, Middle, Last) 2. Dete of Deeth 3. Tima of Death Month Yaar **Physician** ADKINS WILLIAM L. ADKINS, JR. 1996 may 21 /Medical 4a. Facility Nama (If not institution, giva streat and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** SALISBURY WICOMICO PENINSULA REGIONAL MEDICAL CENTER If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year)
Months Deys Hours Min. 12, 12, 14, 15, 1 5. Social Security Number 7. Age (In yrs. last birthday) Birthplaca (State or Foreign Country)
 Md. **Funeral** XXM 2□F 221-10-0236 75 Director Usuel Rasidence of Decedent permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Depertment of Health and Mentel Hygiene. Important: if them 27 is merked other than "natural", or thems 23a or 28a-f show any Injury or other traumatic event, the Medical Emerican 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Director 1 ☐ Yas 2 No De. Sussex Delmar 10e. Street end Number 10f. Zip Coda 10g. Citizen of Whet Country? Rt. 1 Box 177 19940 USA Funeral 12. Was Dacedant Ever in U,S. Armed Forcas? 1X Yes 2 □ No If Yas, Giva Yeer or Detes: WWII 14. Race - American Indien, Black, Whita, atc. 11. Marital Status Was Dacedent of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, atc.) 1 ☐ Nevar Married 2 ☐ Merried 1 ☐ Yes 2X No þ Specify. 3€Widowed 4 □ Divorced White Completed Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry McClung - Logan Elementary/Secondery (0-12) College (1-4or 5+) Heavy Equipment Mechanic 17. Fathar's Nama (First, Middla, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be William L. Adkins, Sr. Flossie Layfield Adkins 2 19a. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Routa Number, City or Town, Stete, Zip Code) Thomas J. Adkins 30528 Gordy Mill Road, Delmar, Md. 21875 20b. Plece of Disposition (Neme of cematery, cremetory or othar plece) 20a. Mathod of Disposition 20c. Location - City or Town, Stete Date XBurial 2 Cremetion 3 Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Melsons Cemetery 5-23 Delmar, Md. 21. Signature of Funerei Sarvice Licansee 22. Nama and Address of Fecility Short Funeral Home, Inc. ellam 13 E. Grove St. Delmar, De. 19940 23a. Part 1. Enter tha diseasa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrast, shock, or heart feilure. List only one ceuse on each line. Approximete Interval Between Onsat and Death **Physician** /Medical Immediate Ceuse (Final disaesa or condition resulting In deeth) Examiner Examiner The law requires that the death certificate be executed as the burial-transit Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initiated events rasulting In deeth) Last and Division of Vital Records, P.O. Box 68760, attending physician Physician/Medical Dua to (or as e consequence of): signed by the attendin d be datached for use Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 42 Links by 24b. Wera autopsy findings aveileble prior to complation of cause of death? 24a. Was an autopsy performed? Completed peen has 1 Yes 2□No 1 ☐ Yes -2 ☐ No certificate or Attending Physician: funeral director, Be 25. Wes case refarred to medical examinar? 26. Place of Death (Check only one) Hospitel: Other: 4 Nursing Home 5 Residenca 6 Other (Specify) Certification: To 1 Yes 2 No FE Inpatient 2 ER/Outpatient 3 DOA this 28a. Dete of Injury (Month, Dey Year) 27. Manner of Death 28b. Time of Injury 28c. Injury at Work? 28d. Describe how Injury occurred After 1. Naturel 5 Pending Investigation efter death. 1 Yes 2 No 2 Accident the 6 Could not be determined 3 Suicida Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) filled in by 4 Homicide within 24 hours e To the Funeral D edicai 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, end due to the cause(s) and menner as stated.

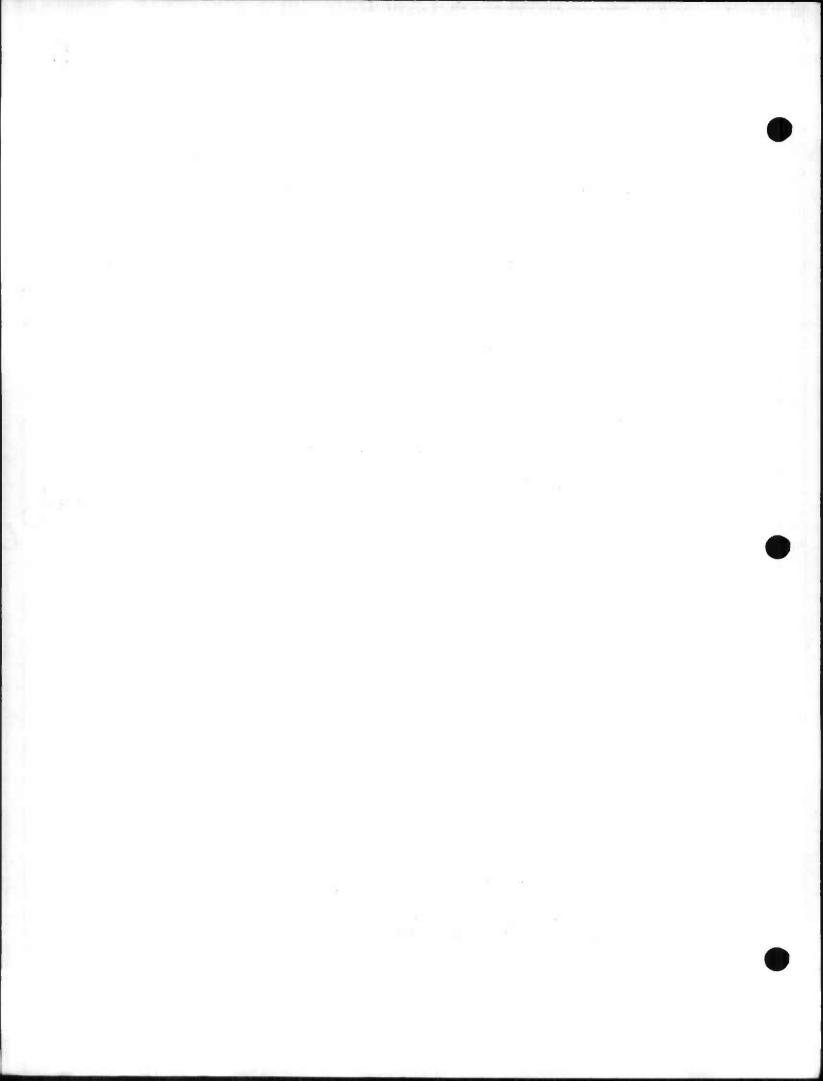
2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier (Check only one) the th 29b. Signeture end title of certifier 29c. License number 102020 30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print) 0 0 eel 32 Registrar's Signetura State 1996 Registrar

ment of the second

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after down. The FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by me manner downs after the detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove in the most after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove in the most after death at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 6876

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	1 - FOR STATE REGISTRAR	OF MARYLAN		MENT OF H		MENTAL HYGIE				
U	1. DECEDENT'S NAME (First, Middle, Last) Phyllis Myra Allen							YEAR	3. TIME OF DEATH 0750 M	
	4. SOCIAL SECURITY NUMBER 2 17-12-4 229 1 □ M 2	KMF	"	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 03 23		Country	PLACE (State or Foreign	
TOR	9a. FACILITY NAME (If not institution, give street and num  112 West London Avenu	11.			ury, Mar			comic		
FUNERAL DIRECTOR	10e. STATE 10b. COUNTY Maryland Wicomi	20		TOWN OR LOCAT					10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
IERAL	100. STREET AND NUMBER 112 West London Aven	ue		107.	2 180 1			J.S.A	HAT COUNTRY?	
BY	1 Never Merried 2 Merried FORCE	CEDENT EVER IN U. 57 1 TYES 2 OIVE WAR OR DATE	E MO	II yes, spe		IIC ORIGIN? (Specify ' n, Puerto Rican, etc.)	fee or No	14. RACE Black Specifi	,—American Indian, , White, etc. 'y: White	
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OM	17. FATNER'S NAME (First, Middle, Last)				16. MOTNER'S NA	ME (First, Middle, Maid	en Sumeme)			
BE	Edward Thomas Allen 190. INFORMANT'S NAME (Type/Print)		19b. MAILING A	ADDRESS (Street a		izabeth L Route Number, City or 1				
10	Irene A. Whayland									
Ĭ	204 METNOD OF DISPOSITION 1 Spuriel 2 Cremation 3 Removal from S	20b.PL cemete. W ]	ACE AND DATE OF	Memoria	l Park	5/28/96				
	21. SIGNATURE OF PUNERAL SERVICE AICENSEE	Comos		Holl Foli	oway Fun SpowyHIM	eral Home	21801			
		na that caused the course on each	TIC CAR	DIOVASC			piratory arr	real,	Approximata interval Between Onset and Death YEARS	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
PHYSICIAN: MEDICAL C	PART II. Other algorificent conditions contributions HYPERTENSION; CHRONIC	obstruct				Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 TYES 2 X NO			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
IAN:	DID TOBACCO USE CONTRIBUTE T 25. WAS CASE REFERRED TO MEDICAL		PLACE OF DEATH		UNCERTAI	K N				
SIC	EXAMINER?  1 X YES 2 NO  1 inpati	AL: int 2 DER/Outpation	ent 3 🗆 DOA	OTHER: 4 - Nursing Nom	5 X Residence	8 Other (Specify)				
ВУ РНУ	27. MANNER OF DEATN  1 Netural 5 Pending 2 Accident Investigation	ATE OF INJURY Month, Day, Year)	28b. TIME INJU	RY WO	URY AT RK? YES 2 ND	26d. DESCRIBE NO	W INJURY OC	CURED		
	2 Accident 3 Suicide 6 Could not be determined 4 Nomicide Could not be determined  28e. PLACE OF INJURY — At home, 1erm, street, fectory, office City or Town, Stete)  281. LOCATION (Street end Number or Rural R								Route Number,	
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PNYSICIAN: To the bound of the bound								) end manner as stated.	
ECC	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER	29d, DAT	E SIGNED	(Month, Day, Year)	
TO BE	30. MANE AND ADDRESS OF PERSON WHO COMPLET	CAUSE OF DEATH		M.E.	D03599			5-29-		
	JOHN T. BULKELEY, M.D.	•	NE BLUF	=	SALISBU	RY, MD 21	801	-		



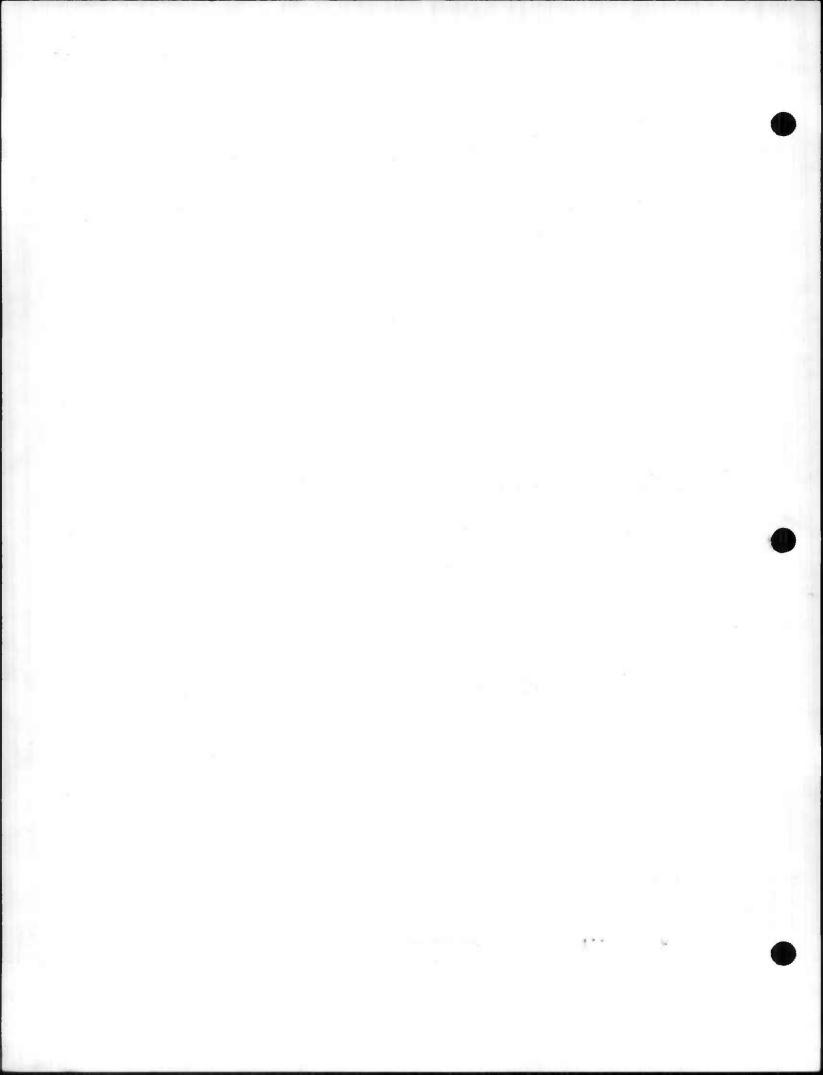
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 🗻 nours after death. Page 6 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	bootsair: if hem 28 is marked or lies 23 shows now injury or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF M		DEPARTMEN ERTIFICAT			MENTAL HYGI		
-	1. DECEDENT'S NAME (First, Middle, La Harold	W.		Anger			2. DATE OF DEATH MONTH	1	3. TIME OF DEATH 9:45 A M
	4. SOCIAL SECURITY NUMBER 381-18-1559	5. SEX ↑ X M 2 ☐ F	6. AGE (In yrs. les	YRS. MONTHS		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	1	BIRTHPLACE (State or Foreign Country) Ort Huron, MI
TOR	Sa. FACILITY NAME (If not Institution, glassing Calvert Manor Nurses)  RESIDENCE OF DECEDENT	rsing Hom	e		ising	Sun	EATH	9c. COUNTY	
DIRECTOR	10e. STATE 10b. COL			10c. CITY, TOWN		ON			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	704 S. College A	lvenue			101.	2IP CODE 19713		10g. CITIZEN	OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced		IT EVER IN U.S. AR  X YES 2 1		If yes, spe		NIC ORIGIN? (Specify an, Puerto Rican, etc., ly:		RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	16. DECEDENT'S I (Specify only highest p Elementary/Secondary (0-12)		(G #/e	CEDENT'S USUAL live kind of work done . Do NOT use retired.	e during mos )	at of working		obile Ma	
BE CON	17. FATHER'S NAME (First, Middle, Last) Delbert Anger					Elsie	Pickett		
5	Bertha E. Anger	- Wife					Newark,		
	20g. METHOD OF DISPOSITION 1 D Burlei 2 Cremation 3 F 4 Donardon 5 Other (Specify) 21. Second Tube OF Fundanal SERVICE Frank C. May	Mayer	Del. V	Si	orial NAME AN Dicer	Cemeter D ADDRESS OF FA	ry Во	1 Homes.	laware
	23. PART I. Enter the diseases, shock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death)	or complications the	use on each line	eth. Do not ent	er the mod	de of dying, suc	ch as cardiac or n		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OUE TO	VO WAY	M A	VE	ry br	SENSE.	VERSE	3 worther 3 would
PHYSICIAN: MEDICAL	SMOKING U		death but not		underlying C+O	cause given in	PEF	S AN AUTOPSY REFORMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ICIAN	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:		ОТН	ER:	ACE OF DEATH (C			I.
	1 VES 2 NO  27. MANNER OF DEATH  1 Natural 6 Pending	28a. DATE Of (Month, I		20b. TIME OF INJURY	28c, INJ		6 Other (Specify) 28d. DESCRIBE HO	OW INJURY OCCUP	RED
TED BY	2 Accident Investigati 3 Suicide 8 Could not 4 Homicide determine	28e. PLACE to	OF INJURY — At hi , etc. (Specify)	ome, farm, street, fi			281. LOCATION (St. City or Town, S		Rural Route Number,
COMPLETED	anal and	HYSICIAN: To the best of a							cause(s) and manner as stated.
O BE C	200. SIGNATURE AND TITLE OF CERT	WHO COMPLETED CAL				29c. LICENSE NU			HGNEO (Month, Day, Year) - 28 - 9 C

12+1VA

ELKTON, MD 2192,



LEBALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ATTENDING PH	URECTOR: After this perificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL OR ATTENDING PHYS	THE FUNERAL DIRECTOR: After this filed within 72 hours after death with	PORTANT: If Item 28 is market
1	1	)

	1 - STATE REGISTRAR		CERTIF					MENIA	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)  MEHDT	AMIRGHOLI						2. DATE MONT	OF DEATH	1996	YEAR	3. TIME OF DEATH
			E (in yrs. lest birthday)	IF UNDER	t YEAR	IF UNDER	24 HRS.	T DATE	OF BUREL		8. BIRTHE	H ACE (State or Foreign
- (	220-66-8518	1 □ M 2 □ F 5	7 YRS.	MONTHS	DAYS	HOURS	MIN.	NOV.	19, 193	8	TEHR	RAN, IRAN
	9e. FACILITY NAME (If not institution, give etre	et end number)		9b. CITY	, TOWN O	R LOCATI	ON OF DE			9c. COUN		
6 E	NONE			FT	.WAS	HING	TON			PRIN	ICE G	GEORGES
DIRECTOR	10e. STATE MARYLAND PRINCE	GEORGES	10c. CIT	WASI	HING	ION TON						10d. INSIDE CITY LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER				101	ZIP CODE	E			10g. CITIZ	EN OF W	HAT COUNTRY?
ER	10908 INDIAN HEA	AD HIGHWAY			20	7744				UNIT	ED S	STATES
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR			If yes, spe		m, Mexica	in, Puerto I	? (Specify Yes	or No-		- American Indian, White, etc.
	15. DECEDENT'S EDUCA (Specify only highest grade or		16a. DECEDENT'S	USUAL C	CCUPATIO	ON at of workli	na	16b	KIND OF BU	SINESS/INDI	USTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT	retired.)		or or morran	'9		07.01	0.0117		
MP		2	SELF EM	PLOY	Eυ					COMF	YANY	
	17. FATHER'S NAME (First, Middle, Leist) FAZOLLAH AMIRG	HOLT							viddle, Maiden GHOLI	Surneme)		
BE	19e. INFORMANT'S NAME (Type/Print)	HOLI	19b, MAJLIN	G ADDRES	S (Street e				ber, City or Tow	n, State, Zio	Code)	
2	MAHPAREH I. AM	ITRGHOLT										ON, MD 20744
	256. METHOD OF DISPOSITION  1 Burtel 2 Cremetion 3 Remove  4 Donetion 6 Other (Specify)		20b. PLACE AND DAT of cemetary, cremator	E OF DISE	POSITION	(Name		DAT	E 20c. LO	CATION - C	City or To	wn, State
	21. SIGNATURE OF FUNERAL SERVICE LICE		/-	22 R	NAME A	D ADDRE	SS OF F	PHY F	UNERA VARD,	L HOM	E, IN	ıc.
	23. PART I. Enter the diseases, or consider the constant sellure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	lst only one cause or	andio Pu	lem	the mo	ues	ring, aud	ch aa can	fiec or reap	ratory arr		Approximate interval Between Onset and Death
		cancer of Prostat With Methust-								May year		
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	S A CONSEQUENCE	OF):			-0.					my yer
ERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST		S A CONSEQUENCE	OF):	lan	1						Hear
PHYSICIAN: MEDICAL CI	PART II. Other algoriticent conditions	contributing to deet	h but not reaulting	In the u	nderiyin	g ceuse	given in	Part I.	24a. WAS AN PERFO 1 TYES	RMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL				26. P	LACE OF I	DEATH (C	heck only o	ne)			
SIC		HOSPITAL: 1   Inpatient 2   ER/C	Outpatient 3 🗆 DOA	4 Nu		10 6 M R	leeldence	6 🗆 Othe	F (Specify)			
ву рну	27. MANNER OF DEATH  1 V Netural 5 Pending 2 Accident Investigation	26e. DATE OF INJUF (Month, Day, Yea		ME OF JURY M	28c, IN, W0	DRK?	□ NO	28d. DE	SCRIBE HOW	INJURY OCC	CURED	71.97
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	URY — At home, farm Specify)	, street, fa	ctory, offic	:0		28f. LOC City	CATION (Street or Town, State	end Number )	or Rural F	Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 V CERTIFYING PHYSIC One) 2 MEDICAL EXAMINER	CIAN: To the best of my kr										o) and manner as stated.
BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER	1/ /				29c. LIC	ENSE NU	MBER		29d. DAT	E SIGNED	(Month, Day, Year)

1310 Southern AVE. Washington

Ach M.D. 13/D.

32. REGISTRAR'S SIGNATURE

Jahi Standara Randall

EAST 1896 JULY BULL PLANT

### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

2. Data of De	Reg. No.	
B A Ab-	eath	3. Tima of Death
Month May	30, 1996	7:00 am
Location of Deeti	h 4c. County of	Deeth
urg	Prince	George's
8. Date of Bir (Month, Da	th g	Birthplace (Stata or Foraign Country)
April 2	24, 1918 P	Pennsylvania
		404 (-14-0) -11-1
		10d. fnslde City Limits 1 ☑ Yas 2 ☐ No
	45 601 4145	21
		at Country?
panifu Van ar Na		American Indian,
o Rican, atc.)	Black,	White White
	16b. Kind of Busin	ness/Industry
rking		
	Private	Industry
na (First, Middla,	, Maidan Sumame)	
Mae Gran	nt	
Data	20c. Location - Cit	ty or Town, Stata
/30/96	Alexandr	ia, Virginia
ne Funo	ral Home	D A
or raspiratory a	rrest,	Approximata Interval Between
rascul	ar buen	Onset and Death
23b. Dfd	tobacco use contri	ibute to the cause of death?
	V	ibute to the cause of death?
1 🗆	Yes 2 No 3	
1 🗆	Yes 2 No 3 an autopsy 2 med?	Probably 4 Unknown  24b. Were autopsy findings available prior to
1 D	Yes 2 No 3 an autopsy primed?	Probably 4 Unknown  24b. Were autopsy findings available prior to completion of cause of death?
24a. Was perfo	Yes 2 No 3 an autopsy primed?	24b. Were autopsy findings available prior to completion of cause of death?  1 Yas 2 No
24a. Was perio	Yes 2 No 3 an autopsy 2 No Yas 2 No	24b. Were autopsy findings available prior to completion of cause of death?  1 Yas 2 No
24a. Was perio	Yes 2 No 3 an autopsy 2 yas 2 No 2 ona) dence 6 □Other (	24b. Were autopsy findings available prior to completion of cause of death?  1 Yas 2 No
24a. Was perio	Yes 2 No 3  Yas 2 No No Ona)  dence 6 Other (how Injury occurred	24b. Were autopsy findings available prior to completion of cause of death?  1 Yas 2 No
24a. Was perfo	Yes 2 No 3 an autopsy primed?  Yas 2 No one) dence 6 Other (how injury occurred win, Steta)	24b. Were autopsy findings available prior to completion of cause of death?  1 Yas 2 No  (Specify)
24a. Was performent of the control o	Yes 2 No 3 an autopsy primed?  Yas 2 No 2 No 2 No 2 No 2 No 2 No 2 No 2 N	24b. Were autopsy findings available prior to completion of cause of death?  1  Yas 2 No  (Specify)  or Rural Route Number,  ner as stated. d dua to tha cause(s)
24a. Was performent of the control o	Yes 2 No 3 an autopsy primed?  Yas 2 No 2 No 2 No 2 No 2 No 2 No 2 No 2 N	24b. Were autopsy findings available prior to completion of cause of death?  1  Yas 2 No  (Specify)  or Rural Route Number,  ner as stated. d dua to tha cause(s)
24a. Was performent of the control o	Yes 2 No 3 an autopsy primed?  Yas 2 No 2 No 2 No 2 No 2 No 2 No 2 No 2 N	24b. Were autopsy findings available prior to completion of cause of death?  1 Yas 2 No  (Specify)  or Rural Route Number,
	ha (First, Middla Mae Gra: Male Gra: Middlet Data /30/96 ns Fune nue, Hy	Black, Specify:  16b. Kind of Busi Private na (First, Middla, Maldan Sumame) Mae Grant wal Routa Number, City or Town, St Middletown, Mary Data 20c. Location - C

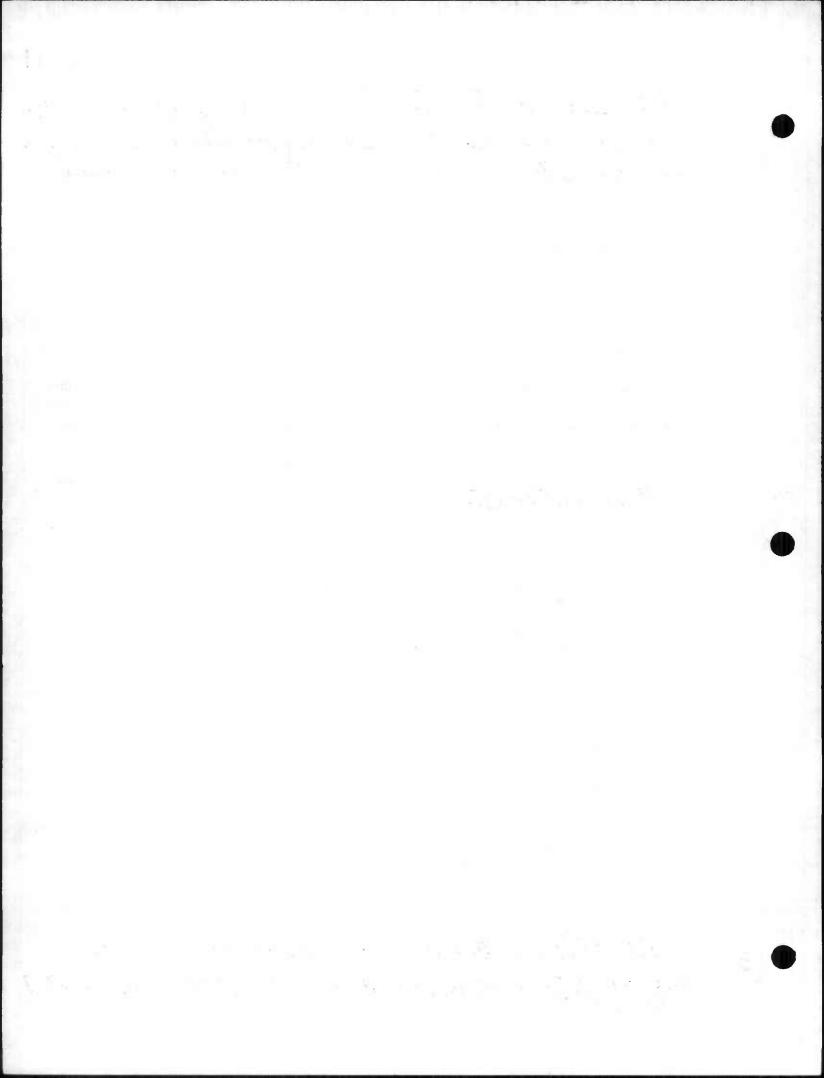
### Please Type or Print in Black indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

96

17631

		Certificate of Death		Reg. No.			
Physic /Medi		1 Decorden's Name (First, Middle, Last) Willard Morris Alston	2. Date of D	- 18th	Year 3. Time of Death 996		
Examin Funeral	ner	4a. Facility Name (If not institution, give street end aurober)  4b. City, Town, or  4c. Facility Name (If not institution, give street end aurober)  4c. City County  4b. City, Town, or  4c. City County  5. Social Security Number  6. Sex,  7. Age (In yrs. last birthday)  Months Days Hours Min.	SUILLE	County (County Page 1)	Birthplace (Stete or Foreign Country)		
Director		Usual Residence of Decedent	-	054	Virginia		
show		10a. State 10b. County 10c. City, Town or Location			10d. Inside City Limits		
Meny Fed	to	Maryland Prince Georges Landover			1 XYes 2 No		
ith the Mi or 28a-f	Director	10e. Street and Number 10f. Zlp Code		10g. Citizen of	What Country?		
if wil		2226 Brightseat Road 20785		Unite	ed States		
after des	by Funeral	11. Marital Status  1 Never Married 2 Married  3 \( \) Widowed 4 \( \) Divorced  1 \( \) Ves, Give Year or Dates: 1992	pecify Yes or N o Rican, etc.)		ce - American Indian, ck, White, etc.		
15-002 72 hours natural',		15. Decedent's Education 16a Decedent's Usual Occupation		16b. Kind of B	usiness/Industry		
215 Thin 7	Be Completed	(Specify only highest grede completed)  (Give kind of work done during most of work done during	rking				
faryland 212. 2 should be filed within end Mentel thysiene. Is marked other than aumetic event, it as	Con	12th grade Military Enlisted		United	l States Army		
te do by	Be			e, Meiden Surnan			
larylan 2 should be end Mentel s merked o	To	W11210 111300 111430		Frances			
		19a. Informant's Name/Relationship (Type, Print)  19b. Mailing Address (Street and Number or Relationship (Type, Print)					
Healt		Arabelle F. Alston (mother) 100 Martha Lee Drive,  20a. Method of Disposition 20b. Place of Disposition (Name of			on, Virginia City or Town, State		
Baltimore, M permit. Pages 1 end 2 Department of Health e Important: if item 27 la any injury or other tra once.		1 □ Burial 2 □ Cremation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify)  Pleasant Shade Cemetery	May 22,	Hamptor	n, Virginia		
Depariment in portion		21. Signature of Funeral Service Licensee  22. Name and Address of Facility La  3831 Georgia Avenu					
		23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac shock, or heart failure. List only one cause on each line.	or respiratory	arrest,	Approximate tnterval Between		
Physician /Medical Examiner	er.	Immediate Cause (Final disease or condition resulting in death)  Due to (or as a consequence of):			Onset and Death		
ox 68760, certificate be executed nding physician and use as the buriel-transit	/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting In death) Last  b. Due to (or as a consequenca of):  C ARDID PUL MONARY  Due to (or as a consequence of):  d.	FAIL	VRE			
Geath death	icia	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	23h Dic	tobacco una co	ntribute to the cause of death?		
IS, P.O. as that the de igned by the be detached	by Physician	Wasting Synthone		Yes 2 No	3 Probably 4 Unknown		
i Records, P.O. Bo The law requires that the death the has been signed by the effect page 2 should be detached for	Completed b	/ 0	24a. Wa	s an autopsy formed?	24b. Were autopsy findings available prior to completion of cause of death?		
The it	Son		1 🗆	Yes 2 No	1 ☐ Yes 2 ☐ No		
Vitai I	Be	25. Was case referred to medical examiner?	ith (Check only	one)			
on of ding Phys. h. Attar this funeral di	2	Hospital:		e 5 Residence 6 Other (Specify)  8d. Describe how Injury occurred			
Division  To the Hospital or Attendi within 24 hours after death to the Funeral Director. A  completely filled in by the fi	Certification:	3 ☐ Sulcide 4 ☐ Homlcide  6 ☐ Could not be determined  28e. Place of tnjury - At home, farm, street, factory, office building, etc. (Specify)	28f. Location City or To	8f. Location (Street and Number or Rural Route Number, City or Town, State)			
dospital 4 hours uneral ely filled	edicai	29a. Certifier (Check only)  1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occur	, and due to the	cause(s) and ma	anner as stated.		
the H hin 24 the F	Medi	one) and manner stated.	च्या साम्य सामि				
2 200	-	29b. Signature and title of certifier  29c. License number	2001	_	d (Month, Day, Year)		
(3)		Mohert Description In Maryland D 25	0206	5-10	5-76		
9		Robert D. Skipworth MD Marylad D 25 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) ROBERT D. SKIPWORTH, 585 MAIN STREET	et, LA	seel,	nd, 20707		
Sta		31. Date filed (Month, Dey, Year)  32. Registrar's Signature					



THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be discuss after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO BE COMPLETED BY FUNERAL DIRECTOR BALTIMORE, MARYLAND 21215-0020 Interportant: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760 TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

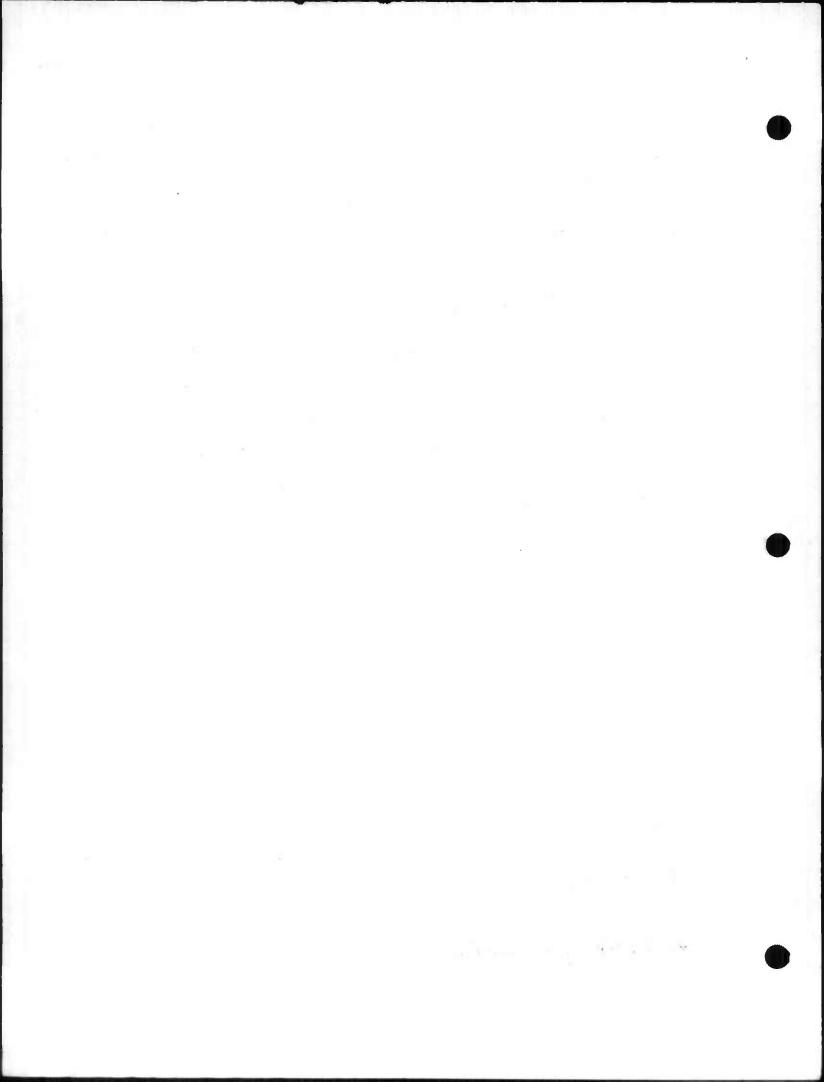
31. DATE FILED (Month, Day, Year)

MAY 3 U 1996

32. REGISTRAR'S SIGNATURE

FOR STATE REGISTRAR		STATE OF MARYL					EALTH AND I	MENTAL	REG. NO.	E		
1. DECEDENT'S NAME (First	, Middle, Lest)	-				•			OF DEATN			3. TIME OF DEATH
LOVENZA  4. SOCIAL SECURITY NUMBER  4. SOCIAL SECURITY NUMBER  5. SOCIAL SECURITY NUMBER  6. SOCIAL SE		ANDERSO	_					MAY	2	8 19	996	06:20A.M
226-50-2298	27.	5. SEX 6. AGE	in yrs. lest		MONTHS 6	AYS	HOURS MIN.	7. DATE C (Month,	Omr March		Country	ton, Va.
9e. FACILITY NAME (If not in	natitution, give street	et end number)			9b. CITY, TO	O NWC	R LOCATION OF DE		249	9c. COUNT	_	
MALCOLM GROUNDER		AL CENTER			CAMP	SP	RINGS			PRINC	E G	EORGES
10e, STATE	10b. COUNTY			10c. CITY	TOWN OR	LOCAT	ION				$\neg$	10d. INSIDE CITY
	Prince	George		Uppe	er Ma	_						1 YES 2 NO
7001 Dower	House R	d.					21P CODE			USA	N OF W	HAT COUNTRY?
11. MARITAL STATUS	1	2. WAS DECEDENT EVER I	N U.S. ARA	AED			ENDENT OF NISPAN			or No — 1	I. RACE	- American Indian, White, etc.
1 Never Merried 2 3 Widowed 4 Dive		FORCES? 1 X YES  IF YES, GIVE WAR OR D  Retired 2/1	ATES 83	0			2 NO Specif		icen, etc.)			y: BLACK
	EDENT'S EDUCA				SUAL OCC			16b.	KIND OF BUS	SINESS/INDUS	STRY	
Elementary/Secondary (I		College (1-4 or 5+)	life.	Do NOT use	ork done dur retired.)	ing mo	st of working	1	Milita	ary		
17. FATHER'S NAME (First, A			00	711 my			18. MOTHER'S NA	ME (First, M	liddle, Maiden	Surneme)		
James And	erson						Bertese	<u>,</u>	Wils	son		
190. INFORMANT'S NAME ( Shirley J. A					abdress (		nd Number or Rurel	Route Numb	er, City or Tow	n, Stete, Zip C	ode)	
METNOD OF DISPOSIT		7 7 7			FDISPOSITI	_		DATE	20c. LO	CATION — CI	v or To	en State
Donetion 5 Other	on 3 🗌 Remov				Nati	ona	1 Cem. 6	5/3/9	6 Arl	lingto		
21. SIGNATURE OF FUNERA	L BERVICE VICES	GEE /			22. NA	ME AN	P. Kala	CILITY AS Fu	neral	Home		
· Au 1	· Kal	9/11			616	0 0	on Hill	Rd.	0xon	Hill,		. 20745
23. PART Enter the dishock, or h	liseases, or co leart failure. Li	mplications that cause at culy one cause on e	d the dec	eth. Do n	ot enter th	ie mo	da of dying, suc	h aa card	lac or respi	iratory arres	rt,	Approximata interval Between
iMMEDIATE CAUSE (Fi		1										Onset and Death
resulting in death)	a.	ASYSTOLIC ( DUE TO (OR AS				-						
Sequentially list condit	tions. b.	HISTORY OF	MI ]	N PA	ST							
if any, leading to imme	ecrata _	DUE TO (OR AS	A CONSEQ	IUENCE OF	):							
CAUSE (Disease or injuthat initiated evente		DUE TO (OR AS	A CONSEC	UENCE OF	):							
resulting in death) LAS	ST d.											
PART II. Other signific	ent conditions	contributing to death I	out not n	neultles i	n the und	elvin	n ceuse siven in	Dart I	24a, WAS AN	ALTYORCY	1 245	WERE AUTOPSY FINDINGS
	00110110110	community to death i	out not it	occiting i	ii tile dila	o i ry ii r	y cause given in	rant i.	PERFOR	RMED?	240.	MAILABLE PRIOR TO COMPLETION DF CAUSE
		_			_			_	1 TYES 2	A NO		OF DEATH?
DID TOBACCO U	JSE CONTRI	BUTE TO CAUSE O	F DEA	TH YE	S 🗆 N	0 [	UNCERTAI	N K				T TES 2 INO
25. WAS CASE REFERRED EXAMINER?					H (Check on	ly one)						
1 YES 2 NO		HOSPITAL:    Inputient 2X ER/Out	patient 3	□ DOA	OTHER:	g Hom	e 5 🗆 Residence	8 - Other	r (Specify)			
ANEX	Pending	28s. DATE OF INJURY (Month, Day, Year)		28b. TIMI INJ		WC	URY AT PRICE 2 NO	28d. DEŞ	CRIBE HOW I	NJURY OCCU	RED	
2 Accident 3 Suicide 8	Could not be	28e. PLACE OF INJUR building, etc. (Spe	Y — At ho	me, term, s	treet, fector	y, offic	•		ATION (Street or Yown, State)	and Number o	r Rural R	loute Number,
4 Homicide	datarmined					_						
(Check only		AN: To the best of my know On the beele of examination										) end manner ee stated.
29b. BIGNATURE AND TITL	E OF CENTER						29c. LICENSE NU	MBER		29d. DATE	SIGNED	(Month, Day, Year)
B.21	90						MD 1781			► MA	Y 2	8, 1996
30. NAME AND ADDRESS OF		COMPLETED CAUSE OF DE		W 27) (Type,			G 1050 V					2 6600

DHMN-16 Rev 1/89



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death 1. Decedent's Name (First, Middla, Lest) 2. Date of Death 3. Time of Deeth 35 Am Month **Physician** LLEN AULINE MA 1996 /Medical 4a. Facility Neme (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Prince George's Hospital Center Cheverly Prince George's 7. Aga (In yrs. last birthdey) If Under 1 Yeer If Undar 24 Hrs. 5. Social Security Number 6 Sex 8. Date of Birth (Month, Day, Yea 9. Birthplaca (Stata or Foreign **Funeral** 1 M 2 X F Months Days Hours 1916 Washington, D.C. 79 Yrs. Director 579-18-4352 September 19, Usual Residence of Dacedant death with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Maxical Examiner must be notified at Mary land Prince George's Seat Pleasant tXXYes 2 □ No Director 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 5707 Addison Road 20743 U.S.A. Funeral 14. Race - American Indian, Bleck, Whita, atc. 11. Meritel Status 12. Wes Dacedant Evar in U,S. Armed Forces? Was Dacedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) permit. Pages 1 and 2 should be filed within 72 hours after c Deperment of Heelth and Mentel Hygiene. Important: If Item 27 is marked other than "natural", or item any injury or other traumatic event, the Medical Evanter conse. 1 Never Merried 2 Married 1 ☐ Yas 2 ☒ No If Yas, Giva Yaar or Dates: Baltimore, Maryland 21215-0020 by 1 ☐ Yas 2XXNo Specify: Specify: Black 3 Widowad 4 □ Divorced Completed Decedant's Usual Occupation
 (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Decedant's Education 18b. Kind of Businass/Industry (Specify only highest grada complated) Elemantary/Secondary (0-12) 12th graDE Coilega (1-4or 5+) Secretary Federal Government 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Arthur H. Johnson Laura Johnson 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Mrs. Arlene G. Grissom (Daughter) 5707 Addison Road Seat Pleasant, Maryland 20743 20b. Piece of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Ramoval from Stata Lincoln Memorial Cemetery June 1, 1996 Suitland, Maryland 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signeture of Funaral Sarvice Licensee 22. Name end Address of Fecility Rollins Funeral Home, Inc.
4339 Hunt Place, N.E. Washington, D.C. 20019
Approximate Interval Batween Onset and Death Entar the disaasa, of complications that caused the daath. Do not antar, or haert failura. List only one cause on each lina. **Physician** Aut soule /Medicai Immadiata Causa (Finel disaasa or condition rasulting in daath) Examiner Examiner physician and the burial-transit Sequantially list conditions, if any, laading to immadiate cause. Entar Undarlying Cause (Disease or Injury that initieted evants resulting in death) Lest Dua to (or as a consaquance of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of): attending i been signed by the atte should be deteched for Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f. 23b. Did tobacco use contribute to the cause of death? N Yas 2□ No 3 Probably 4 Unknown by Completed Wera sutopsy findings aveilable prior to 24e. Wes an autopsy performed? completion of cause of death? 2 No 1 Yas 1 ☐ Yas 2 ☐ No certificate · Hospital or Attending Physician: 24 hours effer death. Funeral Director: After this certifical Be 25. Wes case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) 1 Inpatient 2 1 Yas 2 No 2 ER/Outpatient 3 DOA Inneral 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how Injury occurred Certification: 28b. Tima of 1- Naturei 5 Panding 1 ☐ Yas 2 ☐ No Investigation 2 Accidant 8 Could not be 3 ☐ Sulcide Location (Straat and Number or Rural Routa Number, City or Town, State) Place of Injury A homa, ferm, streat, factory, office building, etc. (Society) 3 4 Homlcida To the Funeral D Certifying Physician To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2D Medical Examiner: On the best of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical To the 29b. Signature and title of 29d. Data signed (Month, Day, Year) 30. Name and address of per 31. Data filed (Month Play Year) State Jula Shoulear R MAY 3 0 1996 Registrar

**DHMH 16 Rsv 6/95** 

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DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALLIMORE, MARYLAND	MAHYLAND
TO THE HOSPITAL OF ALTHOUGH PHYSIAN IN BEING AND THE GREAT HOSPITAL OF THE HOS	retained by the nosp
TO INFECTIONISM. INTERPLATIONISM will use contracted has been agreed by the property interpret. The transmission of the property interpret. The transmission of the property interpret. The property is after death with the State Dept. of Health and Mental Hypighee prior to burial, cremation, of reinford.	and an annual of
IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	notified at once.

OR TATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
EGISTRAR	CERTIFICATE OF DEATH	REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF MA		PARTMEN			MENTAL HYGI			
DECEDENT'S NAME (First, Middle, L  TN		INA	BROW	N		2. DATE OF DEATH MONTH MAY 2	DAY	YEAR 3.	TIME OF DEATH
4. SOCIAL SECURITY NUMBER	20040 0001	AGE (In yrs. lest bir			IF UNDER 24 HRS.	7. DATE OF BIRTH		6. BIRTHPL	ACE (State or Foreign
234-44-2859	1 🗆 M 2 💢 F	68	YRS. MONTHS	DAYS F	IOURS MIN.	10/19/		West	Virgini
9a. FACILITY NAME (If not institution, g	ive street and number)		9b. CIT	Y, TOWN OR	LOCATION OF DI			TY OF DEAT	
Bel Forest	Nursing C	enter		Bel	l Air			Har	ford
10e. STATE 10b. CO	Harford	10	De. CITY, TOWN	OR LOCATIO		l Air			d. INSIDE CITY LIMITS?
10e, STREET AND NUMBER	Hai I of a			101. 7	IP CODE	TALL	10a. CITE		T COUNTRY?
The state of the s	s Mill Ro	hod		1 100	2101	5	-	U.S.	Λ.
11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARME	13.			NIC ORIGIN? (Specify	Yea or No-	14. RACE	American Indian,
1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 [				NO Specif	n, Puarto Rican, etc.) y:		Specify:	White
15. DECEDENT'S	EDUCATION		ENT'S USUAL (			16b, KIND OF	BUSINESS/IND		11111 00
(Specify only highest ( Elementary/Secondary (0-12)	College (1-4 or 8 +)	(Give i	and of work done NOT use retired.	during most	of working				
9	and and		House	ewife	9		H	ome	
17. FATHER'S NAME (First, Middle, Last	)				18. MOTHER'S NA	ME (First, Middle, Mai	den Surname)		
Frank	Barber	Lon	E		Ma	ry	Pl	um	
19a. INFORMANT'S NAME (Type/Print)		19b. M	AILINO ADDRES	SS (Street and	Number or Rural	Route Number, City or	Town, State, Zip	Code)	
Robert A. Bro	own / Son		same a	as #1	.0				
20e, METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3	Removal from State	other place)		lame of cemei	tery, crematory or		LOCATION —		
4 Donation 5 Other (Specify)	Tom our	Thomas	Run	Ceme	tery	6/1 Ka	lmia,	Mar	yland
21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	1	22	Kur		neral H			
23. PART I. Enter the diseases,	or complications that	nused the death	. Do not ente			ville,			Approximats
shock, or heart fall	ura. List only one ceuse	on each line.			, , , , , , , , , , , , , , , , , , , ,			,	Interval Betwee
IMMEDIATE CAUSE (Final disease or condition	4.4	,	0		2				< Tm
resulting in death)	B. DUE TO (OF	R AS A CONSEQUE	NCE OF:	2 en	ar a	undent			m
Sequentially list conditions, if any, leading to immediate	DUE TO (OF	R AS A CONSEQUE	NCE OF):						
cause. Enter UNDERLYING CAUSE (Disease or injury	С.								
that initiated events	OUE TO (OF	R AS A CONSEQUE	NCE OF):						
resulting in deeth) LAST	d								
PART II. Other algorificent cond	Itions contributing to de	eath but not resu	ulting in the u	ınderiving	ceuse alven in	Part I. 24s. WAS	AN AUTOPSY	24b. W	ERE AUTOPSY FINDING
					,	PER	FORMED?	A	MAILABLE PRIOR TO OMPLETION OF CAUSE
						1 □ YE	8 2 <b>X</b> NO	0	F DEATH?
						-		1	YES 2 NO
25. WAS CASE REFERRED TO MEDIC	N. I			OR DIA	OF OF BEATH (O				
EXAMINER?	HOSPITAL:		OTHE	R:	CE OF DEATH (C				
1 TYES 2 NO 27. MANNER OF DEATH	1  Inpatient 2 E		10.00	26c. INJUI		5 Other (Specify) 28d. DESCRIBE HO	W INJURY OC	CURED	
1 Natural 5 Pending 2 Accident Investigat	(Month, Day,	Year)	8b. TIME OF INJURY M	WOR		280. DESCRIBE NO	W INJUNT OC	CONED	
3 Suicide 6 Could no 4 Homicide determine	t be   building, atc	INJURY — At home, c. (Specify)	, ferm, atreet, fe	ctory, office		28f. LOCATION (Str City or Town, S		r or Rural Rou	ite Number,
and and	PHYSICIAN: To the best of my								and manner as stated
		and and are	genreit; in tilly						
296. SIGNATURE AND TITLE OF CER	HER				29c. LICENSE NU		N .		fonth, Day, Year)
Davy S.	Du-	OF BEATH HERE	7.7		D32	479	_ ^	144 2	9,157
30. NAME AND ADDRESS OF PERSON			*****	Δ.	. 1				
		5 Wes		clha	. ]				
31. DATE FILED (Month, Day, Year)	9 1996 Julia	S SIGNATURE	Ranfall						
MAY 2	1340 7	, po . oo = quar (							
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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				Certificate of	Death	Reg. No.	
	Physic	ian	1. Decedant's Nama (First, Middle, Last)	BROV	111	2. Data of Death Month Dey	Yaar 3. Tim 10 th
	/Medi Examir		4a. Facility Nama (If not Institution, give street and number)		4b. City, Town, or Loc	ation of Death 4c. Cour	996 555 ny of Death WICOMICO
_	P		PENINSULA REGIONAL MEDICAL CENT  5. Sociei Security Number 6. Sex. 7. Age (In yrs. Just		SALISBU:		Birthplaca (Stata on Foreign
	Funeral Director		0 -/0 -979	Yrs. Months Dey	s Hours Min.	5. Deta of Birth (Month, Pay, Year)	19 Country)
	se-f show	Director	Md WILDINICO 10c. City, T	Raskin			10d. Insida City Limits 1
	23a or 2		4140 Jesterville Rd	10f. Zip Coda	715	10g. Citizen o	of What Country?
020	Jultin 72 hours effer death with the Maryland plane. then "natural", or frame 23a or 28a-f show the Modical Examination most be notified at	by Funeral	11. Meritel Status  1 Nevar Married  3 Widowed 4 Divorced  12. Was Decedent Ever in U.S. Armed Forcas?  13. Was Decedent Ever in U.S. Armed Forcas?  14. Was Decedent Ever in U.S. Armed Forcas?  15. Was Decedent Ever in U.S. Armed Forcas?  16. Was Decedent Ever in U.S. Armed Forcas?  17. Was Decedent Ever in U.S. Armed Forcas?  18. Was Decedent Ever in U.S. Armed Forcas?  18. Was Decedent Ever in U.S. Armed Forcas?  19. Was Decedent Ever in U.S. Armed Forcas?  19. Was Decedent Ever in U.S. Armed Forcas?  19. Was Decedent Ever in U.S. Armed Forcas?  19. Was Decedent Ever in U.S. Armed Forcas?  19. Was Decedent Ever in U.S. Armed Forcas?  19. Was Decedent Ever in U.S. Armed Forcas?  19. Was Decedent Ever in U.S. Armed Forcas?  19. Was Decedent Ever in U.S. Armed Forcas?  19. Was Decedent Ever in U.S. Armed Forcas?  19. Was Decedent Ever in U.S. Armed Forcas?  19. Was Decedent Ever in U.S. Armed Forcas?  19. Was Decedent Ever in U.S. Armed Forcas?  19. Was Decedent Ever in U.S. Armed Forcas Properties Forcas	13. Was Dacedant of If Yes, specify Cu	Hispanic Origin? (Speciban, Maxican, Puerto Ro Specify:	ify Yes or No- ican, etc.) 14. R B	ace - American Indian, lack, Whita, atc.
21215-0020		Completed	15. Decedent's Education (Specify only highast grade completed)  Elamantary/Secondary (0-12)  Collega (1-4or 5+)	6a. Decedant's Usual Occ (Giva kind of work don lifa. DO NOT use retir	e during most of working	Ho	Business/industry
-	tal Hyg d othe avent,	Be	17. Fethar's Nama (First, Middla, Last)		18. Mothar's Name	First, Middla, Maidan Sumi	ama) Broon
~	and land	2	19a. Informan, s Name/Raletionship (Type, Print)	9b. Mailing Address (Street		Routa Number, City or Tow	
e,	ges 1 en t of Heelt If Item 2 or other		Burial 2 Cramation 3 Ramoval from Stata	of Disposition (Nama of tery, crematory or other p	lace) E	Deta 20c. Location	n - City or Town, Stata
	parmit. Pa Departmen Important: any injury		4 Donation 5 Other (Specify)  21. Signeture of Funaral Sarvice Licensee 1000 4.17	22, Nama end Add	ress of Facility	d Home F	0.0300 81
			23a. Part1. Entar tha disaasa, or complicetions that caused the daeth. I shock, or haart failura. List only ona causa on aach lina.	By 2	ying, such as cardiac or	raspiratory arrest,	Approximata
2	Physician /Medical Examiner		fmmediata Cause (Finel disease or condition resulting In death)	2 Amoner	> Are	ent-Desil	Interval Between Onset and Death
		iner		e consequence of):		/	Loza
60,	oe execute cian end ourial-trans	al Examiner	Sequentially list conditions, if any, leeding to immediata causa. Enter Underlying Cause (Disaasa or injury that initieted evants	d consaquence of):	ive Go	domypy	3 30
ox 68760	certificate be executed adding physician end use as the burial-transit	n/Medical	that initiated evants resulting in death) Last  Due to (or as	e consequanca of);		0	
. B	he atter	Physicia	Part fl. Other significant conditions contributing to deeth but not resulting	g in the underlying cause g	jivan in Part I.	23b. Did tobacco use o	contribute to the cause of death?
P.O.	ures met me de signed by the a ld be detached f					1 □ Yes 2 □ No	3 Probably 4 Unknow
of Vital Records,	s been 2 shou	Completed by				24a. Was an autopsy performad?	24b. Were autopsy findings evailable prior to completion of cause of daeth?
I Re	ete h page	Com				1□ Yas 2 No	1 ☐ Yas 2 ☐ No
Vita	this certificate	Be	25. Was casa rafarred to medical axaminar?  Hospital:	10	26. Place of Death		
o	ral di	n: To	27. Manner of Death 28a. Data of Injury 28i	o. Time of 28c. fnj	urv at 28	a 5 ☐ Residence 6 ☐ C	
Division	frector: In by the	Certification:	Natural   5   Panding   (Month, Day Year)	M 1[	ork?  Yes 2 No	3f. Location (Streat and Nur City or Town, Stata)	mber or Rural Route Number,
91	4 hours	edical Ce	29a. Certifier (Check any code)  1 Certifying Physician: To the best of my knowled code (Check any code)	ige, death occurred at tha and/or invastigation, in my	time, date end place, an	d dua to tha cause(s) and of at tha tima, data and place	menner as stated. e, and dua to tha cause(s)
4	within 2 To the	Mec	29b. Signature and little of certifier		nse number		ned (Month, Dey, Year)
5	- > 0			D	20441		
			30. Nama and addrass of person who completed causa of death (Itam 23	a) (Type, Print)		Chi	131,1996 1,MD21801
		•	Joseph L. Raffetto MD  31. Deta filed (Month. Day, Year) 1. 4 32 Banistrates Signatura	403 6	Luincy St.	Jalisbury	1 MD 21801
	Sta Registr		31. Deta filed (Month, Day, Year) 32: Registros Signatura				

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State of Maryland / Department of Health and Mental Hygiene

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						Certific	ate of	Death			Reg. No.		1 /	500
Di	ualata		1. Decedent's Neme (First, Middle, Last							Dete of De	eth	Year		of Deeth
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	amine	-	4e. Fecility Neme (If not institution, give THE MEMORIAL H		AT EAS	STON		4b. City, Tov	on, or Local		4c. County			
Fund Direct	_		5. Social Security Number 173-07-1493	XM 2□ F 7. Ag	a (In yrs. last bir 89	rthday) If Ur Yrs. Mont	hs Days		Min.	Date of Bir (Month, De 11/09	th ly, Year)	Coun	elaca (Stata etry) Sylva	or Foreign
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with the Marylen	lifted at	ctor	MD Carol	ine	10c. City, Tow	n or Location	Pı	resto	n			1	0d. Inside	City Limits
or 28	2 2	Director	10e. Street and Number				Zip Code				10g. Citizen of \		*	
eth w	aunt :		E - 24 21182					21655			United			
5-0020 72 hours efter deeth with the Maryland neturel', or items 23e or 28e-f show	xarriner.n	by Funeral	11. Marital Status  1 Navar Married 2 Married  3 Widowed 4 Divorced	12. Was Decedent   Armed Forces?  1 ☑ Yes 2 ☐ If Yes, Give Yaar or Detes:	No		ecadent of specify Cut s 2X No	Hispenic Orig pan, Mexicen, Specify:	in? (Specif Puerto Ric	y Yes or No an, etc.)		ck, White, y: White	etc.	
15-002 72 hours	Sel	8	15. Decedent's Edu	cation		. Decedent's U	Jsuei Occu	petion		-	16b. Kind of B	usiness/Inc	dustry	
21215-0020 d within 72 hours of giene. or than "natural", or	other traumatic event, tra Maxical	Completed	(Specify only highest gred Elementery/Secondary (0-12)	e completed) Collega (1-4or 5	i+)			during most						
d 2121 filed within Hygiene. ther than	£ 6	5	7		C	arpen	ter/				Contr		ors	
Maryland 212 d 2 should be filed with th end Mental Hygiene. 7 is merked other than	\$ C	e a	17. Fathar's Name (First, Middle, Last)	F Pour	. 10					First, Middle, Bois	, Maidan Suman	10)		
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Ma and 2 sl aith end 27 is n	Then		19e. Informent's Name/Reletionship (7)								er, City or Town,			
ges 1 and 27 if item 27 i	the	-	Ruth C. Hawort 20e. Mathod of Disposition	ři		f Disposition ( ry, cremetory				Dete	20c. Location -			יוט
Pegenent of	*		1X Buriai 2 Cremetion 3 F 4 Donetion 5 Other (Specify)			ern Sl	hore	Vet.		-7	Hurloc	k, 1	1ary1	land
Balt permit. Departr Importa	any ir		21. Signeture of Funerel Sarvice Licens  Multiple 4. G	skar		Frai	mpto: Box	n - Haw 43, F	kins eder	- Esko alsbu	w Fune	ral 216	Home 532	9
			23a. Pert1. Enter the diseese, or complished, or heart feilure. List only of	icetions that caused ne ceuse on eech lir	the deeth. Do ne.	not enter the r	node of dy	ing, such es d	cardiec or r	espiratory a	rrest,	1	Approximatinterval Be Onset sno	ate etween
Physic / /Medi	_		Immediate Cause (Final	Mass	0	Hat	1:	No	C28	9,0		!	CT 1	8
Exami	ner		disease or condition resulting in death)	riwr	Due to (or as e	1124	au c	102	Cu	us		i_	20	sys
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cuted	trensi	Examiner	Sequentially list conditions,	D	Due to (or es e	consequence	of):						/ 00	4
50, % exe	le la		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury											
or 68760, certificate be executed ding physician and	es the	VMedical	thet initiated evants resulting in deeth) Last		Due to (or as a	consequance	of):				_	i		
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S, P.O. es thet the	e deteched	Dy P.	Steroid	therap	ry					10	Y88 2 000	3 Prot	bably 4[	Unknown
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The lav	page	E	DM							10	Yes 2 No	10	JYes 20	□No
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Of VITA Physician: this certific	die	0	1 Yes 2 No	lospitei: Inpatie	nt 2 ER/Ou	utpatient 3	DOA Ot	har: 4□ Nur	rsing Home	5 🗆 Resi	dence 6 □Oth	er (Specif	y)	
E 6 9			27. Menner of Death  1. Neturel 5 Pending 2 Accident investigation	28a. Dete of Injui (Month, De)		Time of injury M		iryat ork? ]Yes 2 □ N		d. Describe	how injury occur	red		
Division of Attending s after deeth.	od in by th	Certification:	3 ☐ Sulcida 6 ☐ Could not be determined	28e. Piece of Injubulding, etc		ırm, street, fed	ctory, office		281	Location ( City or To	Street end Numb wn, State)	per or Rura	I Route Nu	mber,
To the Hospital or / within 24 hours efter	pletely filli	edical	29e. Certifler (Check only one)  2 Cartifying Physical Cartifying	Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the causa(s) and maminer: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and manner stated.						and due to	teted. the ceuse	n(s)		
To th	t woo	-	29b. Signature and title of certifier	- 1	12 -		29c. Lican				29d. Date signe	d (Month,	Day, Year)	
			MG Kayas	mgn /	D, F-1	ACC	D 4	1723			6/5,	196		
			30. Neme and address of person who co							_			- 1	
			Christadoss R			., 403	3 Mai	rvel	Ct.,	East	on, MD	216	501_	
Rec	State gistra	e r	31. Dete filed (Month, Day, Year)	32. Registe	ars Signature	on-Rande	00							

Registrar

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/Medic	_	MILDRE	ED A.				134	Rd	may	24	1996	1	815	
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Funeral Director		5. Social Security Number 6. Security S	7. Ag □M 2]Q F	a (In yrs. last b 73	Yrs.	If Under	ar 1 Yaar Days	If Under 24 H Hours N	Hrs. 8. Data of I Min. (Month, MARCH	Birth Day, Year) 6,1923	Cou	placa (Si intry) LANI	tata or Fore	
Mot		10a. Stata 10b. County		10c. City, To	wn or Loca	ation						10d. Insi	da City Lim	
2	to	MD. WICOMIC	0	SAI	LISBU	IRY						XP	Yas 2	
or 28	Director	10e. Street and Number				10f. Z	ip Coda			10g. Citizen	of What Cou	intry?		
23a	le l	425 PRINCE STREET					2180	1		1	U.S.A.			
"natural", or items 23a or 28a-f show edical Evangine: must be notified at	by Funeral	11. Marital Status  1 Navar Married 2 Married  3 Widowed 4 Divorced	12. Was Decedani Armed Forcas? 1 Yas 27 M If Yas, Giva Yaar or Datas:				edant of Hi ecify Cuba 2 No	spanic Origin? n, Maxican, Pu Specify:	(Specify Yas or uarto Rican, atc.)	No- 14. F E Spe	laca - Amari Black, Whita city: W}		ın,	
netur	Completed	15. Decedant's Edi	ucation	18	a. Deceda	ant's Us	ual Occupa	ition	working	16b. Kind of	Businass/Ir	ndustry		
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nd Menta marked imatic ev	10	ARTHUR G. ADKI  19a. informant's Name/Raiationship (7		10	h Maltina	Adden	on (Ctront o		H TRUITT  Rural Routa Num	nhas City as Tay	un Ctata 7	- Cadal		
alth and 27 le m or traum		ELVA JOYCE HILDRE			_				LISBURY,					
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Medical aminer	iner	Immediata Causa (Final disasse or condition rasulting in death)	a PNEVI	Dua to (or as a		ance of	):					2	WK	
physician and s the buriel-traneit	sai Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated avants	c	Dua to (or as a										
O) 65	n/Medical	rasulting in daath) Last	d	Dua to (or as a	conseque	ance of)	:				Approximata Interval Betwonset and D			
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s been s 2 ahould	Completed									as an autopsy rformed?	8	vallabia p	opsy finding prior to n of cause	
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this	To.	1 Yas 2 No 27. Manner of Death	1 ☑ Inpatie 28a. Data of Injui (Month, Day			3 🗆 🖸		4 LI NUISIN	g Homa 5 Re			ify)		
death. stor: After y the fune	Certification:	1 Natural 5 Pending 2 Accidant invastigation 3 Sulcida 6 Could not be	Tima of injury	М		ras 2□No		28d. Dascribe how injury occurred			Number.			
Euneral Direction of the Funeral Direction of									28f. Location (Street and Number or Rural R City or Town, Stata)					
• Funeral	29a. Cartifier (Check only one)  1 Certifying Physician: To tha best of my knowladga, daath occurred at tha tima, data and piaca, and dua to tha causa(s) and mannar as 2 Madical Examinar: On the basis of axamination and/or invastigation, in my opinion, daath occurred at the tima, data and piace, and dua and mannar stated.									e, and dua	to tha cal	Jsa(s)		
To the comple	Me	29b. Signatura and litla of certifiar				25	c. Licansa	number		29d. Daia sig		Day, Ye	er)	
		> Roberdl	e				029	168		5/2	5/96			
6		30. Nama and address of person who co	0 :	eath (ttam 23a)		rint)	Balis	buny.	Md .					

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						Ce	rtificate of	Death			Reg. No.				
	Di santa		1. Decedent's Nema (First, Middle,	Last)			D 1.	,		2. Dete of De Month	eth Day	Year	3. Time of Death		
	Physic /Medi		Kussu 1	unterro			Bunti	ng		May	29	1996	0725		
$\tilde{\chi}$	Exami		4a. Fecility Name (If not institution,	giva street and nun	n <i>ber)</i>			4b. City, To	own, or Lo	cation of Daati		-			
			PENINSULA REGI	ONAL MED	ICAL CI	ENTER		SA	LISBU	JRY	WI	COMIC	0		
	Funeral Director		5. Social Security Number 217-03-4669	Sax NDM 2□F	7. Age (In yrs 82	. lest birthday) Yrs.	Months Dey		24 Hrs. Min.	8. Dete of Bir (Month, Da	th Year)	9. Birthp Coun Poc	lace (State or Foreign try) omoke, MD		
-	D		Usuet Residence of Decedent												
	how		10e. Stete 10b. County			ity, Town or Lo						1	Od. Insida City Limit		
	M Fill	cto	Maryland Wi	comico	2	Salisbu	ry						1 Yes 2 N		
	# 52 g	Sire.	10e. Street end Number				10f. Zip Code				10g. Citizen of	What Coun	itry?		
	23a	ie i	6133 Florence	Street			2 18	80 1			U.S.A	A .			
	r dea	Funeral Director	11. Meritei Stetus	12. Wes Dece Armed For	dent Ever in U	J,S. 13.	Was Decedent of If Yes, specify Cu	Hispanic Or ben, Mexica	igin? (Spe	ecify Yas or No Rican, atc.)	- 14. Rac	ce - Amaric			
21215-0020	s 1 and 2 should be filed within 72 hours after death with the Maryland I Health and Mental Hygiene. I then 27 is marked other than "natural", or items 23s or 28s-f show other traumstic event, the Medical Examiner must be notified at	by	1 ☐ Nevar Married 2 ☐ Marrie 3℃Widowed 4 ☐ Divorced	1 ☐ Yas If Yes, Giv Yaer or Da	0		1□Yas 2⊞N				Specify	7,71	hite		
5-0	72 h	Completed	15. Decedent's (Spacify only highest	Education		16e. Dece	dent's Usuel Occi	upetion	t of worki	na	16b. Kind of B	usiness/Inc	dustry		
7	- 1 30	npie	Elementary/Secondary (0-12)	Coilege (1	-4or 5+)	life.	kind of work don DO NOT use retir			'9					
	ed w	S	8				Line Su			Telephone Company					
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$\frac{2}{8}$	should be nd Mental marked o umetic eva	2	Henry O. Bunti	ng 				Add	ile C	hesser	Bunting	5			
la la	2 sho		19e. Informant's Name/Ratationshi					ress (Street end Number or Rural Route Number, City or Town, State, Zip Code)  ld Ocean City Rd., Salisbury, MD 21804							
	1 and Health em 27 rther tr		Bonnie L. Larm	ore				ean C	ity R	7			21804		
Ore	00-			□ Bemoval from S		Plece of Dispo cemetery, cre	osition (Name of matory or other pi	lece)		Date	20c. Location	City or To	wn, Steta		
Baltimore,	Pag ment ant: I				F	irst B	aptist C								
a	pemit. Pag Department Important: I any Injury o		20b. Method of Disposition  1 Buriel 2 Cramation 3 Removal from Steta 4 Donation 5 Other (Specify)  20b. Plece of Disposition (Name of cemetery, crematory or other plece)  First Baptist Cemetery 6/1/96 Pocomoke C  22. Name and Addrass of Facility Holloway Funeral Hom  501 Snow HII1 Road												
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	2	77	23e. Part1. Enter the diseesa, or co shock, or heert feilure. List or	omplications het cally one cause on ea	aused the dea ech line.	th. Do not an	tar tha mode of dy	/ing, such as	cardiac o	r respiratory a	rrast,		Approximete tnterval Batween Onset end Deeth		
'	Physician /Medical		Immediete Cause (Finei	Ca	1		0	4-4				1	MINS		
	Examiner		Immediate Cause (Final disease or condition resulting In deeth)  a. Couclib Course (Course disease or condition resulting In deeth)												
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	nsit insit	듄		b. ////y	10 Coul	we ser	fourth					MLS			
	icata be axecuted physician and s the burial-transit	Examiner	Sequentiatly list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Disaese or injury	Ma	Dua to (	or as a conse	quance or):					1	MANGE		
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2	pertificate be executed ding physicien and se es the buriel-transit	Medical	resulting in death) Lest		Dipo to (	or as a consec	(uance or):								
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Records,										24a. Was	an autopsy	24b. We	ere eutopsy findings allabla prior to		
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		Ü	25. Was case referred to medicat	T				Of Disc	a of Dooth	(Check only		16	3140		
5		0 0	examiner?	Hospitel:	npatient 2	ER/Outpetier	nt 3 DOA	ther:			dence 8 □Oth	or /Consit	al .		
	£ 5 8		27. Manner of Deeth	28a. Dete o	of Injury	28b. Time o	-				how injury occur		<i>n</i>		
5	ding th.	tio	1 PNeturel 5 Pending 2 Accident investiga		h, Day Year)	Injury		ork? ⊒Yes 2.⊡	No						
Division	or Attanding after death. Director: After in by the fune	Certification	3 ☐ Sulcide 6 ☐ Could no	286. PIECE	of Injury - At h	nome, ferm, str	reet, fectory, office	9	- 1	28f. Location (	Street end Numi	ber or Rura	l Routa Number,		
5	Direction	ert	4 Homicide	buildin	ng, etc. (Speci	ity)				City or To	wn, Stete)				
	To the Hospital or Attandii within 24 hours after death. To the Funeral Director: A completely filled in by the fu	edical C	(Check only 2 Medical Ex	Physician: To the aminer: On the ba	sis of examine	owiedge, deet etion and/or In	h occurred et the vestigation, in my	time, date er oplnion, des	nd plece, a	and due to the ed et the time,	ceuse(s) and made and plece,	anner es st	eted.		
	thin (	Med	one) 29h Signature and title of certifier	end mann	er steted.		20c Lice	nsa number			29d. Data signa	d (Month	Nev Yearl		
	Z Z Z S	29b. Signatura and title of certifier  29c. Licensa number  29d. Date  29d. D								_	/	y, . Jai/			
•			Comme	TO VOWY	7		0	1068	1		5/2	1/96			
			30. Neme end eddress of person wi	o completed cause	of deeth (Ite	m 23e) (Type,	Print)	SALISA	2/11/	MA	11011				
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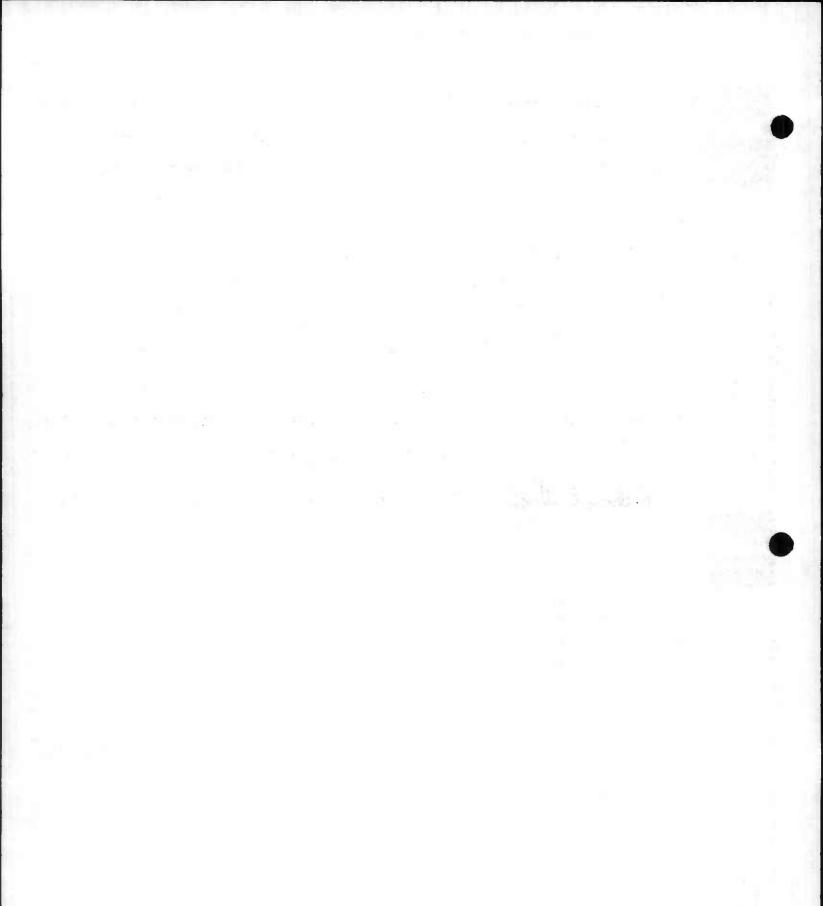
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State of Maryland / Department of Health and Mental Hygiene

					C	ertificate o	f Death	R	leg. No.		17005		
	Physic /Medi		Decedent's Neme (First, Middle, La Frances		BEATTY			2. Dete of Dea		6 <sup>Year</sup>	3. Time of Deeth 1:00 AM		
	Exami		4e. Fecility Neme (If not institution, gi 7145 Poole Jones				4b. City, Town, or Li Frederick		4c. County Frede				
	Funeral Director		426-38-0472	Sex 7. Age 1□ M 2▼ F	(In yrs. lest birthde	Months Day		8. Dete of Birth Month, Day DEC • Z	9 <sup>°</sup> ,1926	9. Birthp	olece (Stete or Foreign official Dama		
	e Maryland la-f show rifled at	ctor	Usuel Residence of Decedent  10e. Stete 10b. County  Maryland Frederic		10c. City, Town or Freder:					1	0d. Inside City Limits 1 ☐ Yes 2X No		
	th with th	Funeral Director	10e. Street end Number 7145 Poole Jones	Road		10f. Zip Code 217		1	U.S.A		itry?		
21215-0020	filed within 72 hours after death with the Maryland Hygiene. ther than "natural", or items 23a or 28a-f show ont, the Medical Examiner must be notified at	by	11. Meritel Stetus  1 Never Merried 2 Married  3 Widowed 4 Divorced	12. Wss Decedent Ev Armed Forces? 1 Tyes 2 No If Yes, Give Yeer or Detes:		3. Wes Decedent of If Yes, specify Control of Italian Personal Pe	f Hispenic Origin? (Spuben, Mexicen, Puerto o Specify:	ecify Yes or No- Ricen, etc.)		e - Americ ck, White, v: Whit	etc.		
5-0	72 ho	Completed	15. Decedent's E (Specify only highest gr	ducation ade completed)	18e. De	cedent's Usuel Occive kind of work dor	upation ne during most of work red)	ing	16b. Kind of B	usiness/Inc	dustry		
121	within ene. then	dmo	Eiementery/Secondery (0-12)	College (1-4or 5+		e. <i>DO NOT u</i> se reti Homemaker		Own Home					
	Hygin Hygin	Be Co	17. Fether's Neme (First, Middle, Las	")		Tomemarer	18. Mother's Nem	e (First, Middle, i					
/lar	Mental Mental arked o	To B	Gideon		VASSER		Annie		LAUDI	CE			
, Maryland	2 sh and is m		19e. Intorment's Neme/Reletionship Gregory O. Beatty		208	31 North	et and Number or Rur Plantation						
Baltimore,	permit. Pages 1 and Department of Health Important: If Nem 27 any injury or other to once.		20e. Method of Disposition  f Buriei 2 Cremetion 3 [ 4 Donetion 5 Other (Speci		cemetery, c	sposition (Name of Fremetory or other p ivet Cemete	ry, May 29,		20c. Location - Freder		wn, Stete Maryland		
Balt	Departimportu		21. Signeture of Funerel Servica Lica	Scrietor S Dotter (Specify)									
	Physician /Medical Examiner	liner	23a. Pert1. Enter the disease, or conshock, or heert teilure. List only Immediate Cause (Finel disease or condition resulting in death)	e. hep		sequence of):		or respiretory arr	est,		Approximate Interval Between Onset and Deeth		
Box 68760,	dasth certificate be asscuted e sitending physician and of for use as the burial-transit	n/Medical Examiner	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last	c	ue to (or es e cons	sequence of):							
P.0.	ras that the daath signed by the atte to detached for	Physician/											
of Vital Records,	aw requi	Completed by						24e. Wes a perfor	Department, Aprinter on the second of the se		ere autopsy tindings allable prior to mpietion of cause death?		
Œ	The ate h	Com						1 🗆 Y	es L No	10	☐Yes 2☐ No		
Vita	certificate rector, pag	Be	25. Wes case referred to medical axeminer?	Hospitei:			26. Plece of Deet	h (Check only or	19)				
0	this did	To	1 ☐ Yes 2 ☐ No 27. Menner of Beeth	1 lnpatient		ilent 3LI DOA					y)		
Division	I or Attending I after death. Director: After I in by the funer	Certification:	1 Neturel 5 Pending Investigation 3 Sulcide 6 Could not be	(Month, Dey )	28e. Dete of Injury (Month, Dey Year)  28b. Time of finjury M  28c. Injury st Work? 1  Yes 2 No  28e. Piece of finjury - At home, ferm, street, fectory, office					28d/Describe how injury occurred  28f. Location (Street and Number or Rural Route Number,			
Š	To the Hospital or Atwithin 24 hours after of To the Funeral Direct completely filled in by		4   Nomicide	building, etc.	(Specify)			City or Town			lated		
	• Hos 124 h • Fun detely	edicai		niner: On the basis of e	kaminetion and/or	Investigation, in my	opinion, deeth occur	red at the time, d	late end place,	and due to	the cause(s)		
	To the H within 24 To the Fu complete	M	29b. Signeture end title of certifier		1		nse number	2	29d. Dete signe				
				4		D 1	4626		May 28	1996	)		
_			30. Name and eddress of person who Dr. P. Gregory	Rausch, MD	501 Wes		h Street,	Frederio	ck, Mar	yland	1 21701		
	Sta Registr		31. Dete flied (Month, Dey, Year) MAY 2	32. Registra	s Signature .	Redall							

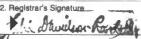


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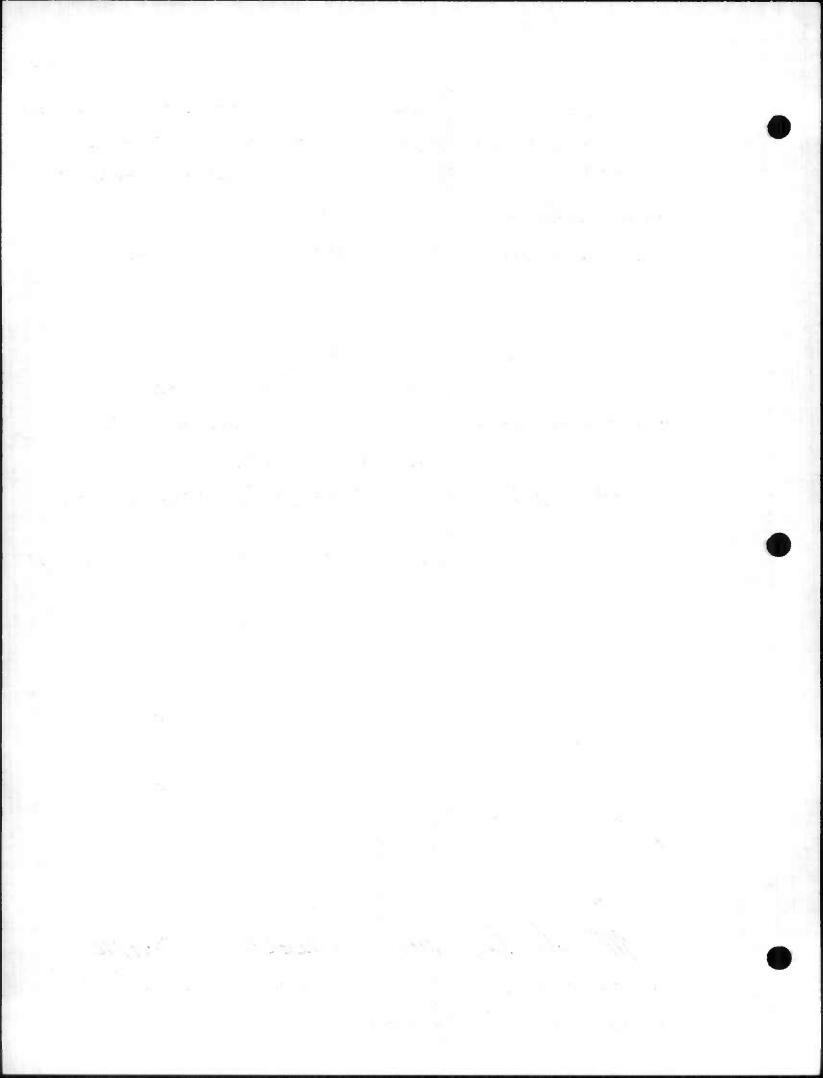
State of Maryland / Department of Health and Mental Hygiene 96

				State of Mar		epartment Certificate				giene 9	6 1	7640
	Physic	ion	1. Decedant's Nama (First, Middla, Last						2. Data of De Month	Day	Year	3. Time of Death
	/Medi		Nellie	Faye	Beave	r			May 28	, 1996	1.000	6:06 p.m.
À	Examii	ner	4a. Facility Name (If not institution, giva				4		or Location of Death	10.000.19		
Н			Frederick Memoria  5. Social Security Number 6. Sa:	*,	n yrs. last birtho	fav) If Undar	1 Yaar	Frede			deric	
п	Funeral Director	П			79 Yr	Months	Days		in. 8. Data of Bir (Month, Da April 20	Year) 1917	Count	aca (Stata or Foraign ny) 71vania
			Usual Rasidance of Decedant						tipizz D	3, 1317	CITIO	TValle
	e Marylen	ctor	Maryland Freder		Oc. City, Town o		red	erick			10	d. Insida City Limits  1 ☐ Yas 2X No
	23a or 24	rai Director	10a. Street and Number 6856 Snowberry C			10f. Zip	Coda 170	3		10g. Citizan of U.S		ny?
Maryland 21215-0020	n 72 hours after death with the Maryland "natural", or heme 23a or 28a-4 show pdicel Examinet must be incufied at	by Funeral	11. Marital Status  1 Navar Married 2 Married  3 Widowed 4 Divorced	12. Was Decedent Eva Armed Forces? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas:	er In U,S.	13. Was Deced If Yas, spec			(Specify Yas or No arto Rican, atc.)	14. Rac Bia Specify	ce - Amarica ck, Whita, a v: Wh	
5-0	72 ho	eted	15. Decedant'a Edu (Specify only highast grad	cation	16a. D	ecedent's Usua	i Occup	ation	varkina	16b. Kind of B	usinass/Indi	ustry
121	within ene. then "	Completed	Elementery/Secondery (0-12)	College (1-4or 5+)		a. <i>Do Not u</i> s Homemak		during most of (	voi kii ig	Own	Homo	
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	d 2 th a		Robert P. Beaver,			_			, Frederi			
Baltimore,	or oth		20a. Mathod of Disposition  1 ABuriai 2 Cramation 3 R		20b. Place of D cematary,	isposition (Nam cramatory or of	a of har plac	ce)	Data	20c. Location	City or Tov	
Ē	Departmen mportant: any injury		4 ☐ Donation 5 ☐ Other (Specify)  21. Signature of Funaral Service License		risnert	OWN Cem			31,1996	Fisher	town,	PA
Ba	permit. P Departme Importan any injur		Allan H	Ruby M	00703	Keeney 106 Ea	st (	Basford Church	P.A. Fun Street, F		me k, MD	21701
	Physician /Medical Examiner	er	23a. Part1. Entar tha disaasa, or complishock, or haart failura. List only or Immediata Causa (Final disaasa or condition rasulting in death)	Cer	rebal	الخر			March		1	Approximate Interval Between Onsat and Death
Box 68760,	death certificate be executed e ettending physician and of for use as the burial-transit	Physician/Medical Examiner	Sequantially list conditions, if any, leading to immediate causa. Entar Undarlying Cause (Disease or Injury that initiated events rasulting in death) Last		a to (or as a con							
		sicie	Part II. Other significant conditions con	tributing to death but n	ot resulting in th	a undarlying ca	usa giv	an in Part I.	23b. Dld	lobacco use co	ntribute to	the cause of death?
s, P.O.	4 60	by Phy							1 🗆	Yes 2 No	3 Prob	ably 4 Unknown
of Vital Records,	2 S E	Completed	tury!							an autopsy rmed?	avai	ra autopsy findings llabla prior to aplation of causa eath?
a	sician: The lay certificate has ineptor, page 2		0						10	Yas 2 No	10	Yas 2□ No
₹	Physician: r this certific aral director,	Be C	25. Was case rafarred to medical exeminer?	ospital:			Oth	or:	Death (Check only o			
	To the Hospital or Attending Physician: The I within 24 hours effer deeth.  To the Funeral Director: After this certificate he completely filled in by the funeral director, page	ation: To	27. Mennar of Death  1 Natural 5 Panding 2 Accidant investigation	28a. Data of Injury (Month, Day Ye	2 ER/Outpe 28b. Tim tnju		Bc. Injur Wor	4 Li Nursing	Homa 5 Resident	dance 8 LIOth now injury occur		)
Division	i or Atte	Certification:	3 ☐ Suicida 8 ☐ Could not be datarmined	28a. Place of Injury building, atc. (5	- At homa, farm Specify)	, straat, factory.	offica		28f. Location (3 City or Tox	Street and Numb vn, Stata)	per or Rural	Routa Number,
	To the Hospital or Attending F within 24 hours eftar deeth. To the Funeral Director: After completely filled in by the funer	edical (	29a. Cartifiar (Check only one) 1 Cartifying Phys	Ician: To the best of mer: On the basis of axe and manner stated	amination and/o	aath occurred a r Invastigation,	t tha tin	na, data and pla pinion, daath o	ce, and dua to tha courred at tha tima,	causa(s) and modata and place,	anner as sta and dua to	ited. tha causa(s)
	To the within To the comp	Me	290. Signature angentia at certifier	chan	NO	29c		2666	0	29d. Date signe	d (Month, D	yay, Year)
			30. Neme and eddrass of person who co Dr. Marc Raphael				e A	venue,	Frederick	, MD 21	701	

Registrar

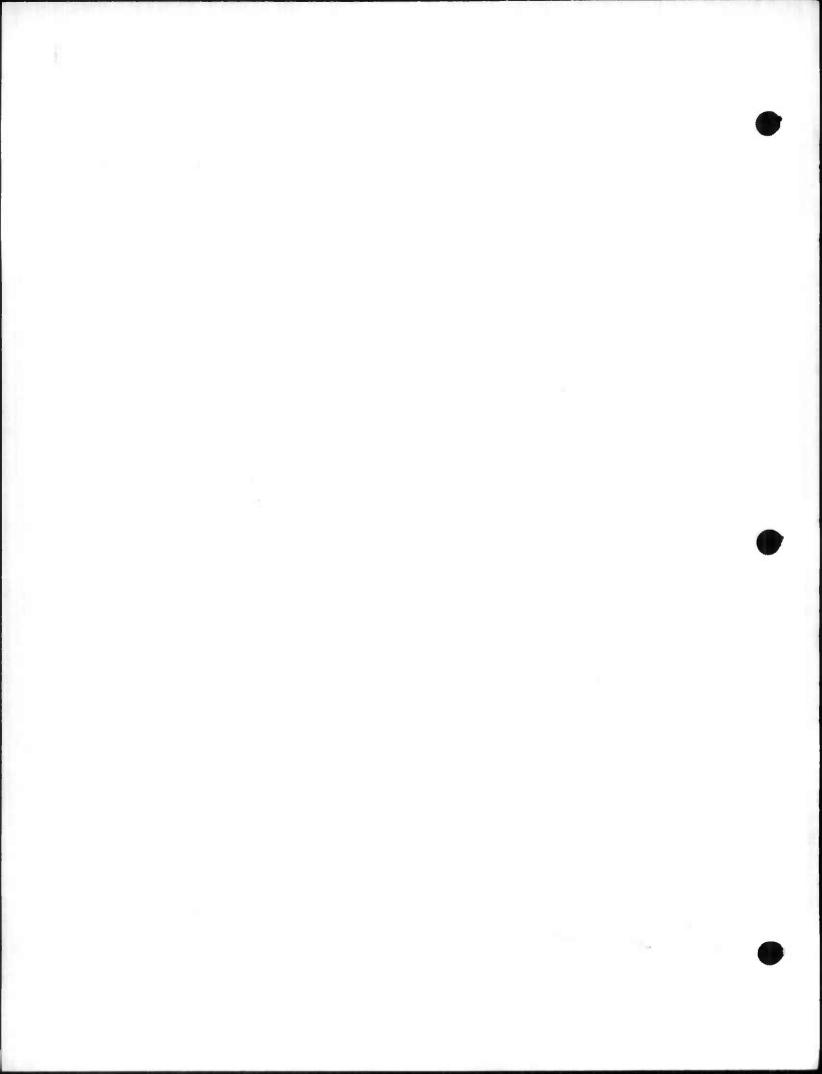


DHMH 16 Rev 6/95



1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		1. DECEDENT'S NAME (First, Middle, Last)	F 1 5		7					2. DATE OF	D		YEAR	3. TIME OF DEATI	н
		4. SOCIAL SECURITY NUMBER		err Bo		IF UNDER	VELO	IF UNDER	04.100	May		), 19		12:25	P
		220-34-2371	1 <b>X</b> M 2 □ F	83	YRS.	MONTHS	DAYS	HOURA	MIN.	(Month, L	Day, Year)	010	Country	*	reign
phould		9e. FACILITY NAME (If not institution, give a	treet and number)	0.5		9b. CITY,	TOWN	OR LOCATIO	ON OF DE	Oct.	), I		Md NTY OF DE		
2, 3 st	СТОВ	Reeder's Memor						nsbor					hing		
es 1.	EC	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	1		10c. CIT	Y, TOWN OF	LOCA	TION						10d, INSIDE CITY	
t. Pages	DIRE	Md. Wa	shington			Boo	nsb	oro						LIMITS?	NO
permit.	AL	104. STREET AND NUMBER					10	H. ZIP CODE				10g. CITI		HAT COUNTRY?	
Sit	FUNERAL	110 Potomac S	St.					2171	3			U.S	.A.		
burial-transit	FU	11. MARITAL STATUS 1. Never Merried 2 Merried	12. WAS DECEDENT E FORCES? 1 X IF YES, GIVE WAR	EVER IN U.S. ARI	MED	13. W	AS DE	CENDENT O	F NISPAN	IIC ORIGIN? (	Specify Yes	or No-	14. RACE Black,	- American India: White, etc.	n,
se as the b	ВУ	3 Widowed 4 Divorced	W. W. I	OR DATES				S 2 NO					Specify	White	
	TED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(G)	ve kind of 1	USUAL OC	CUPATI	ON ost of working	a	16b. K	ND OF BU	SINESS/INC	USTRY		Т
ğ	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	e retired.)									
detached once.	M C	17. FATHER'S NAME (First, Middle, Last)		I	arme	r	_	I se MOTH	ED'O NA	ME (First, Mid	arm c				
8 %	E C	Samuel E. H	lowlus							Jane		Surname)			
5 should notified	0	19e. INFORMANT'S NAME (Type/Print)	- CWILCO	196	MAILING	AODRESS	(Street			Jane Number,		n, State, Zip	Code)		-
3e 5	5	Gwen M. Bowlus		4	Lin	den I	31vc	1., M	idd1	etown	, Md.	217	69		Ш
		20a. METHOD OF DISPOSITION  10 Burlel 2   Cremation 3   Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of cornellery, crematory or other place)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  20b. PLACE AND DATE OF DISPOSITION (Name of cornellery, crematory or other place)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY													
													wn, l	Md.	
tuneral of examiner	- )	22. NAME AND ADDRESS OF FACILITY  Donald B. Thompson Funeral Home													
y the noval.		31 E. Main St., Middletown, Md. 21769													
filled in by the on, or remova he medical		anock, or heart failure.	List only one cause	on each line.	eth. Do r	ot enter t	he mo	ode of dyli	ng, aucl	n aa cardie	c or reapi	retory arr	eat,	Approxima Interval Be	twee
를 등 등		IMMEDIATE CAUSE (Fine)													Deat
crema		DUE TO (OR AS A CONSEQUENCE OF):											200	7	
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sictan and control to buria	CATION	if any, leading to immediate		R AS A CONSEC	UENCE OF	F):		arla							
ing physicial giene prior other trau	FICA	CAUSE (Disease or Injury	DUE TO (OI	R AS A CONSEC		ane		Color						2 ma	I,
BE	E	that initiated events resulting in death) LAST	4	n AS A CONSEC	OENCE O	· ).								į	
y the attend Mental	CE	PART II Other circlificant condition												1	
36	CAL	PART II. Other aignificant condition	LAN	eath but not n	auiting	in the und	eriyin	ig ceuse g	Iven in	Part I. 24	PERFOR		100	WERE AUTOPSY FIN AVAILABLE PRIOR TO	0
n signed f Health a lows any	EDICA		7,40,							- 1	☐ YES 2	THO		COMPLETION OF CA OF OEATH?	
Sh of	M	DID TOBACCO USE CONTI	RIBUTE TO CAUS	SE OF DEAT	TH YE	SΠN	οГ	1 UNC	FRTAIN	TA				1 NES 2 N	0
State Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				N (Check or									
reffication be Sta	YSIC	1 TES 2 THO	HOSPITAL: 1 Inpatient 2 E	R/Outpatient 3	□ DOA	OTHER:	ng Horr	ne 5 🗆 Res	Idence	6 Other (S	(pecify)				
this ce with th	РНУ	27. MANNER OF OEATH  1 Natural 5 Pending	28e. DATE OF IN. (Month, Day,		28b. TIM	E OF	Bc. INJ	JURY AT DRK?		28d. DESCR	IBE HOW II	NJURY OCC	CURED		
	BY	2 Accident Investigation	280 BLACE OF H	M H IEV As boo		М		YES 2	NO						
after 28 I	윤	3 Suicide 8 Could not be 4 Nomicide determined	28s. PLACE OF II building, etc	: (Specify)	ne, mrm, t	Rreet, Tector	у, отпс	:0		City or 1	ON (Street e fown, State)	nd Number	or Aural Ac	oute Number,	
DIREC hours item	J.E.	29e. CERTIFIER (Check only 1 CERTIFYING PNYS)	CIAN: To the best of my	knowledge des	th occur-	d at the H-	n dat-	and place	and due	to the source	e) and	mar on the	-d		-
TO THE FUNERAL be filed within 72 h IMPORTANT: If I	COMPLET	(Check only one)  2 MEOICAL EXAMINE	R: On the beals of exam	nination end/or in	westigatio	n, In my op	inion, d	death occurs	d at the	time, deta an	d placa, an	d due to th	e Cause(s)	end manner as sta	rted.
ATA	BE C	296. SIGNATURE AND TITLE OF CERTIFIER						29c. LICE						Month, Day, Year)	
De fin	TO B	~-	THE MO					01.	801	9				21,1996	5
		30. NAME AND ADDRESS OF PERSON WH						N. 4 -	. 7 -	1 0174	0./2	201 7	2071	00	
		Dr. Vasant Datta	334 M111 S	treet,	Hage	ersto	√n,	Mary	land	21/4	U/1-	301-/	39/1	UU	
		31. DATE FILED (Month 2 Pay 4 Pay)	32. REGISTRAR'S	who has	641										
_		um 65 /													



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

_				,		tificate of	Death	Re	eg. No.			
	Physici /Medic		1. Decedent's Neme (First, Middle, Last)  Jacqueline June Bail					2. Dete of Deet Month	Dey	Yeer 996	3. Time of Death 7:45a.m.	
	Examir	ner	4a. Fectlity Neme (If not Institution, give street end n	umber)			4b. City, Town, or I	ocation of Deeth	4c. County	of Deeth		
Н	1 51 /		8002 Oakwood Lane 5. Sociel Security Number 6. Sex	7. Age (In yrs.	lood bloth doub	If Under 1 Yeer	omfret If Under 24 Hrs.	Date of Birth	Char		Note that the second	
	Funerai Director		210-24-1074  Usuet Residence of Decedent	64	Yrs.	Montha Deys		8. Dete of Birth (Month, Day, June 1	, 1932	Mar	ileca (Stete or Foreign try) yland	
	show a show		10a. State 10b. County	10c. Ci	y, Town or Loc	ation		-		1	0d. Instde City Limits	
	within 72 hours after death with the Maryland ene. than "natural", or items 23s or 28s-f show the Modesi Examiner must be notified at	Director	Maryland Charles	Po	mfret						1 ☐ Yes 2 🛣No	
	or 24	Dire	10e. Street and Number			10f. Zip Code		10	0g. Citizen of V	Vhst Coun	itry?	
	ath w		8002 Oakwood Lane		-	206			U.S.			
	ter de	Funeral	Armed F		,S. 13. W	es Decedent of I Yes, specify Cub	dispenic Origin? (Spen, Mexican, Puert	pecify Yes or No- p Rican, etc.)		e - Americ k, White,	an tndlen, etc.	
21215-0020	d within 72 hours affiliene.  r than "natural", or the Wedical Exam	b	3 Widowed 4 Divorced Yeer or	2 <b>X</b> No live Detes:	1	☐ Yee 2☐XNo	Specify:	Specify: White				
5	72 ho	Completed	15. Decedent'a Education (Specify only highest grade completed		16a. Deced	ent's Usuat Occu	Dation	kina	16b. Kind of Bu			
21	ithin ithin ithe	nple		(1-4or 5+)	life. D	O NOT use retire	during most of world)	19				
2	77 75 75 75		12	-	Secre	etary			Churc			
Maryland	a la b	Be	17. Fether's Neme (First, Middle, Last)				71 O.10 0.20	ne (First, Middle, M	Malden Sumam	10)		
Ž	d 2 should be th and Menta 7 Is merked traumetic ev	10	Carmine Altieri  19a. tnformant'a Neme/Retetionship (Type, Print)		10h Mailin	a Address (Otros	Elsie	Brown	O'h T	Otean Tie	On de la	
Z	d 2		V. Gilbert Bailey					rai Houte ivumber,	, City or Town,	State, Zip	Code)	
ē,	of Health of Health if Item 27		20e. Method of Disposition	20b. F		e as #1		Dete	20c. Location -	City or To	wn, Stete	
Baltimore,	permit. Pages Department of I- Important: If its any Injury or of		1  Buriet 2  Cremetion 3  Removel from 4  Donation 5  Other (Specify)	State	cemetery, crem	eltion (Name of etory or other ple	al Gard	,1996	ra - 1 a		W13	
Ħ	ortan		21. Signeture of Funerel Service Licensee	1.1		Neme end Addre		elis	waldo	CI,	Maryland	
Ö	Per and		1211h	Funera	l Home,	P.A.						
			23a. Pert1. Enter the disease, or complicatione thet shock, or heer failure. List only one ceuae on	caused the deet	h. Do not ente	ndian I	lead, Ma	ryland or respiretory erre	est,		Approximete	
8	Physician		stock, of floor lands. List only one could on	ears Till By						!	Intervel Between Onset end Deeth	
	/Medical Examiner		Immediate Cause (Finel disease or condition	ast Ca	ncer	aith Bo	ne_Mets			L	142.1	
	-Adminion	100	resulting In deeth) e. DIC		or as a consequ		/110-110-00			1		
	nsit	Examiner	b		or es e consequ							
,	ificate be axecuted g physician and as the burial-transit	Exai	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or trijury c.			į						
68760,	sicia e bur	edicai	thet initieted events	Due to (o	r as e consegu	ence of).				-		
	S 0 6		resulting in death) Lest									
Box	the death certi y the attending ached for use a	Physician/M	Pert tt. Other significant conditions confributing to	do alla base and and	other to the con-	4-4-4	D	OOL Did sol	h		the cause of death?	
0	that the de led by the a detached f	hys	Total Street Significant Conditions Continuously to	Jean Dut Hot 195	oung in the on	derlywig cause gi	ven in Peri t.		• 2□ No		bebly 4 Unknown	
	signed d be del	by F										
Records,	v requires that been signed b should be deta							24e. Wes er		eva	ere autopsy findings alleble prior to	
e C	2 S W	Completed								of	mpletion of cause death?	
E	Pate Page	Cou						1 □ Ye	s 2 No	10	Yes 2 No	
Vital	ysician: The	Be	25. Wes case referred to medical examiner?			100		th (Check only on				
o	his at di	T0		Inpatient 2		3LI DOA		ome 510 Reside			y)	
	Ing After	ation		of Injury ofth, Day Year)	28b. Time of tnjury	28c. inju Wo M 1	ry et rk? Yes 2 □ No	28d. Describe ho	w injury occurr	red		
Division	3.05	Certification:	3 Suicide 6 Could not be determined 28e. Plea	e of tnjury - Af hi ling, etc. (Specif	ome, ferm, stre	et, fectory, office		28f. Location (St. City or Town		er or Rura	i Route Number,	
	To the Hospital or Att within 24 hours after of To the Funeral Direct completaly filled in by	edical C	29a. Certifler (Check only one)  29 Medical Examtner: On the	pasis of exemina	wledge, deeth	occurred et the ti	me, dete end piece opinion, deeth occu	, end due to the ca rred et the time, de	use(s) end me ete end pleca, a	nner sa si	eted. the cause(s)	
	ithin o the omple	Mec	29b. Signeture and fittle of certifier	nner steted.		29c, Licens	se number	29	9d. Date signed	d (Month	Day, Year)	
	F ≱ F 8		Verill M	1	M.		352		une 3			
		-	30. Name and address of person who completed cau	ae of death (tten	23a) (Tyrne E			0		, 17		
			Krishan Mathur, M.D.	- P	O. Box	x 2729	- J.a Dl	ata Mn	206	46		
	Sta		31. Dete filed (Month, Day, Year) 32. JUN 0 5 1996	Registrar's Signa	iture .	2 1 4	па гт	aca, Fil	200	TV		
	Registra	ar	JUN 0 5 1996	Julia d	musser	ardall						

DHMH 16 Rev 6/95

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State of Maryland / Department of Health and Mental Hygiene

96 17643

						Ce	rtificat	e of	Death			Reg. No.		
	Dhamba		1. Decedant'a Nama (First, Middla,			_					2. Data of D		Voor	3. Tima of Death
	Physic /Medi		SARAH	M		130	LDE	N			MAY	30	1996	12:15 Pm
	Exami		4a. Facility Nama (If not institution, Southern Maryla	giva straat and nu	mber)	er					ocation of Dea	th 4c. Co	ounty of Death	
							Williada	4 35	Clint			PRIN	ce Geo	
	Funeral Director		579-78-7599	5. Sax 1	7. Aga (In yrs. Ia 55	st birthday) Yrs.	If Under Months			Min.	8. Data of B May 9	irth 1941	9. Birth	npiaca (Stata or Foreign
	pue *		Usual Rasidanca of Decedant  10a. Stata 10b. County		10c City	Town or Lo	ncation							10d. Inside City Limits
	with the Marylan  a or 28a-f show	Director	Maryland Prince	George'			collto							1 ☐ Yas 2 🛣No
	th with the 23s or 2	al Dire	10e. Street and Number 6010 Westbrook	e Drive	9		10f. Zip	Coda 2078	34			10g. Citizar Franc	of What Cou	untry?
020	72 hours after death with the Maryland naturel', or flerns 23a or 28a-f show attal Examener must be notified at	by Funeral	11. Marital Status  1 Nevar Married 2 Marrie  3 Widowed 4 Divorced	Armed Fo	2⊠No va		Was Daced if Yas, spec 1 Tas				ecify Yas or N Rican, atc.)		Race - Amar Black, White pecify: Whi	ı, atc.
21215-0020	9	Completed	15. Decedant's (Specify only highast Elamantary/Secondary (0-12)	Education grada completed) Collaga (	1-4or 5+)	(Giva lifa.		rk done se retin	during mos				of Businass/I	
21	filed within Hygiene. ither than "	E O	12	2	1-401 5+)	Bus	iness	Su	pply S	Sales	sperson	Econ	iomy Of	fice Supply
Maryland	d la d	To Be (	17. Fathar's Nama (First, Middla, L Auguste Picher								e (First, Middle ine Pir		mama)	
Mary	and 2 should be faith and Mental F 27 is marked of ar treumatic ever		19a. Intormant's Name/Reletionshi Madeleine Piche	p (Type, Print)		19b. Meilli 601	ng Addrass 0 Wes	(Stree	ooke I	er or Au Drive	ai Route Numi P, New	ber, City or I Carrol	Iton,	Ma 20784
Baltimore,	of He item		20a. Mathod of Disposition  1 Derial 2 Cramation		Chata CBI	matary, crai	osition (Nam matory or o	thar pla			Data		tion - City or 1	
Ë	Pag ment ant: I		4 □ Donation 5 □ Other (Spe		Lee	Crem	atory	Ju	ne 7,	199	6	Clint	con, Mai	cytand - 6633 Old
Ball	permit. Page Department Important: If any Injury or		21. Signatura of Funaral Sarvica Li	L Roll	1	/ A	2. Nama an lexan	<sub>d Addr</sub>	ass of Facili	<sub>ty</sub> Le ry R	d, Clir	ton, M	2073!	6633 Old
			23a. Part1. Entar tha disaasa, or c	omplications that of	causadha daath.									Approximata
0	Physician		shock, or haart failura. List o	niy ona causa on a	iach lina.								1	Intarval Batween Onsat and Death
	/Medical		Immediata Causa (Final diseasa or condition	Huno	Touche	Car	din.	ادلا	02	o D	1504 10		1	40.00
п	Examiner		rasulting in death)	8.074/20	PJENSINE Due to (or	as e consec	quance of):	Vaz	ciola		raccae.			years
-	be tis	line		■ b. ———										
_6	icate be executed physician and s the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate											
760	siclar bourt	cal	Sequentially list conditions, if any, laading to immedieta causa. Entar Undarlying Causa (Disaasa or Injury that initiated avants	C	Due to fee								<u> </u>	
x 68760,	ertificate be execut ling physiclan and se as the burial-trar	Medical	rasulting in death) Last	_	Dua to (or a	is a conseq	juance or);							
Bo	death certifica attending ph d for use as th			d										
Ö	that the death ed by the atte detached for	ysic	Part il. Other significant condition								23b. Dlo	tobacco us	s contributs	to the cause of death?
, P.O	es that the igned by be detact	y Ph	Morbid Obesi	ty Chro	nic Oba	Struck	twe 1	Pul	Menai	24	175	Y96 2□	No 3□Pr	obably 4 Unknown
Vital Records,	v requires that the death c been signed by the attend should be detached for us	Completed by Physician	Disease	17						/		s an autopsy ormed?	8	Vara autopsy findings avallabla prior to
Sec.	> <u>1</u> 0	nple	Discort									/	0	completion of cause of death?
a	icien: The lav certificate has rector, page 2										i	Yas 2□t	No 1	☐ Yas 2☐ No
VIII.	Physicien: this certific	Be	25. Was case reterred to medical axaminar?	Hospital:				0	ther		h (Check only			
of	Phys r this ral di	1: To	1 Yas 2 No 27. Mennar of Death	1 900		R/Outpatler		'A	4 LIN	ursing Ho	ma 5 Ras 28d. Dascribe			elfy)
lon	leath. lor: After the fune	tlor	1 Netural 5 ☐ Panding 2 ☐ Accidant investiga		ot Injury th, Day Year)	Injury	м	8c. Inju Wo 1 [	ork? ]Yas 2.∐	No		,,,,,		
Division	er des ector by th	Certification:	3 ☐ Suicida 6 ☐ Could no 4 ☐ Homicide datarmin	ad Zoa. Place	of injury - At homing, atc. (Specify)	ne, farm, str	reet, tactory	, office			28f. Location	(Street end Nown, Stata)	lumber or Ru	ral Routa Number,
	tai or all or al	Cer		Dund	rig, atc. (Specify)						Ony or re	,wii, Olala)		
	To the Hospital or Attending P within 24 hours after death.  To the Funeral Director: After completely filled in by the funer.	edical	29a. Certiflar (Check only one)  1 Certifying 2 Medical Ex	Physician: To the aminar: On the band man	best of my knowl asis of axamination nar stated.	edga, death n and/or in	h occurred a vastigation,	at the t in my	lma, deta an opinion, das	nd placa, ith occur	and dua to the red at tha tima	a cause(s) an , data and pla	d menner es aca, and dua	steted. to the cause(s)
	with Ir	ž	29b. Signatura and title of certifiar			29c. Licansa number							igned (Month	
		_	> Heyen				1	2	592	5		Tune	-1,19	96
			30. Nama and addrass of person w J. BERGER WD	# 205	, 773	23a) (Type,	Print) USA	msi	w A	re	BeTw	sola,	med :	20824
	Sta Registi	10	31. Data tilad (Month, Day, Year)  JUN 0	5 1996 <sup>32. R</sup>	fully of the	relian A	ardath							

	1 - STATE REGISTRAR	S	TATE OF N		/ DEPAR					MENTAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, M	(ddle, Last)		^				-		2. DATE OF DEATH			. TIME OF DEATH
	Barnes,	Doug	as 7	A .						MONTH DA	1960	YEAR	3:00 A W
	4. SOCIAL SECURITY NUMBER	10.3	EX	6. AGE (In yrs. I		IF UNDE		IF UNDER		7. DATE OF BIRTH (Month) Day, Wash			ACE (State or Foreign
	911-19-80	190 11	M 2   F	760	77 YRS.	MONTHS	DAYS	HOURS	MIN.	12/11/18	18	(Country)	ruland
~	9e. FACILITY NAME (If not institu	ution, give street a	nd number)			9b. CITY	, TOWN C	R LOCATIO	ON OF DEA	ATH	9c. COU	NTY OF DEAT	тн
70	RESIDENCE OF DECE	Kensi	nator	)		Ker	SIN	910	2		Mon	ntgome	ry
DIRECTOR		DENT Db. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION	-			10	od. INSIDE CITY
	Maryland 1	Montgom	ery		Sil	ver	Spri	ng					LIMITS?
AL	10e. STREET AND NUMBER							. ZIP CODE			10g. CITI	IZEN OF WHA	AT COUNTRY?
KEH	8102 Carro	ll Lane					_ 2	20910			U.S	A.	
FUNERAL	11. MARITAL STATUS 1 □ Never Merried 2 ☑ Me		MAS DECEDENT	YES 2	RMED					C ORIGIN? (Specify Yes , Puerto Rican, atc.)	or No-	14. RACE — Black, V	Americen indien, Vhite, etc.
ВУ	3 Widowed 4 Divorce	d	1942 ·	AR OR DATES			1 TYES	2 X NO	Specify:	,	1	Specify:	white
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ET	(Specify only his Elementary/Secondary (0-12)	ghest grade compl ) Col	leted) lege (1-4 or 5 +	- 44	Give kind of a e. Do NOT us	work done se retired.)	during mo:	st of workin	g				
MPL	8			Fo	reman	1				W.S.S.C	1 * •		
COMPLETED	17. FATHER'S NAME (First, Middl							18, MOTH	IER'S NAM	NE (First, Middle, Maiden :	Surneme)		
BE	Howard Ba									lizabeth S			
2	19e. INFORMANT'S NAME (Type									oute Number, City or Town			
	Carla B. Barr				8102				Silv	ver Spring			
	20s. METHOD OF DISPOSITION 1 Burlet 2 X Cremetion 4 Donation 5 Other (Sp	3 - Removal fo	rom State	cameten, or	mmelon, or o	that planel			Mar	9 30, 1996		City or Town,	CONTROL OF
	21. SECRATURAL OF FUNERAL S		E	TRECT	OPOIL	22.	NAME AN	ID AOORES	S OF FAC	ILITY			/
	1		Yi.	10.1			F4 0			Takoma	Fune	ral Ho	ome, Inc.
	23. PART I. Enter the	asea, or comp	icetions that	ceused the d	eath. Do r	ot enter	54 C	arro	II St	t. NW Wash	ingto	on, D	20012 Approximata
	ahock, or index	t fellure. List o	only one ceu	se on each lin	e.	iot dinoi	the mo	de or dyn	ry, accir	as caldied of respir	atory arr	wat,	interval Between
	disease or condition		Cox	ebrel	mli.	T							3 mm
	resulting in deeth)		DUE TO	OR AS A CONSE	OUENCE O	F):							37444
z	Company and all a line and state and	b	1day	gentens	ins	a	die	متر درا	an a	di sease			years
CERTIFICATION	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING	te	DUE TO	R AS A CONSE	OUENCE O	F):				•			
일	CAUSE (Disease or Injury	c	DUE TO	OR AS A CONSE	OUFNCE O	n.							
	that initiated eventa reaulting in death) LAST		332 73	ON 140 14 00110E	OOLIIOL OI	,.							
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SIC	EXAMINER?		SPITAL:	ER/Outpatient	J	QTHE	R:	5 □ Bo	aldanca @	Other (Specify)	rêri		
PHYSICIAN: MED	27. MANNER OF DEATH		28e. DATE OF (Month, Da	INJURY	28b, TIM	E OF	28c. INJU	URY AT		28d. DESCRIBE HOW IN	JURY OC	CURED	
ВУР	1 Natural 5 Pen 2 Accident Inve	nding setigation	(Month, Da	y, rear)	INJ	URY M	1 🗌 Y	ES 2	NO				14° 1
	3 Suicide 8 Cou	and thot ha	28e. PLACE OF building, of	INJURY — At h	ome, ferm, i	riree1, fec	lory, office	)		28f. LOCATION (Street ex City or Town, State)	nd Number	or Rural Rout	e Number,
COMPLETED		ermined											
IPL										o the cause(s) end man			
Š	one) 2 MEOICAI	L EXAMINER: On	the besis of ex	amination end/or	Investigatio	n, In my o	opinion, de	eath occur	ed at the ti	lme, date end place, end	due to th	e ceuse(s) er	nd menner as stated.
BE	296 SIGNATURE AND TITLE OF	CERTIFIE	7					29c. LICE	NSE NUME	BER	29d. DATI	E SIGNED (M	onth, Day, Year)
0	pratic	- Oh	yel'	Y				J	589	44	> 3	2/30/0	76
	30. NAME AND ADDRESS OF PE	ERSON WHO COM	IPLETEO CAUS	E OF OEATH (ITE	EM 27) (Type,	Print)			372	O FARL	AGu	7 AVK	
	31. DATE FILED (Month, Day, Year	, 311	32. REGISTRAI	R'S SIGNATURE					KGN	SING-TON	MD-	20	895
	MAY :		Jala	Murilso	rRad	Щ							

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

.  · Comunality #5 7.8.90 6 S.C. 5/19/196

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** GEORGE HANSON BEATTY 26. 1996 MAY 6:42am /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner DOCTORS COMMUNITY HOSPITAL LANHAM PRINCE GEORGE'S CO. If Under 1 Yeer If Under 24 Hrs. Hours Min. 5. Social Security Number Birthplece (State or Foreign Country) 6. Sex 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Dey, Year) **Funeral** Days Hours Months 2 1 M 2 F 86 Yrs. Director 240-10-2266 04-20-10 TKINS, N.C. Usual Residence of Decedent f show 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits the Medical Examiner number nothing at 1 Yes 2 No Director MD P.G. GREENBELT 28a-f 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Code ò 7010 GREENBELT RD. 20770 238 U.S. items: 12. Was Decedent Ever In U,S. Armed Forces? 1 Yes 2 No If Yes, Give Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, 11 Maritel Stetus Bleck, White, etc. hours after 1 Never Married 2 Married Baltimore, Maryland 21215-0020 natural', or Specify: BLACK 1 ☐ Yes 2 ☐ No þ 3 Widowed 4 □ Divorced Year or Dates: Completed filed within 72 h. I Hygiene. other then \*natur 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) TRUCK DRIVER 1 end 2 should be filed w Health and Mental Hygier em 27 is marked other th CONSTRUCTION 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be RANSOM H. BEATTY MATTIE BEATTY 2 19a. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Peges 1 end 2
Department of Health at
Important: If Item 27 is
any injury or other tratonce. JAMES L. BEATTY SON 233 SOUTH JENKINS ST. ALEXANDRIA, VA. 22304 20e. Method of Disposition 20b. Piece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, State Dete 1 Buriel 2 Cremetion 3 Removal from State 4 Donation 5 DOther (Specify) ROSA GREEN CEMENTERY 5-29-96 CURRIE, N.C. 21. Signeture of Fundral Service Licensee 22. Name end Address of Fecility 1661 good hope rd. ROBERT G. MASON FUNERAL NOME WASHINGTON, D.C. 20020 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or hear failure. List only one ceuse on each line. Approximete Interval Between Onset and Death **Physician** Immediate Cause (Finel disease or condition resulting in death) /Medical VENTRICULAR ARRHYTHMIA Examiner Due to (or es e consequence of):
ATHEROSCLEROTIC DISEASE Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events ğ · Due to (or as a consequence of): SEPTICEMIA physician 68760 Physician/Medical Due to (or es a consequence of): resulting In deeth) Lest RECURRENT URINARY TRACT INFECTION Box Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? α 1 Yee 2 No 3 Probably 4 Unknown ADYNAMIC ILEUS OF BOWEL Completed by Records, 24b, Were eutopsy findings avelleble prior to completion of cause of deeth? 24e. Was an eutopsy performed? SENILE DEMENTIA 2 8 No 1 Yes 2 No 1 Yes PARKINSON Division of Vital 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 ☐ Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) P 1 Inpatient 2 ER/Outpetient 3□ DOA 27. Menner of Death 28c. Injury et Work? 28d. Describe how injury occurred Certification: Attending 1 Naturel 2 Accident 5 Pending death investigation 1 Yes 2 No Director: 6 Could not be determined 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 3 ☐ Sulcide Placa of Injury - At home, farm, street, fectory, office building, etc. (Specify) after 4 Homicide Funeral hours 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end pleca, and due to the ceuse(s) end manner as stated.

2 Medical Examinar: On the basis of examination and/or investigetion, in my opinion, deeth occurred et the time, date end pleca, and due to the cause(s) and menner stated. Medical 29a. Certifier (Check only one) within 24 P 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signeture and title of certifier MAY 26, 1996 D21200 30. Neme and address of person who completed cause of deeth (Item 23a) (Type, Print) SHRINIVAS UDAPI, MD. 7245 B HANOVER PARKWAY, GREENBELT, MD. 20720 32. Registrer's Signature 31. Dete filed (Month, Day, Year) State

Registrar

MAY 2 9 1996

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Date of Deeth 3. Time of Death Month 12=18 Am EFFIE 25 96 64 4e. Facility Neme (if not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Silver Spring Holy Cross Hospital Montgomery 7. Age (In yrs. last birthday) If Under 1 Year Months Days | Under 24 Hrs. | 8. Deta of Birth (Month, Day, Year) | 1 2 - 05 - 1926 5. Sociei Security Number 6 Sex 9. Birthpieca (Stete or Foreign 1 M 2 X 69 Yrs. 577-32-1021 Washington, D.C. Usual Rasidance of Decedant 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 X Yas 2 No Silver Spring Maryland Montgomery 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 2112 Dayton Street 20902 U.S.A. 12. Wes Decedent Evar In U,S. Armed Forces? 1 ☐ Yas 2 ☑ No If Yes, Give Year or Dates: 11 Marital Status Was Decedant of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxicen, Puerto Rican, etc.) 14. Rece - American Indian, Black, Whita, atc. 1 Navar Married 2 Merried 1 ☐ Yas 2 ☑ No Specify: Specify: Black 3 Widowed 4 Divorced 16a. Decedent's Usual Occupetion (Giva kind of work done during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Businass/Industry Eiamentary/Secondary (0-12) College (1-4or 5+) Secretary 12th Government 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Sumama) Harry Benau Nellie Gaskins 19a. informant's Name/Raiationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) Lenora Cowans/Daughter 2112 Dayton Street, Silver Spring, MD 20902 20b. Piace of Disposition (Nema of cematary, crematory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stete 1 ☐ Buriai 2 ☐ Cramation 3 ☐ Ramovai from Stete 05/28 Chesapeake Crematory 4 ☐ Donetion 5 ☐ Othar (Specify) Beltsville, Maryland 1996 21. Signeture of Funerel Sarvice Licensee 22. Neme end Address of Fecility B. JENKINS FUNERAL HOME Nancy A. Percentte 7474 Langover Rugu, 17474 Langov 7474 Landover Road, Landover, Maryland 20785 Approximata Intarval Batween Onset and Death immediata Causa (Finel ante Heart PISECO diseese or condition rasulting in death) Dua to (or as a consequence of): Dua to (or as a consequence of): Dua to (or as a consequence of) Part ff. Other signiffcant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Diabetec mall, ters 24b. Ware autopsy findings available prior to completion of cause of death? 24a. Was an autopsy

**Physician** /Medical Examiner

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To the Funeral Director: Af completely filled in by the fu

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Box 68760.

P.O.

Records,

Division of Vital or Attending Physician: efter death.

**Physician** 

/Medical

Examiner

**Funeral** 

Director

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Director

Funeral

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permit. Pages 1 and 2 should be file.
Department of Health and Mental Hy
Important: If Nem 27 is marked other
eny Injury or other traumatic event

Baltimore, Maryland 21215-0020

Physician/Medical Examiner Sequentially list conditions, if any, laading to immadiata ceuse. Enter Underlying Cause (Disease or injury that initiated avents rasulting in daath) Lasf

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25. Was casa refarre	ed to medical				28. Piaca of D	eath (Check only ona)
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3 ☐ Suicida 4 ☐ Homicida	6 Could not be datarmined	28a. Piace of Injury - At h building, etc. (Speci	noma, farm, stree	at, factor	y, office	28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

29b. Signature and title of certifier

so has

31. Data filed (Month, Dey, Year)

25 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

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MAY 2 9 1996

29c. License number 29d. Dete signed (Month, Day, Year)

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State Registrar

32 Registrar's Signature

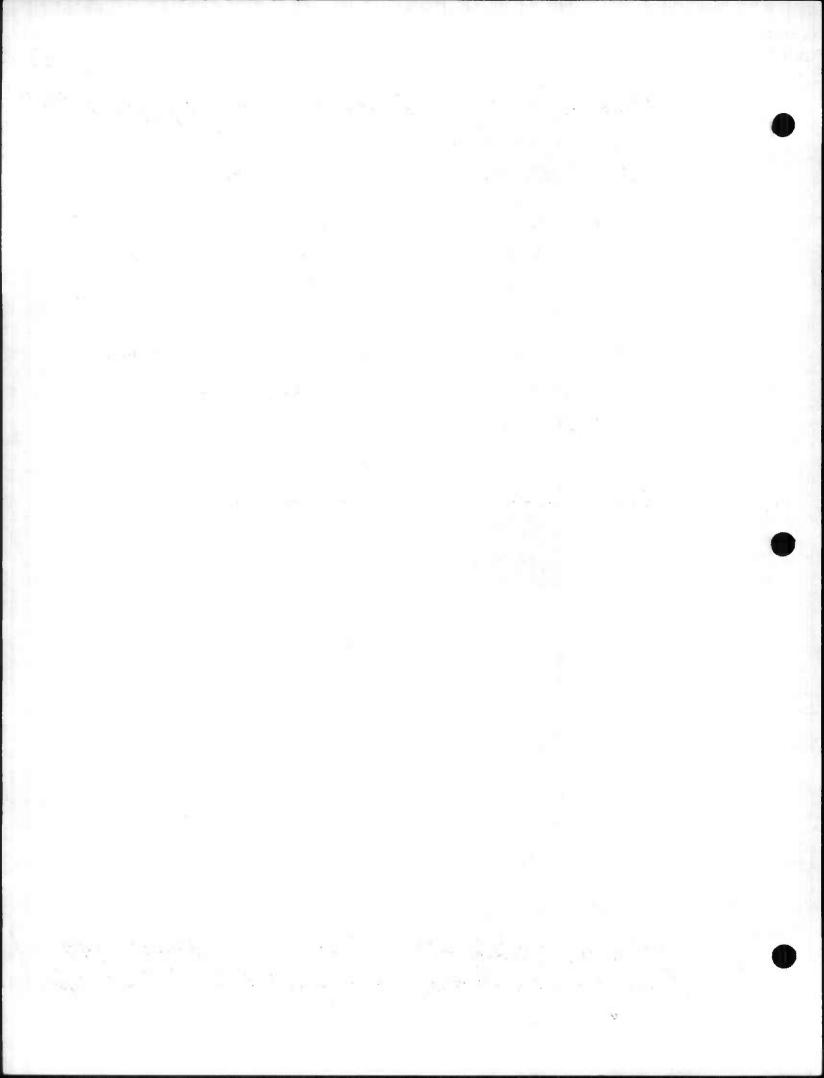
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State of Maryland / Department of Health and Mental Hygiene 96

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		Certificate of Death	Reg. No.
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edical	Rebeeca	Denner	May 27,1996 12-1
miner	4a. Facility Nama (If not Institution, give street end number)	4b. City, Town, or Lo	Λ.
	9604 Jacqueline Dri	ue FT. W	ashiston P. J.
al	5. Sociel Security Number 6. Sex 7. Aga (In yrs.	last birthdey) If Under 1 Year If Under 24 Hrs.	8. Data of Birth (Month, Dey, Year) 9. Birthplece (Steta or Forei Country)
	727-05-9485 10M 2DF 81	Yrs. Months Days Hours Min.	May 1, 191 Scuth Carolina
	Usuai Residence of Decedent		
	10a. Steta 10b. County 10c. Cit	y, Town or Location	10d. Insida City Limit
Ö	Marshad Prince Deonse Fo	IT Washington Ma	1 ☐ Yes 2 ☐ N
Director	10e. Street end Number	10f. Zlp Code	10g. Citizen of What Country?
	9/41.7	20744	
97.0			Unitob States
Funeral	11. Marital Stetus 12. Was Decedent Ever in U Armed Forcas?	<ol> <li>Was Decedent of Hispanic Origin? (Spelf Yes, specify Cuben, Mexican, Puarto</li> </ol>	ecify Yes or No- Rican, etc.) 14. Race - Amarican Indian, Black, Whita, atc.
by F	1 Nevar Married 2 Married 1 Yes 2 No If Yes, Give	1 ☐ Yes 2 ☐ No Specify:	Specify: B
P	3  Widowed 4  Divorced Yaar or Dates:		Nace
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	1 ☐ Buriel 2 ☐ Cremation 3 ☐ Removel from Stete	ematery, crametory or other place)	
	4 □ Donation 5 □ Other (Specify)	armony Memorial Anklo	-1-96 Landover Md.
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	Jan Sun	P.G. Bot 5804 (	Eupital Heilts, Maryland
	23a. Pert1. Enter the diseese, or complications thet caused the daat shock, or haart feilure. List only ona ceusa on sach lina.		
Examiner	Sequentially list conditions, if any, leeding to immadiate causa. Entar Underlying	or as e consequence of):	
	Cause (Diseesa or injury		
/Medical	rasulting in deeth) Lest	r es e consequenca of):	
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ty 8	7 4 7		1 Yes 2100 3 Probably 4 Unkn
	Alzhemeis disease		1 108 282NO 3 Probably 4 Onk
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Completed			performed? available prior to completion of cause
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1	27. Manage of Death 28e. Dete of Injury		28d. Describe how injury occurred
Certification:		28b. Time of   28c. Injury at   Work?	
Ca	3 Suicide 6 □ Could not be		29f Location (Street and Number of Dural Pouts N h
ŧ	4 Homicide determined 28a. Piece of Injury - At the building, etc. (Specific		28f. Location (Street and Number or Rural Routs Number, City or Town, Stele)
edical	(Check only 2 Medicat Examiner: On the basis of examina	wledga, daeth occurred at tha tima, date and piece, tion and/or investigation, in my opinion, deeth occurr	end due to tha cause(s) and mannar as stated. ed et the time, deta end place, and due to tha cause(s)
	one) end manner steted.		50 51 110 11115, 1512 5110 piezes, 1110 625 15 312 5255(5)
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	Anauth P. Rodriguez M.	0,5009 Kaybum Ct	Cp &n Mo 20748
tate trar	31, Dete flied (Month, Dev. Year) 32, Registrar's Signe	0,5009 Kaybum Ct	Cp. gn. Mi 20748



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State of Maryland / Department of Health and Mental Hygiene 96 17648

								Certific	ate o	f Death		Reg. No.	0 1	1040
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	/Medi				Susa	an Be	ver	ГУ			05	25	96	4:50 AM
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	Funeral Director		5. Social Security Number 579–74–3878		Sax 7 1□M 2□XF	'. Aga (In yrs		rs. Mon			8. Data of Bir (Month, Di 04-0	th ay, Year) 6-54	9. Birthin Cour Hali	placa (Stata or Foraign ntry) fax, VA
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	tha the	rect	10e. Street and Number					10f	Zip Code			10g. Citizan of	What Cour	ntry?
	th with 23a or	Funeral Director	6303 Marti	ns T	errace					20706		rog. Onicari or	US	
	ter dee	Jue	11, Marital Status		12. Was Daced Armed Ford		J,S.	13. Was D	specify Cu	Hispanic Origin? (Spuban, Maxicen, Puarto	pecify Yas or No Rican, atc.)	- 14. Ra Ble	ca - Americ	can Indian, atc.
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	A		> Mka	w	~ MD				D-	18895		May 2	5, 19	96
1	(4)		30. Nama and addrass of pe			of death (Ita	m 23a) (	ype, Print)	rue	18895 Takon	a Part	<, MI	20	912_
	Sta	ite	31. Data tilad (Month, Day, 1	'ear)		pistrar's Sign	atura	0	, , , , ,	,	,			• •
	Registr	ar	MAY	30	1996	alia do	roller	Kardall						

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death 10:45 pm 4e. Fecility Nema (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Hyattsville Health Care Center 6500 Riggs Rd. Hyattsville Prince Georges 5. Social Security Number If Undar 24 Hrs. 6. Data of Birth Hours Min. (Month, Day, Year) 7. Age (In yrs. last birthday) If Undar 1 Yeer Months Deys 6. Sex Birthpieca (Stata or Foreign Country) 1 M 20 F 31 Yrs. March 31 1965 Washington, DC Usuai Residance of Dacedant 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 AYas 2 No Washington, D.C. 10e Street and Number 10f. Zip Coda 10g. Citizan of What Country? 1750 Holbart Street N.W. 20009 United States of America 12. Wes Decedent Ever in U,S. Armed Forcas? 1 ☐ Yes 2 ☐ Mo if Yas, Give Yeer or Detas: Wes Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Maxican, Puano Rican, etc.) 14. Rece - Amarican Indian, Black, White, etc. 1 Navar Married 2 Married 1 ☐ Yas 2 🗓 No Specify: Black 3 Widowed 4 Divorced 16a. Dacedant's Usual Occupetion (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Dacedant's Education (Specify only highast grade complated) 16b. Kind of Businass/Industry College (1-4or 5+) Years Eiamantary/Secondery (0-12) 12th Grade Nurse Private Industry 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Name (First, Middle, Maidan Sumame) John H. Brown Aldora Ethridge 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Steta, Zip Code) Aldora Brown (Mother) 52 Hunter Lane Georgetown South Carolina 29440 20b. Place of Disposition (Nama of cemetery, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, State 1 ☑ Buriai 2 ☐ Cramation 3 ☐ Ramovai from Stata 4 ☐ Donetion 5 ☐ Other (Specify) May 28 96Landover, Maryland Harmony Memorial Park 22. Nama and Address of Fecility Johnson & Jenkins Funeral Home 21. Signatura of Funarel Sarvice Licansee 716 Kennedy ST NW Washington DC 20011 23e. Part 1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such es cardiec or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximate Intarvsi Batween Onset and Death Immedieta Causa (Finai disaasa or condition rasulting In daath) Sequentially list conditions, if any, leading to immadiate cause. Entar Underlying Causa (Disease or injury that initiated avants resulting in death) Last Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 2 No 3 Probably 4 Unknown 1 TYes 24b. Were autopsy findings available prior to completion of causa of death? 24e. Wes an autopsy performed? 1 ☐ Yas 2 ☐ No 1 Yas 25. Was casa referred to medical axaminar? 26. Pleca of Deeth (Check only ona) 1 Yas 2 No Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Data of Injury (Month, Day Year) 27. Menper of Death 26b. Tima of 28c. Injury at Work? 26d. Dascribe how injury occurred 5 Pending invastigation 1 Natural 1 Yas 2 No 2 Accident 6 Could not be datarmined 3 Suiclde 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homicida 12 Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29e Certifier 29b. Signeture end title of certifier 29c. License number 29d. Data signed (Month, Day, Year) 30. Nema and sddrass of person who of death (Item 23a) (Type, Print)

State Registrar

32. Registrer's Signature 28

**Physician** /Medical

**Examiner** 

Director

Funeral

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Completed

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**Funeral** 

Director

7 is marked other than "natural", or items 23a or 28a-f ahow traumatic event, the Medical Examiner must be notified at

with the Maryland

72 hours after death

d 2 should be filed within 72 in and Mental Hygiene.
7 Is marked other than "ne al Hygiene.

permit. Pages 1 and 2 st Department of Health and Important: If Item 27 Is n any Injury or other traun once.

**Physician** /Medical

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Director: After After

To the Hospital or Atterwithin 24 hours after der To the Funeral Director completely filled in by the

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Certification:

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Box 68760.

P.O.

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Division of Vital

Baltimore, Maryland 21215-0020

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### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 | 7650

	•				Cei	titica	e of	Death			Reg. No.		
Physic	rian	Decedant's Nama (First, Middle, La								2. Dela of De Month	ath Dey	Year	3. Tima of Death
/Mec		Emory W.								May 23	, 1996	0.56	7:00AM
Exam	iner	4a. Facility Neme (If not institution, git 6103 Arbor St.	ve street and numi	ber)				46. City, To Chever		cation of Deetl	4c. Count	y of Death e Geo	rge
Funera Directo	_		Sex 7 NTVM 2□ F	. Age (In yrs. la:	st birthday) Yrs.	If Unda Months	1 Year Days		24 Hrs. Min.	8. Data of Bir (Month, Da 2/24/2	th Year)	9. Birthp Cour Char	place (State or Foreign play) Virginia TottesVille
72 hours efter death with the Maryland naturel, or flems 23e or 28e-f show deal Examiner must be notified at	o	Usuel Residence of Decedent  10a. State  10b. County  Maryland Prince G	ooraa	10c. City,	Town or Lo	cation						1	10d. fnside City Limits 11 Yas 2 □ No
or 28a-	Directo	10e. Street and Number	eorge	Cilev	егту	10f. Zij					10g. Citizen of	Whet Cour	ntry?
ath v	'a	6103 Arbor St.	T			207					USA		
n 72 hours effer death with the Manylar *natural', or flems 23a or 28a-f show sidical Examiner must be notified at	by Funeral	11. Maritel Stetus  1 Never Merried 2 Married  3 Widowed 4 Divorced	Armed Force	ant Ever in U,S. es? □ No as: WW I I		Yes Dece Yes, spe			oln? (Spi , Puerto	ecify Yes or No Rican, etc.)	Bie	ce - Americ ock, White, fy: Whi	alc.
72 ho	eted	15. Decedent's E (Specify only highest gra	ducation ada completed)		16e. Deced	ent's Usu	ei Occu	pation during most	of work	ina	16b. Kind of E	Businass/In-	dustry
d withir piene. r than	Completed	Elameniary/Secondery (0-12) 12th	College (1-4	ior 5+)	`life. L	OO NOT U	se retire		ente		Const	ructi	on
o d its	To Be	17. Father's Name (First, Middle, Last Dewey S. Barnett						C.11 (10.5)		a (First, Middle, a Day	Maiden Suma	me)	**
d 2 sh th and 7 is m traum		19e. Informani's Neme/Rejetionship (Ruth L. Barnett	(Type, Print)					em 10	r or Run	al Route Numbe	er, City or Town	o, State, Zip	Code)
Pages 1 and nent of Health int II item 27 iry or other tr		20e. Mathod of Disposition 1 ☐ Buriel 2 ☐ Cremation 3 ☐		ete cen	ca of Disponetery, crem	etory or	ther ple		5/1	Date 28/96	20c. Location		
permit. P Departme Important any Injury		4 Donetion 5 Other (Special 21. Signature Funeral Service Lice	nage A		G	Neme e	Addr	ess of Facility	Fur	eralHo	Brentw		d.
		239 Party. Enter the disease, or corr shock, or heart failure. List only	sea /	and the death	6	160_0	)xon	Hill	Rd.	Oxon H	ill, Md		Approximate
Examiner purposed	Examiner	disease or condition resulting in daeth)  Sequentieity list conditions, if eny, laeding to immediate	b	Due to (or a	as a conseq	uence of)				7000	and	7000	3 WQNM
certificate be executed vding physician and ise as the buriel-transit	edical E	causa. Enter Underlying Cause (Disease or Injury that Initieted events resulting in daath) Last	c	Dua Io (or a	s a consequ	uanca of):						İ	
	3		d										
that the death led by the atten detached for u	Physician	Pert II, Other significant conditions of	contributing to deat	th but not result	ing in the ur	darlying	ausa gi	iven in Pert f.		23b. Dfd	tobacco uss c	ontributs to	o the cause of death?
that the										1 🗆	Yee 2□ No	3 Pro	bably 40 Unknown
requires been sign should be	Completed by									24e. Wes	en eutopsy med?	av	ere autopsy findings allable prior to impletion of cause death?
The ate h	Com									10	Yes 20 No	10	□Yas 200 No
Physician: The this certificate ral director, page	Be	25. Was case rafarred to medical examiner?	M. Carlo						of Death	(Check only o	one)		
0 0	To	1 ☐ Yes 2 X No	Hospitei: 1 🗆 Ing		R/Outpatien		JA				dence 6 □Ot		y)
Ing The	Certification:	27. Menner of Deeth 1 Natural 5 □ Pending 2 □ Accident investigetio 3 □ Suicide 6 □ Could not be	n e	Day Year)	8b. Tima of Injury	М		Yes 2□I	No		how injury occu		
tal or Attend rs after death al Director: /	Certifi	4 Homicide determined	256. PIECE 0	f fnjury - At hom , etc. <i>(Specify)</i>	e, ferm, sire	el, factor	y, office			28f. Location (: City or To	Street end Num vn, State)	ber of Rura	ai Route Number,
To the Hospital of within 24 hours at To the Funeral D completely filled it	edical	29a. Certifier (Check only one)	nyelcian: To the base	s of examinetion	edge, deeth n end/or inv	occurred estigation	et the ti	ime, date en opinion, deel	d plece, h occurr	end due to the ed et the time,	cause(s) end m dete and piace	anner as s , and due to	tated. the cause(s)
Withii To th	Me	29b. Signature and title of certifier	10		1, -	29	c. Licen	se number	0		29d. Dete sign	ed (Month,	Day, Year)
		30. Name end address of person who	completed cause	of death (Item 2	(3e) (Type, 1	Print)	10	Co.	Jen .	Dr 1	Sand	00+	MD
	ate	31. Dete filed (Month, Dey, Year)		elstrer's Signetur		unv	Jun	7 cm	104	pr. (	JI LEND		
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospitic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1 - STATE REGISTRAR	STATE OF N				F HEALTH AND I	MENTA	L HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last,	)						OF DEATH		3. TH	ME OF DEATH
	Grover Green	Cantwell,	Sr.				MONT	5 27 96	, Y	EAR	09:55 Am
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.		DF BIRTH ()	3/26/1	BIRTHPLACE	E (State or Foreign
	216-14-9406	1 屎 M 2 🗆 F	75	YRS.	MONTHS DA	TS HOURS MIN.		1h, Day, Year) 3		Salis	
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TO	WN OR LOCATION DF DI		3 02 2	9c. COUNTY		bury
Œ	1529 Edgemore Av	70				sbury				omico	
<u> </u>	RESIDENCE OF DECEDENT	76.			Jai.	ISDULY			WIC	Olliteo	
Ĭ,	Maryland Wic			10c. CIT	Y, TOWN OR LO					10d.	INSIDE CITY
DIRECTOR	Mary Tand Wic	comico			Salis	oury					YES 2 X NO
FUNERAL	10e. STREET AND NUMBER					101. ZIP CODE			10g. CITIZEI	N OF WHAT	OUNTRY?
띮	1529 Edgemore Ave	enue				21801		- 1	U.	S.A.	
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARI	MED		DECENDENT OF HISPA			or No- 14	RACE - An	merican Indian, ia, atc.
BY	1 Never Married 2 Married 3 X Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	10		, specify Cuben, Mexica YES 2 KNO Specif		Hican, etc.)		Specify:	n, etc.
	3 M Widowed 4 Divorced	Moria	war II							White	e
画	15. DECEDENT'S ED (Specify only highest grad		(Gi	ve kind of	work done during	PATION most of working	161	b. KIND OF BUS	INESS/INDUS	TRY	
۳ ا	Elementary/Secondary (0-12)	College (1-4 or 5+	)		se retired.)						
N P	6			bric	k masor			constr		n	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	1.1				16. MOTHER'S NA					
H H	Roland T. Cantwe	:11					-	. Taylo			1
۵	19a. INFORMANT'S NAME (Type/Print)					eet and Number or Rural					
-	Grover G. Cantwe			1818	W. Cle	ear Lake D	r.,	Salisbu	ıry, M	D 21	801
	20e. METHOD OF DISPOSITION 1 Auriel 2 Cremation 3 Re	moval from State	20b. PLACE A	NO DATE	OF DISPOSITIO	N (Name of	DAT			y or Town, St	
- 1	4 Donation 5 Other (Specify)		Sil	oam	Cemete:			1/96 5			
	21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE				E AND ADDRESS OF FA					
	1	16			50	I Snow Hil	1 Ro	ad, Sal	isbur	y, MD	21801
CAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inlitieted events resulting in death) LAST	e	(OR AS A CONSEC		F):	ying cause given in	Part I.	- 1 )			Oneet and Death
PHYSICIAN: MEDICA	DID TOBACCO USE CON	TRIBUTE TO CA	LISE OF DEA	TH V	ES [] NO	☐ UNCERTAI	N []	1 TYES 2		OF DE	ABLE PRIOR TO LETION OF CAUSE EACHT YES Z NO
AN	25. WAS CASE REFERRIED TO MEDICAL				TH (Check strly	THE RESERVE OF THE PARTY OF THE	4 11				
2	EXAMINER?	HOSPITAL:	-		OTHER:			. Under mean			
٤ĺ	27, MANNER OPTIEATH	1 C Impetient 2 C		JEB. TIE		Home S Tresidence		er (Specify) SCRIBE HOW IN	HWW OCC	nen.	
	1 Natural 5 Pending	(Month, D			JURY	WORKY	and, De	SCHIBE HOW IN	DUNY OCCU	neo	
BY	2 Accident Investigation	THE DI ACE OF	F INJURY — At hor	me farm			201.101	CATION (Street a	and dissembles as	Brand Streets A	e alekar
	3 Suicide 6 Could not be 4 Homicide determined	building.	etc. (Specify)	ories reprint	serous, sociolity,	ornore.	City	or Zimri, State)	no neumonr or	PSAPAR PSOURCE	Phuronc.
<u> </u>	29a. CERTIFIER . (*) commence and						_				
COMPLET	(Check only 1 CERTIFYING PHY					date and place, and due in, death occursed at the					
8		$-\sim$	pamination and/or i	mentigati	on, in my opinic	m, death occursed at the	time, das	e and piece, and	f due to the c	cause(e) and	nanner sa stated.
B E	295. SIGNATURANIS TITLE OF CENTY	EN / A	)			29c. LICENSE NU	LLI.			HIGNED (Mont	
2	4///		57.5			D 204	TI		5.	-30-9	6
- (	30. NAME AND ADDRESS OF IMPSON W	THO COMPLETED CAUS		1000	0						
	Joseph RAF	retto !	0 Box 4		JALIST	ury m	9 5	1803.			
	31. DATE FILED (MAY 30) 19	96 32. REGISTRA	S SIGNATURE	artall							

### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 17652

					Cei	rtificate of	Death			Reg. No.		1002
	. ,	1. Dacedent's Neme (First, Middle	, Last)					2.	Dete of De		V-a	3. Time of Deeth
Phys /Me	ician dical	Lavenia R.	Crowner					M	Month ay	18,199	Year 6	3:15 A.I
	niner	4e. Facility Name (If not institution		mbar)			4b. City, To	own, or Locat				J. 13 A.1
		1229 Dunbar	Oaks Dr				Chap	el Oa	ks	Princ	e Geo	rae's
Funer	al	5. Sociel Security Number		7. Age (In yrs. las	st birthday)	if Under 1 Yea	r If Under	24 Hrs. 8.	Data of Bir	th		
Direct	_	579-16-1069	1□M 2XIF	81	Yrs.	Months Deys	Hours	Min.	Data of Bir (Month, De 1 / 2 4 /	y, Year)	Countr	ce (Stete or Foraign
		Usual Residence of Decadent							, , ,		was.	,
rland Man		10e. Steta 10b. County		10c. City,	Town or Lo	cation					100	d. Inside City Limits
the Marylan 28a-f show	ģ	Md. P.	.G.	Cha	apel	Oaks						Yes 2□No
28c	Director	10e. Street and Number	· · · · · · · · · · · · · · · · · · ·			10f. Zip Code			T	10g. Citizen of	Whet Countr	v?
II Z I 3-UUZU within 72 hours efter death with the Maryland ene. than "natural", or items 23s or 28s-f show than "natural", or items 23s or 28s-f show		1229 Dunba	r Oaks	Drive		207	43				J.S.A	
eath	Funeral	11. Maritei Status		edent Ever In U,S.	13 \	Wes Dacedant of		doln? (Specifi	Ves or No		a - Amarica	
ter deal	5	1 Nevar Married 2 Marri	Armed Fo	rces?	. 10.1	f Yes, specify Cu	ban, Mexica	n, Puerto Ric	an, atc.)		ck, Whita, at	
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72 hours natural',	b				160 Doors	Inntia Hausi Ossa	unting			10h Kind of D		
d within 72 hours of giene. It than "natural", or it the Medical Example.	Completed	15. Decedent (Specify only highes	t grada completed)		(Giva	dent's Usual Occi kind of work done DO NOT use retir	apetion a during mos	st of working		16b. Kind of B	usiness/indu	stry
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nd 2 should be file th and Mental Hy ?? Is marked other traumatic event	Be	Unknown	-451)				10. MOth					
s 1 and 2 should be filed within 72 hours efter death with the Maryla Health and Mental Hygiene. 16m 27 is marked other than "natural", or froms 23a or 28e-1 show other traumatic event, the Medical Examples must be notified at	2			г						Rollins		
2 sh and le m		19e. Informent's Name/Reletions				ng Address (Stree						
s 1 and 27 litem 27 l		Stanley Crow	ner-Son			Hamilt	on S	t., N.	W.,	Wash.,	D.C.	20011
		20e. Method of Disposition	0 DB	20b. Ple	ca of Dispo	sition (Neme of netory or other pl	eca)		Dete	20c. Location	City or Tow	n, Stata
Pages nant of int: If its		1 ☑ Buriel 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (Sp		Hai	cmony	Mem.	Párk	5/25	5/96	Landov	er,Mo	d.
구두주루	ei l	21. Signeture of Funaral Service I	icansaa		22	. Name and Add	ress of Fecili	ity				
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•		, ,		avend the death	Do not ont	4925 F						No. Contractor
		23a. Pert1. Entar the diseese, or shock, or heert fellura. List	only one ceusa on a	ach line.	Do not ente	er the mode or dy	ring, such es	Cardiac or re	spiretory e	rrest,	1	Approximete nterval Between Onsat end Death
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/Medica	_	Immediate Ceuse (Finel disease or condition	e. L	Silalen	ral	Jone	emo	nea			1	2 wk
LAGITITI		resulting in deeth)	0.	Bilater Due to (or e	es e conseq	uence of):		,			I	0
D #	<u>2</u>		0	metalt	atie	lenas	- CC	veno	ma		i	2 yes
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flicata be exa physician e		cause. Enter Underlying										
ata b nysic he b	Medical	Sequentially list conditions, if eny, leading to immediate cause. Entar Underlying Ceuse (Diseese or Injury that inkited events resulting in deeth) Lest	C	Due to (or e	s e conseq	uenca of):						
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dead dead of be	Physician	Part II. Other significant condition	ns contributing to de	ath but not resulti	ing in the ur	nderlying cause o	iven in Pert	1.	23b. Did	tobacco use co	ntribute to t	he cause of death?
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ss tha gned be de	by P	mone su	rav janu	ice te	vere	Anceli	uer					
The law requires that the death ate hes been signed by the atter page 2 should be detached for t		Chronie su Cermany O		V	/					en eutopsy		e eutopsy findings
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hes ge 2	E G		9	ĺ	(						of de	eath?
iclan: The k certificate he rector, page									10	Yes 210 No	10	Yes 2□ No
iclan: pertific rector,	a	25. Wes case referred to medical exeminer?					_	e of Deeth (C	heck only	one)		
Physician: this certific ral director,	2	1 Yes 2 No	Hospitel: 1 🗆 in	npatient 2 E	R/Outpatien	1 3LI DOA		ursing Home	5 Resi	denca 6 □Oth	er (Specify)	
fing Ph h. After th funeral	Ë	27. Manner of Deeth 1 Deturel 5 Pending	28a. Dete o	of Injury h, Dey Year) 2	8b. Time of injury	28c. Inju	ury at ork?	280	. Describe	how injury occur	red	
Attending ir daath. ector: After by the fune	Certification:	2 ☐ Accident investig	etion				Yes 2	No				
i or Attending Physician: The lew require aftar dash.  Director: After this certificate hes been sit of in by the funeral director, page 2 should it.	15	3 ☐ Suicida 6 ☐ Could n 4 ☐ Homicide determi	ned 200. Fleca	of Injury - At hom	e, ferm, stre	eet, fectory, office		28f.	Location ( City or To	Street end Numb	er or Rural I	Poute Number,
a after	le l	T I I I I I I I I I I I I I I I I I I I	Sulloin	ng, etc. (Specify)					City of 10	wii, State)		
Hospital or 24 hours afte Funeral Dir stely filled in		29a. Certifier 1 Cartifying	Physician: To the	best of my knowle	edge, deeth	occurred et the t	ime, dete er	nd plece, end	due to the	cause(s) end me	enner es stat	led.
the Hospital or Attending the Hospital or Attending the Funeral Director:	edical	(Check only 2 Medical E	xaminer: On the ba and menn	isis of examinetion	n end/or inv	estigetion, in my	opinion, des	eth occurred o	et the time,	dete end pieca,	and due to the	ne ceuse(s)
To the	Me	29b. Signeture end title of certifier				29c. Licer	se number			29d. Data aigne	d (Month, Di	sy, Year)
7.5			1. 120-	70.00		Λ	247	27		May 2	0 199	6
(10)			Lulas				X7/0	XU		ray Z	0,199	0
(10)		30. Name and eddress of person v						CI-	01.	E 24		E 1
		Ravinder Ru				ndover	Rd.,	Cnev	erly	, Ma.		20785
	tate	31. Dete filed (Month, Dey, Year)		gistrer's Signetur								
Regi	strar	МДУ 29	1996	hi devides	x-hards	Щ						
NUMBER OF THE PARTY	3/05	7111	U.									

DHMH 16 Ray 6/95

### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Other: 4 Nursing Homa 5 Residence 8 Other (Specify)

26. Place of Deeth (Check only one)

28f. Location (Street end Number or Rural Route Number, City or Town, Stefe)

29d. Dala signed (Month, Day, Year)

May 23, 1996

				Oldio (	or ivialylari		rtificate				Reg. No.	96	1/000	
			1. Decedent's Name (First, Midd							2. Dale of Dee	eth David	V-1	3. Time of Death	
	Physic /Medi		ROSAMON	UD (	LAMPI	BELL	- BR	1000	)	Month	22	1996	7:45 Pm	
0	Exami		4a. Facility Name (If not institution	on, giva street and nu	ım <i>ber)</i>			4b. City,	Town, or L	ocation of Death	4c. Count		,	
1			Prince Geo	rge's Ho	ospital				hev	erly	PILINCE	Georg	ces	
	Funeral Director		5. Social Security Number 084–42–8684	6. Sax 1  M 2  F	7. Age (In yrs. 56	last birthday) Yrs.	If Undar 1 Y Months De	aar If Und eys Hours	ar 24 Hrs. Min.	8. Deta of Birth (Month, Da) 10-2		9. Birthp	pleca (Stata or Foraigntry)	
	70		Usual Residence of Decedent									Joann	arca	
	the Marylan 28a-f show notified at	ctor	MD 10b. Count	George's		, Town or Lo		yattsv	ille			1	10d. Inside City Limit	
	23a or 28 ust be no	Funeral Director	10e. Streel end Number 5440 MacBeth	Street			10f. Zip Cod	de 207	784		10g. Citizen of	Whet Cour USA		
020	urs after dear at', or flams : Examiner ms	by	11. Marital Status  1 Never Married 2 Ma 3 Widowed 4 Divorce	rried 1 Yas	2X No		Was Decedent if Yas, specify ( 1 ☐ Yes 2X			pecity Yas or No- o Rican, atc.)	14. Re Bla Specia	ce - Americ ck, Whita, fy: B1		
15-0	n 72 ho "netur edical	Completed	15. Decede (Specify only highe	nt's Educetion est grade completed)	)	16a. Dece (Give	dent's Usuai Od kind of work do DO NOT use re	ccupation one during m	ost of wor	king	16b. Kind of B	lusiness/In	dustry	
212	ges 1 and 2 should be it of Health and Mental it if item 27 is marked od or other traumatic ever	ошо	Elementery/Secondary (0-12)	College (	(1-4or 5+)		istered				Government			
g		Se C	17. Father's Neme (First, Middle	, Last)				18. Moi	ther's Nan	ne (First, Middle,	Maiden Sumei	m <i>e)</i>		
/a			Edward Campb	ell					E	dna Cuni	ningham	l		
, Maryland 21215-0020			19a. Informant's Name/Relation Mark Brown/Sor					ral Route Numbe Hyattsv:						
Baltimore,		1 Bunal 2 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  1 Bunal 2 Cremation 3 Removal from State Chesapeake Crematory  5/25/							Dala 5/25/96	20c. Location Belts				
Ball	permit. Pa Departmen Important: any injury once.		21. Signatura of Funaral Service	y CBUSE	creToni	CJ		nkins	Fune	eral Home		2079	0.5	
Ú	80788		23a. Pari1. Enter the disaesa, o shock, or haart failure. Lis	or complications that	caused the dealf	. Do not an	ter the moda of	dylng, such	as cardiac	or raspiratory ar	rast, ML	2076	Approximate	
	Physician		snock, or naart failure. Lis	t only ona cause on t	each line.								Intarval Between Onset and Deeth	
	/Medical Examiner		Immediate Cause (Finai disaase or condition resulting in daath)	a. CA	RCINO	MATO	SIS						months + yes,	
		-			,	as a consec								
	led lesit	-Fu		b. CO	LON	CARC	INOM	A				1	+ yrs,	
	fficate be executed g physician end as the burlel-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disaase or injury that initiated events		Due to (or	as e consec	quence of):							
68760,	be e burie		Cause (Disaase or injury	c										
8	ifficate g phys	edicai	resulting in death) Last		Dua to (or	as a consec	juence of):							
				d		<u></u>								
Box	atter	clar				11 - 11	12-2-20-1-1-1			1				
л О	ires that the death cert signed by the attendin d be detached for use	Physician/M	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.  23b. Did tobacco use contribute to the cause of the ca											
Records,	been shoul	Completed by									an autopsy med?	av co	ere autopsy findings allable prior to impletion of causa death?	
al He	: The law cate has	Com								1 🗆 Y	es 2 No		☐Yes 2☐ No	

Division of Vital Re

After this certificate has funeral director, pege 2

To the Hospital or Attending Physician: The lav within 24 hours after death.
To the Furneral Director, After this certificate has completely filled in by the funeral director, peep 2 completely filled in by the funeral director, peep 2. nours efter death.
neral Director: Aft
y filled in by the fur

Be

Certification: To

J. Berger MO

31. Dete filed (Month, Dey, Year)

29b. Signature end title of certifier

25. Was case referred to medical examiner?

1 Yes 2 No

27. Manner of Death 1 Naturel

2 Accident

3 ☐ Suicide 4 ☐ Homicide

29a. Certifier (Check only one)

MAY 2 9 1996

5 Pending invastigation

6 ☐ Could not be determined

L MD

30. Nema end eddress of person who completed cause of death (Item 23a) (Type, Print)

7720 Wisconsin Que Bethesag MD 20814 #205

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

28b. Time of Injury

28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify)

28c. Injury al Work?

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) end menner as steted.

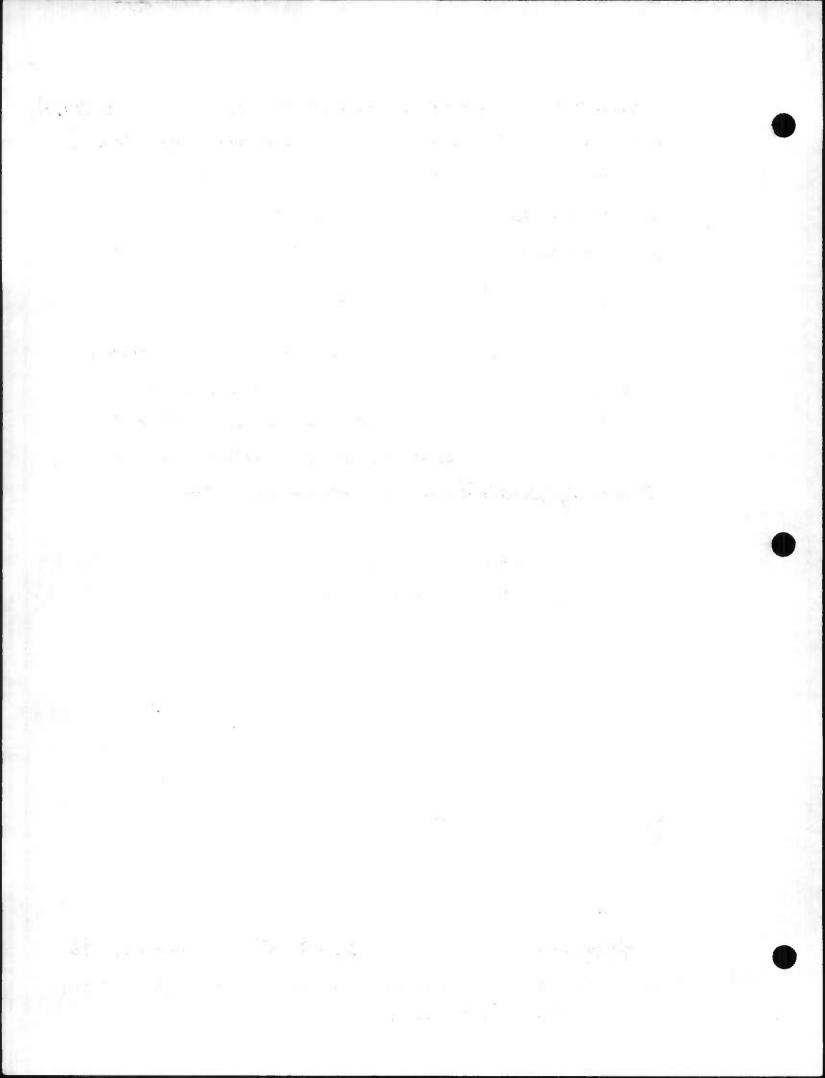
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated.

1 ☐ Yes 2 ☐ No

29c. Licanse number D 25 9 2 5

28a. Date of Injury (Month, Day Year)

Registrar



### PI

Please	Type or Print In Bla State of Maryland					ble.	17651
	State of Maryland	Certificate			g. No.	90	17654
1. Decedent's Name (First, Middla, La	st)			2. Data of Death			3. Time of Deeth
JUANITA	CHA	V/S		Month 05	Dey 7	Year	3:00 PH
4a. Facility Nama (If not institution, give		(	4b. City, Town, or L	00	4c. County	of Deeth	
1318 Palm 5. Sociel Security Number 6. S		hinthday) If Undar 1 Y	Bowle	T-	Pein		eoeges
578-24-9670	M 2XF 74		ays Hours Min.	8. Data of Birth (Month, Day, 03-20		500TT	e (State or Foreign)  + CAROLINA
Usuel Residence of Decadent  10e. Stete 10b. County	10c City To	own or Location				104	Inside City Limits
MD Prince	1	OWIE				100	10 Yes 2 No
10e. Street end Number	,	10f. Zip Co	de	10	g. Citizen of V	What Country	?
1318 Palm	Lane	2	20716		0.	5. A.	
11. Marital Status	12. Wes Decedant Evar in U,S. Armed Forcas?	13. Wes Decedent	of Hispenic Origin? (Sp Cuben, Mexican, Puerto	ecity Yas or No-		e - Amarican	
1 ☐ Never Merried 200 Married	1 ☐ Yes 2 No			riidari, etc./		ck, White, ato	,
3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yaar or Detas:	1 □ Yas 2 🔼	No Specify:		Specify	Blac	ck
15. Decedent's E	ducation 16	Sa. Decedent's Usuel O	ccupation one during most of work	ino 1	6b. Kind of B	usiness/Indus	itry
Elementery/Secondery (0-12)	College (1-4or 5+)	life. DO NOT use no	etired)	an ny	PR	VATE	5
17. Fether's Nema (First, Middla, Last,	TODD		18. Mother's Nem	LEE CI	eiden Sumam	4	
19a informent's Neme/Relationship (	hiid handl	9b. Melling Address (St	Treet end Number or Run	BOWIL	City or Town,	Stete, Zip Co	ode)
20e. Method of Disposition  1.2 Burlal 2 Cremetion 3 4 Donetion 5 Other (Specific	Removel from State	of Disposition (Neme of tery, cremetory or other	of pleca)		Oc. Location -	1 0.	
21. Signature of Funaral Service Licer	Outling		ddress of Fecility Bio				
23a. Pert1. Enter he diseesa, or com shock, or heart feilure. List only	plications that caused the death. Done ceuse on each line.					A	pproximete tervei Between nset end Death
immediate Cause (Final disease or condition resulting in death)		RECTAL e consequence of):	L CAN	CER		6	MONTHS
Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseesa or injury that initiated events	c	a consequence of):		-			
resulting in death) Last	d.	a consequance of):				1	
Pert ii. Other significant conditions of				23b. Did tot			ne causs of death?
METASTATIC A	-IVER DISEA	SE, HYPO	KALEMIA				
DEHYDRATION	MALNUTRI	TION	11	24a. Wes en		avalle	autopsy findings blie prior to letion of cause eth?
MALIGNANT	ASCITES			1 □ Ye	s 2 1 No		′es 2□ No
25. Wes case referred to medical examiner?				th (Check only one	)		
1 ☐ Yes 2 ☑ No	Hospitel: 1   Inpatient 2   ER/	Outpetient 3 DOA	Other: 4 Nursing H	ome 5 Aeside	nca 6 Oth	er (Specify)	
27. Menner of Deeth  1 ☑ Neturel 5 ☐ Pending investigation	(Month, Day Year)	o. Time of tnjury M	Injury at Work? 1 ☐ Yes 2 ☐ No	28d. Describe hor	w injury occur	red	

**Physician** /Medical Examiner

signed by

Mospital or Attending Physician:
 24 hours after death.
 Funeral Director: After this certific

To the Hospital o within 24 hours at To the Funeral D

by

Completed

Be 2

Certification:

Medical

**Physician** 

/Medical

**Examiner** 

**Funeral** 

Director

death with the Maryland

permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hydene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Example and page.

Baltimore, Maryland 21215-0020

Box 68760, certificate be

Division of Vital Records, P.O.

Director

þ

Completed

immediete Ceuse (Finel diseese or condition resulting in deeth) Examiner Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseesa or injury that initiated events resulting in death) Last and d the attending physician a hed for use as the burial-Physician/Medical

2 Accident 3 ☐ Suicide 4 Homlcide

29a. Certifier

6 Could not be determined

28e. Piece of Injury - At home, farm, street, factory, office building, etc. (Specify)

28f. Location (Straet and Number or Rural Route Number, City or Town, Stete) 1 Certifying Physician: To the best of my knowledge, deeth occurred et tha time, deta end place, and due to the ceusa(s) end manner as steted.

2 Medical Examiner: On the basis of examinetion end/or invastigetion, in my opinion, deeth occurred at the time, dete end place, and dua to tha ceuse(s) end menner steted.

(Check only 29b. Signature and title of cartifier

Acuto, pus

D31345

29c. License number

29d. Data signed (Month, Dey, Year) 5-28-96

30. Name and address of person who completed cause of deeth (item 23e) (Type, Print)

NAPOLEON C-MARCELO, MD 4000 MITCHELLVILLE RD B430 BOWIE MO 207/6 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture

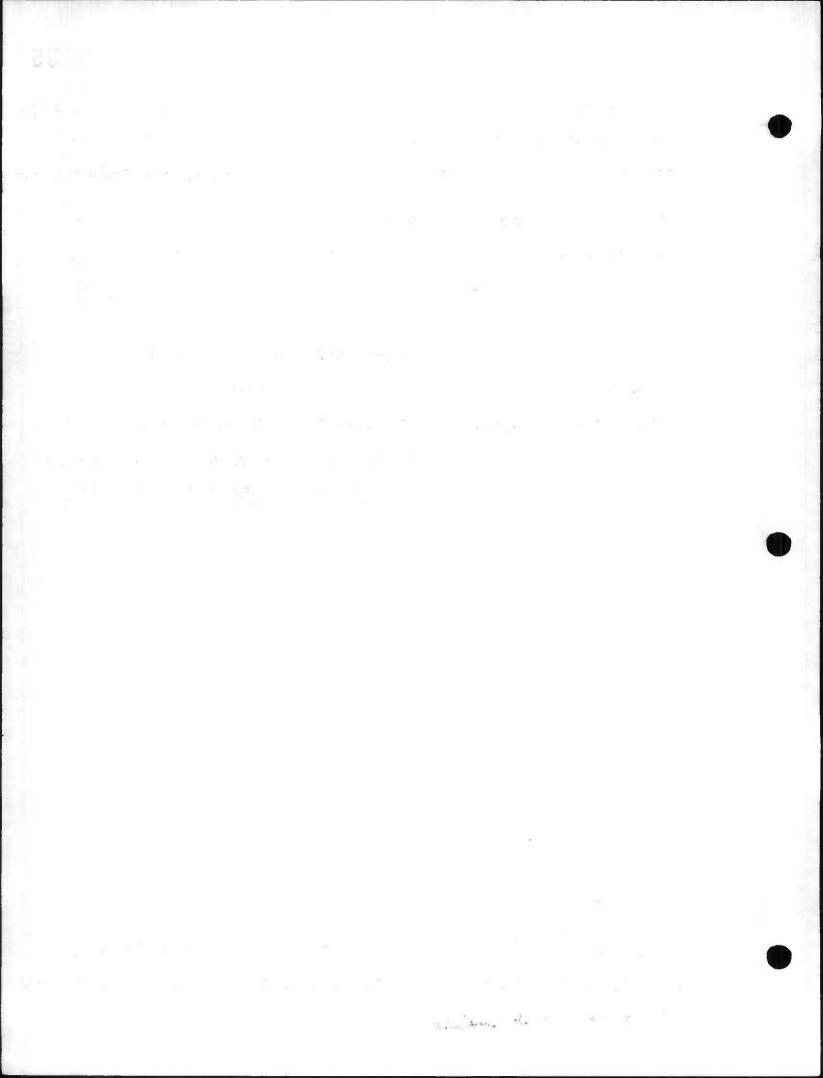
State Registrar

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				S	tate o	of Maryla		partmen ertificat			and M	fental Hyg	iene C	16	170	555
			1. Decedent's Name (First, Midd	la, Last)								2. Data of Dear	th		3. Tin	na of Death
	Physic		Edith Callau	vay								Month	Day	1996	1/2	17 on
	/Medi Examii		4a. Fecility Name (If not institution		et and nu	ımber)				4b. City, To	wn, or Lo	ocation of Death	4c. Coun	ty of Death	110	T T TIM.
	LAGIIII	ici	University of				1 Cen	ter		Balti	more			timor	- Ci	tv
	Funeral		5. Social Sacurity Number	6. Sax		7. Age (In yr		ay) If Undar	1 Yaar	If Undar:	24 Hrs.	8. Date of Birth				-
п	Director		239-26-6973	1□ M	2∏ F	72	Yrs	. Months	Days	Hours	Min.	Oct. 4,	Year)	Nort	h Ca	ata or Foreign arolina
Н	v		Usuel Residence of Decedent							1		.,	1723	11011		HOLLING
	how		10a. State 10b. County				City, Town o	Location						1	Od. Insid	le City Limits
	Ma F	9	MD Princ	ce Geo	rge'	s Mt	. Rai	nier							17	Yas 2 □ No
	or 28	Director	10e. Street and Number			,		10f. Zip	Coda			1	0g. Citizen o	What Cou	ntry?	
	th wil	a	3709 37th Str	eet				207	112				U.S.A			
	permit. Pages 1 end 2 should be filed within 72 hours after death with the Maryland Depertment of Health and Mental Hyglene. Important: if Item 27 is marked other than "natural", or items 23s or 28s-f show any fijury or other traumatic event, its Medical Examinet must be notified at ance.	Funeral	11. Marital Status	12. \	Was Dec	edant Evar In	U,S.	3. Was Daced	lent of H	Ilspanic Ori	gin? (Sp	ecify Yas or No-		ace - Americ		n,
0	or its		1 Nevar Married 2 Mar	rled 1	□ Yas	2 No					, Риепо	Rican, atc.)		ack, Whita,	atc.	
02	Surgaria .	by	3 X Widowed 4 ☐ Divorced		f Yes, Gi Yaar or D	ve lates:		1□ Yes 2	ZIŽĮ NO	Specify:			Spec	ify: Wh:	Lte	
Baltimore, Maryland 21215-0020	72 h	Completed	15. Decedar (Specify only highe	t's Education	on moletadi		16e. De	cedent's Usua ive kind of wor	Occup	etion	at und		16b. Kind of	Business/In	dustry	
21	thin e.	9	Elementary/Secondary (0-12)			1-4or 5+)	- (iii	e. DO NOT us	e retired	d)	OI WOIK	"ig				
2	or th	ő	12				Ins	urance	Boo	kkeep	er		Bank			
pu	al Hy	Be	17. Fether's Nama (First, Middle,	Last)						18. Mothe	r'a Name	First, Middle, I	Melden Suma	ame)		
yla	Ment	1º	Johnny L. Cag	Le						Oci	a Ca	gle				
a	and and		19a. informant's Name/Relations	hip (Type, i	Print)		19b. M	alling Address	(Street	and Numbe	or Run	al Routa Number	City or Tow	n, Stete, Zir	Code)	
2	end salth n 27 er tr		Betty J. Cris	- Da	ught	er	241	4 Euger	ne S	treet	, Si	lver Spi	ring, 1	Maryla	and :	20902
ore	T P P P P P P P P P P P P P P P P P P P		20a. Method of Disposition	0 CD			Place of Di	sposition (Nen	ne of ther plea	ca)		Data	20c. Location	- City or To	wn, Stat	a
Ĕ	Pag int: H		1 ☑ Buriel 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (5		val from	F	ort Li	ncoln	Ceme	etery	05/2	28/96	Brenty	rood,	Mary	land
<u>=</u>	mit.		21-Signature of Fanagal Service	Licensee	2	1 1	T	22. Nama an	d Addre	ss of Fecilit	у					
0	Depe Impo		D +110	Λ	1.	1-1						ns Funer				
			23a. Part1. Enter the disease, o	complication	ons that	aused the de	ath. Do not	4 / 39 E	alt e of dvln	imore	Ave	nue, Hya	attsvi.	lle, l	Approx	
	Dhualalan	0.	23a. Part1. Enter the disease, o shock, or heart failure. List	only ona ce	use on e	ach line	1		o or cym	·g, 050// 40	our diao (	or respiretory em	aot,		Interval	Between and Death
) '	Physician /Medical		Immediata Cause (Fin		0		L	11							1100	
	Examiner		diseese or condition resulting in death)	a	1h	menal		mbolu:	S						5 W	eeks
	ACCEP,	ē				Due to	(of as a con	sequence of):								
	cate be assocuted physician and the buriel-transit	Examiner		b		Due to	(	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						i		
,	ate be assocuted hysician and the buriel-transit	Еха	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying			D00 10	(or as a con	sequence of):						1		
8760,	sicia e bur	dicai	Cause (Disease or Injury that Initiated events	c		Due to	for as a con-	sequence of);								
	ificat phy as th	do l	resulting In death) Last			Dua to	(or as a con:	sequence or);						1		
Вох	ndin	2		d				_								
m	The lew requires that the death certific tie has been signed by the ettending pege 2 should be detached for use as	Physician/M	Part II. Other algnificant condition	no contribu	tion to d	anth but not se	authia a la sh	a contactular a		i la Daniel		ook Dida	Lieu			
0.	the the	hys	t at it. Other argumeant conduct	nis continu	iting to di	BALLI DUL HOL FE	ssularig in in	a underlying ca	ause grv	en in Pen I.						iss of death?
15	that ned b	by P										1 🗆 Y	88 2⊠No	3 □ Pro	Daibty	4 Unknown
S	uires nid bi											24a. Was a	n autopsy	24b. W	are autor	sy findings
Ö	v require been si should I	lete										perform	ned?	CO		rior to of causa
Be	has ge 2	Completed													death?	~
g			Of West and the U.S.									1,8X,Y8	s 2 No	1[	Yes	2DI No
5	Attending Physician: The Isr death. ector: After this certificate hiby the funeral director, pege	Be	25. Wes case referred to medica examiner?	Hospi	ital:				. Oth	OF:		(Check only on				
ō	는 보호	. To	1 ☐ Yes 2 ☑ No 27. Manner of Deeth		1,254		☐ ER/Outpa 28b. Tim		^	411110	-	me 5 Reside			y)	
5	fune fune	ion	1 ⊠Natural 5 □ Pendir		(Mon	of Injury th, Dey Year)	Inju	y M	Bc. Injun Wor	k? Yes 2∐1		28d. Describe ho	w injury occi	urred		
S	death. death. ctor: A y the fu	Ica	2 Accident Investi 3 Sulcide 6 Could	not be	Do Diago	of Injum. At I	homo form			105 2 1		20f Location /Ct	rant and Alum	has as Russ	I Davida	Manhaa
5	を共立	Certification:	4 ☐ Homicide determ	ined	buildi	ng, etc. (Spec	ify)	street, factory	Office			28f. Location (St City or Town	n, State)	IDEI OF HUIZ	i nouta i	vumber,
	ours eral		29a. Certifiar 1 X Certifyin	a Physiole	n: To the	hast of my ke	oudodes de	ath accurred	a sha sim	no detelene	dalasas	and due to the co				
	To the Hospital or within 24 hours after to the Funeral Dir.	edicai		Examiner: (	On the ba	aals of examin ner stated.	ation end/or	Investigation,	in my o	plnion, deat	h occurr	end due to the ce ed et the time, de	ete and place	, end due to	the cau	se(s)
	th of the last	Me	29b. Signatura and title of certifie			o.u.ou.		290	Licans	e number	-	2	9d. Date sign	ed (Month	Day, Yes	ir)
	100		A I A	0	1 M	D			19		0				99	ĺ
	112/		Nava C	enu		#			U	1 /		- 1	Mayo	TI	( [	0
	0		30. Name and address of parson David CLEMENT	who comple	ted caus	and a second of	m 23e) (Typ	e, Print)	Har	nil.1	11	South Gre	(1	1 0	11.	MO
_			31. Data filed (Month, Dev. Year)	7 1/1/1	32 B	egistrer's Slor		JIAna	Noz	hild!	47.	SAULT OLD	CV 6 >11	erl Bi	-151m	occill,

Registrar

MAY 2 9 1996 July State



# Amended 6-10-96 38.C AS Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

					State	of Maryla		epartme Certifica		Health and Death	Mental H	ygiene Reg. No.	96	17	1656	
			1. Decedant's Nen	na (First, Middle,	Last)						2, Data of D			3.	Tima of Death	
П	Physic		SEWE	LL	Ε.		DONOV	AN			Month	Day	Yas	r	7:00 AM	
Ò	/Medi Exami		4a. Facility Nama	(If not institution,		ımber)				4b. City, Town, o			County of D	96 eath	7.00 1111	
4								M I to a					AROL			
	Funeral Director		5. Social Sacurity ! 213 - 42 -	-0023	Sex 1 ☑ M 2 ☐ F	7. Aga (In y	rs. last birthd	B.d. nahh	ar 1 Yaar Days		n. (Month, I	Sirth Day, Year) 03/43		ary l	(Stata or Foreign and	
	pue *		Usual Rasidance o	10b. County		10c.	City, Town o	r Location						10d le	nsida City Limits	
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Maryland 21215-0020	s within 72 hours after deeth with the Maryland ilane. I than "natural", or Itema 23a or 28a-f show the Madeal Examiner must be notified at	by	3 Widowed		If Yas, G Yaar or D	iva		1 Tas	2 XNo	Specify:			Specify:	Whit	е	
5	72 h matu	etec	(Spe	15. Decedant's cify only highest	Educetion grada completed)	)	16a. De	ecedant's Us	ual Occu	pation during most of w	orkina	16b. Kln	d of Busina	ss/Industry	1	
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and	S E S	Be	17. Fathar's Nama	(First, Middle, La	Elwa	ood Do	onova	n			ama <i>(First, Midd</i> / Lilly			2001	2.0	
3	should be nd Mental marked o	2														
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6	and lealth m 27 her t			y A. D	onovan	1	38	99 Wh	ite	Road,	Federa	1sbu	rg, 1	1D 2	1632	
0	Peges 1 and 2 should nent of Health end Mer int: If Item 27 Ia marke Jry or other traumatic		20a. Mathod of Dis		☐Removai from	Stata	cemetery,	sposition (N. crematory or	ame or other pla	ice)	Data	20c. Loc	ation - City	or Town, S	itata	
Ē	men ant:			5 Othar (Spe		11	ill C	rest	Cem	etery	6-1-96	Fed	eral:	sbur	g, MD	
Baltimore,	permit. Pege Department o Important: If i any Injury or once.		21. Signatura of Fi	unaral Sarvice Li	censee			22. Nama	and Addre	ass of Facility - Hawkir	ns_Fska	W FII	nora	1 110	mρ	
ш	205 # G		Mu	chind 7	Gaker			PO Bo	x 4	3, Fede	ralshi	ira.	MD 2	1632	III C	
			23a. Pert1. Entar	the diseesa, or coart failura. List or	omplications that	caused the de	ath. Do not	antar the mo	de of dy	ing, such as cardi	ac or raspiratory	arrest,		App	roximeta rval Between	
	Physician														at and Death	
ы	/Medical		Immediata Causa (Finel disaasa or condition rasulting in daath)  a. Multiple Injuries  Due to (or es e consequance) of):									1				
	Examiner		rasulting In daath)		а	Due to	(or es e con	sequanceo	):							
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9		Med	,		_ ,									1		
Box	tend tend	Physician/M			d									1		
0	the attended for n	Sic	Part II. Other signi	ficant conditions	contributing to d	eath but not r	asuiting in th	a underlying	causa gi	van In Part i.	23b. DI	d tobacco u	es contribe	ita to the	cause of death?	
s, P.	s that the death certific med by the attending p e detached for use as	by Phy		_							10	Yes 28	≤No 3□	Probably	4 Unknown	
Records	v requires to been signe should be	Completed b										s an autope formed?	sy 24	available	utopsy findings e prior to	
ec	W 05 CA	ple												of death	tion of cause	
	E se	Con									1)6	Yas 2	] No	1/XYas	2 No	
ita ita	hysicien: this certifical director,		25. Was casa rafar axaminar?	rred to medical						26. Pleca of De	eath (Check only	one)				
of Vital			Mas 2□	No	Hospitai:	Inpatiant 2	☐ ER/Outpa	tient 3 🗆 🖸	OA OI	har: 4 Nursing	Homa 5□Ra	sidence 6	XIX thar (S)	pecify)	ROADWAY	
			27. Mannar of Death 28a. Data of Injury 28b. Tima of 28c						28c. Inju	ry at	28d. Dascrib			11		
<u>Ö</u>	Attending r death. ector: After by the fune	atic	1 Natural 5 Panding (Month, Day Year) Injury 2 Accidant Invastigation 5 - 28 - 96 (48 AM)							Yas ZZINO	motor	vehic	che co	((()()	1	
Division	or Attendation of Director:	Certification:	3 ☐ Suicida 4 ☐ Homloida	6 Could no datarmin	ad 288. Place	e of Injury - At	homa, farm,	streat, facto	ry, office	9	28f. Location City or T	(Street and	Number or	Rural Rou	ita Number,	
Ö	s after or and o	Cer			ound	y, and, (Spe	stre	et			Caroli	in Co	72	, Do	ver Bridge	
	To the Hospital or Attend within 24 hours after deat To the Funeral Director; completaly filled in by the	edical	29a. Certifiar (Check only one)		aminer: On tha b					ma, data and place opinion, death occ	a, and due to th	e ceuse(s)	end manner			
	of the complete of the complet	Me	29b. Signatura and	titie of cartifier				2:	e. Lican	sa number		29d. Data	signed (Mo	onth, Day,	Year)	
	- > - O		. //	1	0 111				0	CME			20			

31. Data filed (Month, Day, Year) State

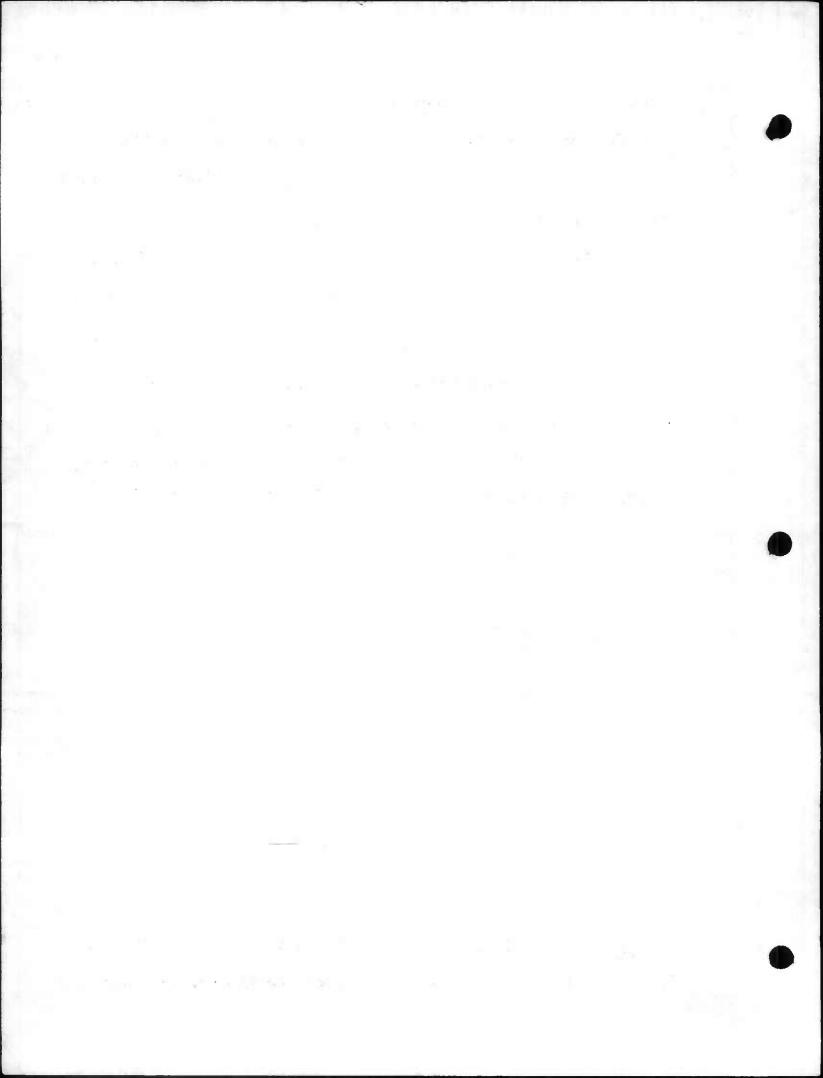
30. Name and addrass of parson with complated causa of death (Itam 23a) (Type, Print)

| Dennit | Chute MD | 111 Penn Street, Baltimore, Maryland 21201 32 Registrace Signatura

O.C.M.E

29d. Data signed (Month, Day, Year) MAY 29, 1996

Registrar



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Marvland / Department of Health and Mental Hygiene

			Certificate of De	Death	Reg. No.	20	17007
			Decedant's Name (First, Middle, Last)		ate of Death	Vene	3. Time of Death
	Physici /Medi		LUCY F. Derby	me	onth Day	199C	6/30
1	Exami		4a. Facility Nama (If not institution, give street and number)	. City, Town, or Location		ounty of Death	
			PENINSULA REGIONAL MEDICAL CENTER	SALISBURY		WICOMI	CO
	Funeral Director			Hours Min. 8. De	ate of Birth fonth, Day, Year) E 18,18		laca (Stata or Foreign stry) YLAND
	dand		10a. State 10b. County 10c. City, Town or Location			10	0d. Inside City Limits
	Man H	to	MD. SOMERSET PRINCESS ANNE				1 Yas NO
	n the	Funeral Director	10a. Street and Number  SOMERSET PRINCESS: ANNE 10t. Zip Code		10g. Citize	en of What Coun	itry?
	h wit	D C	11974 EDGEHILL TERRANCF 2189	53		II C A	
	deat	ner	11. Marital Status  12. Was Decedent Ever In U,S. Armed Forcas?  13. Was Decedent of Hisp It Yes, specify Cuban,		as or No-	. Race - Amarica	an Indian,
21215-0020	72 hours after death with the Maryland "natural", or items 23a or 28a-f show odical Examiner must be notified at	by	' 3X Widowed 4 □ Divorced If Yes, Give \\ Year or Datas:	Specify:		Black, White, e	etc. HITE
5-0	72 hours "natural",	Completed	15. Decedent's Education (Specify only highest grade complated) (Give kind of work dona dur life. Do NOT use retired)	ilon uning most of working	16b. Kind	d of Business/Ind	Justry
121	within ene.	Jdw	Elementary/Secondary (0-12) College (1-4or 5+)				
	a filed v al Hygie other t	ပိ	8 HOUSEWIFE	40.14		N_HOME	
Maryland	0 = 0	Be	JOHN H. MCDANIEL	18. Mother's Neme (First			
Ž	should b nd Mente marked	5			IZABETH		
Ma	d 2 sh th and 7 is m traum		19a. Informant's Name/Relationship (Type, Print)  HARVEY DERBY  19b. Malling Address (Street and 200 NFW YORK)				
	is 1 end; of Heelth Item 27 other tr		TARVEY DERBY  200 NEW YORK  20a. Method of Disposition  20b. Place of Disposition (Name of	AVE SAL		MD . 218 ation - City or To	
100	Pages nent of int: If its		1 Denial 2 Cremation 3 Removal from State cemetery, crematory or other place)	)		thon - Only of 10	wii, State
Baltimore,			4 Donation 6 Other (Specify)  21. Signature of Funarai Sarvica Licensae  22. Nama and Addrass (22. Nama and Addrass (23. Nama and Ad		9 SALI	ISBURY,	,MD.
Ba	permit. Departm Importar sny Inju				ME ON TO	DAIDY 1	15
	_			UNERAL HOI		SROKA 'IA	
			23a. Part1. Enter the disease, or complications that caused tha death. Do not enter tha mode of dying, shock, or heart failure. List only one causa on each line.	, such as cardiac or resp	eratory arrest,	1	Approximata Interval Between Onset and Death
+	Physician / /Medical		Immediate Cause (Final	, , ,	0-		
	Examiner		disease or condition resulting in death)  app flat on Clerone (4)	tract	ane	se;	20 yr
	52.9	ē	Immediate Cause (Final disease or condition resulting in death)  application a				7/2/10
	uted	Examiner	b. Lat A KARON CHEN			1	rogre
ó	exec an an riel-tr						U
68760,	tificate be executed ig physician and es the burlet-transit	edicai	that initiated events				
	E 00	-	lastiting in daali) cast				
Box	attendir	And M	d				
. E	deal ne att	sici	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given	n In Part I. 2	3b. Did tobacco us	se contribute to	the cause of death?
P.O.	requires that the death cer seen signed by the attendir hould be deteched for use	Physician/N	1000 700 000 1/1000		1 Yes 2	No 3□ Prot	bably 4 Unknown
	gned be de	þ	-cerne de arrigant				
Vital Records,	v require been si should	Completed	Her year le alemaia	2-	4a. Was an autopsy performed?	ava	ere autopsy tindings aliable prior to
ecc	2 st	pie	( feet care con			of c	mpletion of cause death?
Œ	The law ate has t page 2 s	TO.	987		1   Yes 2	No 1E	☐Yes 2☐ No
ita	iclan: The lav certificate has rector, page 2	Be (	me 181-	26. Place of Death (Che	ck only one)		
of	Physiclan: r this certific rrai director,	10	1 Yes 2 Hospital: 1 Impatiant 2 ER/Outpatient 3 DOA Other.	. 4 Nursing Home 5	Residence 6	☐Other (Specify	y)
u u	fter th	:uo	27. Manner of Death 1 Naturat 5 Pending 28a. Date of Injury 28b. Time of Injury Work?	at 28d. D	escribe how injury	occurred	
Sio	Attending or death. ector: After by the fune	cati	2 Accident Investigation M 1 Yes	es 2 No	4		
Division	or Att efter d Direct J in by	ertification:	3 ☐ Sulcide 6 ☐ Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)	28f. Lo	ocation (Street and ity or Town, State)	Number or Rura	l Route Number,
	ral D	O					
	Hoep 24 ho Fune tely fi	edical	29e. Certifier (Check only 2 Medical Examiner: On the basis of examination and/or investigation, in my opini	i, date and place, and du nion, deeth occurred et t	ie to the cause(s) a he time, dete and p	nd manner as sta lace, and due to	ated. the cause(s)
K	To the Hospital or Attending Physician: The I within 24 hours effect death.  To the Funeral Director: After this certificate he completely filled in by the funeral director, page	Med	one) and manner stated.  29b. Signature and title of certifier // 29c. License no	number	20d Date	signed (Manth, I	Day Yaari
17	7 ¥ F 8	-	X12.20 5727	1/ -10	E/	27/0.	congr. 1 mary
•			(1916) 1916	610	2/0	676	200
Y	3}		30. Nathe and address of person who completed fause of death (hein 23a) (Type, Print)	= flyre	-15ke	77 G	atty
	٧		31. Date filed (Month, Day, Year) 32. Registral's Signature	aushu	ry	no/	21801
	Sta Registr	1.0	MAY 2 9 1996 July Struction Randall		0		

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State of Maryland / Department of Health and Mental Hygiene 96

17658

				Ce	rtificate of	Death		Reg. No.	0 17000				
-		1. Decedent's Nama (First, Middla, La	est)				2. Date of Do		3. Time of Death				
Physici /Medi		Marilyn Joyo	ce Dodge				May 31		7:40 P.M.				
Examir		4a. Facility Nema (If not Institution, given	re street end number)			4b. City, Town, o	or Location of Dee	of Deeth 4c. County of Death					
		Montgomery Ger	neral Hospita	1	100	Olne			tgomery				
Funeral Director			60 7. Age (In )	yrs. last birthdey, Yrs.	If Undar 1 Yeel   Months   Days		in. (Month, D	rth ay, Year) 4, 1936	9. Birthplece (State or Foraign Country) Michigan				
show ad at	J.	10a. Stata 10b. County		. City, Town or L					10d. Insida City Limits XXX Yas 2 □ No				
tha N	Director	Maryland Freder	rick	Frederi	C.K. 10f. Zip Coda		1	10g. Citizan of	Mhat Country?				
23a or		1567 Andover Lane				21702		United	States				
13-UUZU 172 hours after death with the Menyland 172 hours after death with the Menyland 172 hours after 23e or 28e-f show infined its after afte	by Funeral	11. Meritei Status  1 Avavar Married 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Ever   Armed Forces? 1 Yas 2 2 No If Yas, Giva Yaar or Datas:	in U,S.   13.	Wes Decedent of If Yes, specify Cult 1 ☐ Yes XX No.		(Specify Yes or Neto Rican, etc.)	o- 14. Rec Ble Specif	ck, White, atc.  White				
_ c .	Completed	15. Decedant's E (Specify only highast gri	ada complated)	16a. Dece (Giva lifa.	dant's Usual Occu a kind of work done DO NOT usa retire	pation a during most of weed)	vorking	16b. Kind of B	usinass/Industry				
filed within Hygiene.	Eo	Elamentary/Secondary (0-12)	Collega (1-4or 5+) +2		Clerical			Gove	rnment				
British Hy doth	To Be C	17. Father's Nama (First, Middla, Last Andy O. Dodge	)	- 3			lama (First, Middle nche Gar		na)				
Malyia d 2 should b h and Ment 7 is marked traumatice	Ĕ	19a. Informant's Name/Ralationship	Type, Print)	19b. Mail	ing Addrass (Stree				Stata, Zip Code)				
C = N L		Charles A. Dodg			9 Virgin				ington 98664				
s 1 and f Haaith itam 27 other tr		20e. Method of Disposition	20		osition (Nama of metory or other pla		Data		City or Town, State				
permit. Pages 1 as Department of Has Important: If item: any injury or other once.		1 Buriel 2 Crametlon 3 C 4 Donation 5 Othar (Special	b) Hamovai from Stata	lagersto	wn Crema	tory	6/3/96	4.5	town, Maryland				
Demit. Departments Imports any Injk		21. Signature of Funaral Sarvice Lice	nsee	2	Neme end Addr	ess of Facility	P.O.	Box 18	7				
40240		& Menglas &	leugh	6	Mangle	7.12	FRET	Jeny (	- VULL XIII				
		23a. Part1. Enter the disease, or comshock, or heart failure. List only	picetions that caused that one cause on each line.	daath. Do not an	itar tha mode of dy	ing, such as card	liec or respiretory	errest,	Approximete Interval Between Onset and Death				
Physician /Medical		immediata Causa (Final	/	11.7					i Onsat and Death				
Examiner	3	disease or condition rasulting in death)	s. abdomin	al al	cess				2 weeks				
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nsk insk	Examiner		b. Vancomyc		sistant E	Enterococ	ew inf	ection	1 weeks				
icate be axecuted physician end s the burial-transit	Exa	Sequantially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury		to (or es a conse	quance or):								
sicia bur	cai	that initiated events	c. Palmonar	o (or es e conse	Quence of):				manyyears				
tificate be axing physician eas the burial	Aedicai	resulting In deeth) Lest			quanto 01/1								
attendin	2		d. Lymphom	~					2 years				
deat	sicis	Part II. Other significant conditions of	contributing to death but not	resulting in tha	undarlying cause g	iven In Pert I.	23b. Did	I tobacco use co	ntribute to the cause of death?				
ires that tha de signed by the a d be detached it	by Physician/						10	3 Probably 4 Unknown					
aw requisite peen 2 should	Completed b							s an sutopsy formed?	24b. Wara autopsy findings aveilable prior to completion of cause of death?				
The la ate ha	20						1 🗆	Yas 28 No	1 ☐ Yes 2 No				
ician: The cartificate rector, pag	Be	25. Was cese rafarred to medical axaminar?					Death (Check only	ona)					
Physician: this cartific ral director,	2	1 ☐ Yas 2 XNo		2 ER/Outpatie	III SLI DOA		Homa 5□Ras	sidance 6 □Ott	nar (Specify)				
ding Phy h. Aftar thi funeral	ü	27. Mannar of Death  1 ■ Natural 5 □ Panding	28a. Data of Injury (Month, Day Yea	28b. Tima o injury	W		28d. Dascribe	how Injury occur	red				
Attending ir death. ector: Affar by the fune	cati	2 Accident invastigation				Yas 2□No							
al or Attending s aftar death. Il Director: Aftar ed in by the fune	Certification:	4 Homicida datamined	28a. Piace of Injury - / building, atc. (Sp	At homa, farm, si pacify)	traat, factory, office	•	28f. Location City or To	(Street and Numi own, Stata)	ber or Rural Routa Number,				
To the Hospital or A within 24 hours aftar To the Funeral Dire complataly filled in b	edical		nyelcisn: To the best of my niner: On the basis of axan and mannar stated.										
Vithin Comp	Me	29b. Signeture end titla of certifier			29c. Licer	nse number		29d. Dete signe	ed (Month, Dey, Year)				
->-0		Demett Mo	win mi			7682		May 3	, 1996				
		30. Nsma and eddrass of person who	complated ceusa of death	(itam 23a) (Type	, Print) ady Sprin	e pd	alnex W	D 20	832				
		Dennett Worris	32. Registrer's S	Idnature	nacy sprii	of her	Jiney V						
Sta Registr	_	1 2 100	5 justi dave	I GI I LULLUI O									
DHMH 16 Rev 6/9	_	Toth Chis rad	Just a way	un Tarla	ON THE REAL PROPERTY.								

53.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Dent, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: It tiem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF M		/ DEPAR					MENTAL HYGI REG.					
	1. DECEOENT'S NAME (First, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH		
	Frances Rose Dotson May 30, 1996										YEAR	7:50 A M		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER		IF UNDER		7 DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign		
	216-22-9602	1 🗆 M 2 💢 F	104	YRS.	MONTHS	DAYS	HOURS	MIN.	Feb.11,1			ryland		
œ	90. FACILITY NAME (# not Institution, give st Frederick Healt		onton		9b. CITY		eric		EATH		INTY OF DE			
DIRECTOR	RESIDENCE OF DECEDENT	il care of	enter			rrec	mer.T.C	JK.		PI	reder	ıck		
<u> </u>	10a. STATE 10b. COUNTY	1		10c, CI	TY, TOWN	OR LOCAT	ION					10d. INSIDE CITY		
		derick				Fred	deric	k				LIMITS?		
A	10e. STREET AND NUMBER					101	. ZIP COD	Ε		10g. CI1	IZEN OF W	HAT COUNTRY?		
E	30 North Pla	ice					2170			J	<b>Jnite</b>	d States		
BY FUNERAL	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Vidowed 4 Divorced	12. WAS DECEDEN' FORCES? 1 IF YES, GIVE W	YES 2			Il yes, sp		m, Mexica	NIC ORIGIN? (Specifi an, Puerto Rican, etc. fy:		14. RACE Black Specifi	- American Indian, White, etc.		
TED	16. DECEDENT'S EDUI (Specify only highest grade	CATION completed)		DECEDENT'S	work done	durina ma		ng	16b, KIND OF	BUSINESS/IN				
COMPLET	Elementery/Secondary (0-12)	College (1-4 or 5 +	•)	нь. <i>Do NOT L</i> Ног	ise retired.) 1 <b>SEW</b> 1				Ow	n Home	9			
Š	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Meiden Surname)													
BE	unknown Josephine Dorsey													
10	19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Yown, State, Zip Code)													
F	Verbert C. Doweary 5730 Ridge Rd., Mt. Airy, Md. 21771													
	20a. METHOD OF DISPOSITION  1 Burlel 2 Cremetion 3 Rem  4 Donation 5 Other (Specify)	E AND DATE	DATE OF DISPOSITION (Name of ory or other place)  Ore National 6/3/96 Baltimore, Md											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Olin L. Molesworth, P.A.													
	Olin L.	Molesn	ath						sworth, F Rd., Dama		Id. 2	0872		
	23. PART I. Enter the disease, or ahock, or haart failura.	complications the List only one cau	se on aach ii	deeth. Do na.								Approximate interval Between		
	immediate Cause (Final disease or condition resulting in death)  a. Artis saleratio Cardia rascular clusters 10 years													
	resulting in death)	DUE TO	(OR AS A CONS	EOUENCE	OF):	ic 1	ar	ay	rarca	u any	val	loyears		
NO	Sequentially list conditions,	b	(OR AS A CONS	EQUENCE (	)E)									
ATI	if any, lasding to immediata cause. Entar UNDERLYING		(on no n cone	LOGENGE (	, ,.									
F	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONS	EOUENCE (	OF):									
ERI	resulting in death) LAST	d												
_	PART ii. Other algnificant condition	na contributing to	daeth but no	t raaulting	in tha u	nderlyin	g cause	given in	Part I. 24a. WA	S AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS		
CA	Chronis	abstra	otino	bul	mou	an	shi	OAA	0	FORMED?	-	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
ED		, , , , , , ,		100		1	-		F-/ '"	\$ 2 1110		OF DEATH?		
BY PHYSICIAN: MEDICAL CERTIFICATION	DID TOBACCO USE CONT	RIBUTE TO CA	USE OF DE	ATH Y	ES 🗆	NQ.E	UN	CERTAI	N□					
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	44000	26. PL	ACE OF DE										
SIC	1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHE		te 5 □ R	eeldence	8 Other (Specify)					
	27. MANNER OF DEATH  280. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  28d. DESCRIBE HOW INJURY OCCURED INJURY WORK?													
2 Accident Investigation														

5 Pending investigation 2 Accident 26e. PLACE OF INJURY — A1 home, farm, street, fectory, office building, etc. (Specify) 3 Suicide 6 Could not be determined 4 Homicide

281. LOCATION (Street end Number or Rural Route Number, City or Town, State)

29e. CERTIFIER (Check only one) 1 DECERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner ee stated.

2 MECICAL EXAMINER: On the basic of exemination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and menner se stated. 20h. BIGNATURE & 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

801 Toll House Ave., Frederick, Md. 21701

L.T.Davis, M.D. 32 AEGISTRAR'S SIGNATURE 31. DATE FILEO (Month, Dey, Year)

JUN 0 3 1996

May 31, 1996

#### Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

						Ce	rtificate of	Death		Re	g. No.		.,	
	Dharaia	·	1. Decedent's Neme (First, Middle, L	ast)						2. Dete of Deetl Month	Dey	Year	3. Time of Deeth	
	Physic /Medi		William Fowler	Danie.	ls					May	28, 19		700 A.M.	
2	Exami		4e. Facility Name (If not Institution, g Frederick Memo						own, or Loc	ation of Deeth	4c. Count	of Death		
	Funeral Director				7. Age (In yrs. II 76	ast birthdey) Yrs.	If Under 1 Yea Months Deys		24 Hrs. Min.	8. Dete of Birth (Month, Dey,	Year) 1920	9. Birth	place (Stete or Foreign ntry) h Carolina	
4			Usual Residence of Decedent								1320		ii outotiiu	
	Maryland a-f ahow	tor	Maryland Fre	derick	10c. City	, Town or Lo		derick					10d. Inside City Limits 1 ☐ Yes 230 No	
	th with th	ai Director	7819 Spout Spring	g Road			10f. Zip Code		.702	10	g. Citizen of	What Cou U.S		
020	72 hours after death with the Maryland natural', or ferms 23a or 28a-f ahow after Examiner must be notified at	by Funeral	11. Meritel Stetus  1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. Wes Dece Armed For 1 1 Yes If Yes, Giv Year or De	2 No 9 1942	to	Wes Decedent of If Yes, specify Cu 1 ☐ Yes 2 ☆ No			cify Yes or No- Rican, etc.)		ck, White,	- American Indian, k, White, etc. White	
21215-0020	E 6	Completed	15. Decedent's to (Specify only highest go			16a. Dece (Give life.	dent's Usuei Occu kind of work done DO NOT use retir	upation e during mos ed)	st of workin	ng 1	6b. Kind of B	lusiness/in	odustry	
21	0 0 0	Con	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5+		Scie	entist				U.S.	over	nment	
Marylan nd 2 should be lith and Mental 27 is marked or r traumatic av	d fall	To Be	17. Fether's Neme (First, Middle, Las Cecil Earl Danie					1000		(First, Middle, M red Clap		ne)		
	nd 2 sh aith and 27 is m r traum		19e. Informent's Neme/Reletionship (Type, Print)  19b. Melling Address (Street end Number or Ru							ural Route Number, City or Town, State, Zip Code) , Frederick, Md. 21702				
Baltimore,	m - 40		20e. Method of Disposition  20b. Place of Disposition (Name of property of the place)  20c. Location - City or Town, Step place)  20c. Location - City or Town, Step place)  20c. Location - City or Town, Step place)  20c. Location - City or Town, Step place)  4 Donation 5 Dother (Specify)  (Cemetery May 31, 1996, Jacksonyille)											
Balti	permit. Page Department of Important: If I any Injury or snce.		21. Signature of Funeral Service Licenses 22. Name and Address of Facility  Keepey and Basford Funeral Home											
	_		23a. Pert1. Enter the disease, or cor shock, or heert failure. List only	Julgor	CHOOO	1(	06 East	Church	St.	Freder	ick, N	1d. 2	1701	
	Physician /Medical		shock, or heer failure. List ont	Α.		3			Cardiec of	respiretory arre	st,	1	Approximate Intervel Between Onset end Deeth  3 WEEKS	
	Examiner		resulting in deeth)  Due to (or es a consequence of):								1	OWEEKS		
	D #	ine		, STR	2014=							1	6 MONTH	
,00	icate be executed physician end s the burial-fransit	i Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury			es a consec	quence of):							
ox 68760,	₹ 0 a	n/Medical	that initiated events resulting in deeth) Last	d	Due to (or	es a conseq	juence of):		1					
. Bo	the atter thed for u	sicia	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.  23b. Did tobacco use contrib										o the cause of death?	
s, P.O	that the ed by detec	by Physician								1 □ Ye	bably 4 Unknown			
Records	aw requir is been s 2 should	Completed b								24a. Was ar perform		6/	ere autopsy findings vallable prior to empletion of cause deeth?	
<u> </u>	The ate h	Con								1□ Ye	s 2 No	11	□ Yes 2□ No	
Vita	ysician: The s certificate director, pag	Be	25. Wes case referred to medical examiner?						e of Death	(Check only one	)			
of	Physic this c	7	1 Yes 2 No			R/Outpetler	IL SEL DOM			ne 5 Reside			fy)	
Division of Vital or Attending Physician: Tallefordeath.	After fune	Certification:	27. Menner of Death  1 Neturel 5 Pending 2 Accident investigetic	(Monti	28e. Dete of Injury (Month, Dey Year)  28b. Time of Injury Injury  M  28c. Injury et Work?  1  Yes 2  No					28d. Describe how Injury occurred				
Divi	9475	Certifi	3 Suicide 6 Could not determined	Zoe. Piece								cation (Street end Number or Rural Route Number, y or Town, Stete)		
	To the Hospital or Attand within 24 hours after deat To the Funeral Director: completely filled in by the	edical	29a. Certifier (Check only one)	hysician: To the miner: On the ba end menn	sis of exeminetic	riedge, deeth on end/or in	n occurred et the t vestigation, in my	time, dete en opinion, dee	nd piece, e	nd due to the ca d at the time, da	use(s) end m te and plece,	enner as s end due t	steted, o the ceuse(s)	
3	To th To th comp	X									d. Date signe		Dey, Year)	
•			30. Name and eddress of person who	multan country	_ km	23a) (Tuno	D 4	4761	1		5/28	196		
			NEIC WARANDEKAN  31. Dete filed (Month, Day, Year)	_ MD	KATS TA	WEY !	AVE # 20	)4 F	RESE	ERICK, M	12 (1	205		
	Sta Registr			96.	gistrer's Signaturals	on-Rand	alf							

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VIIAL RECORDS, P.O. BOX 13146	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
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DIVISION OF	ATTEND
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	PITAL

STATE REGISTRAR CERTIFICATE OF DEATH 1. DEGEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 9:25A a Catherine 996 7. DATE OF BIRTH 5. SEX A SOCIAL SECURITY MUMBER 6. AGE (In yrs. last birthde. IF UNDER 1 YEAR IF UNDER 24 HRS. 83 NOV. 15,1912 79-05-052 MONTHS DAYS HOURS 7 1 | M 2 | XF Brunswick Pages 1, 2, 3 should 9a. FACILITY NAME (if not institution, give street and number 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Care Frederick Health DIRECTOR Len Frederic RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Washing 1 YES 2 NO Dermit. FUNERAL 10e. STREET AND NU 101, ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? Road 704 21 58 USA 7 use as the burial-transit 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES YOU IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Year or No-14. RACE — American Indian, Black, White, etc. Never Married If yes, specify Cuban, Mexican, Puerto Rican, etc.)

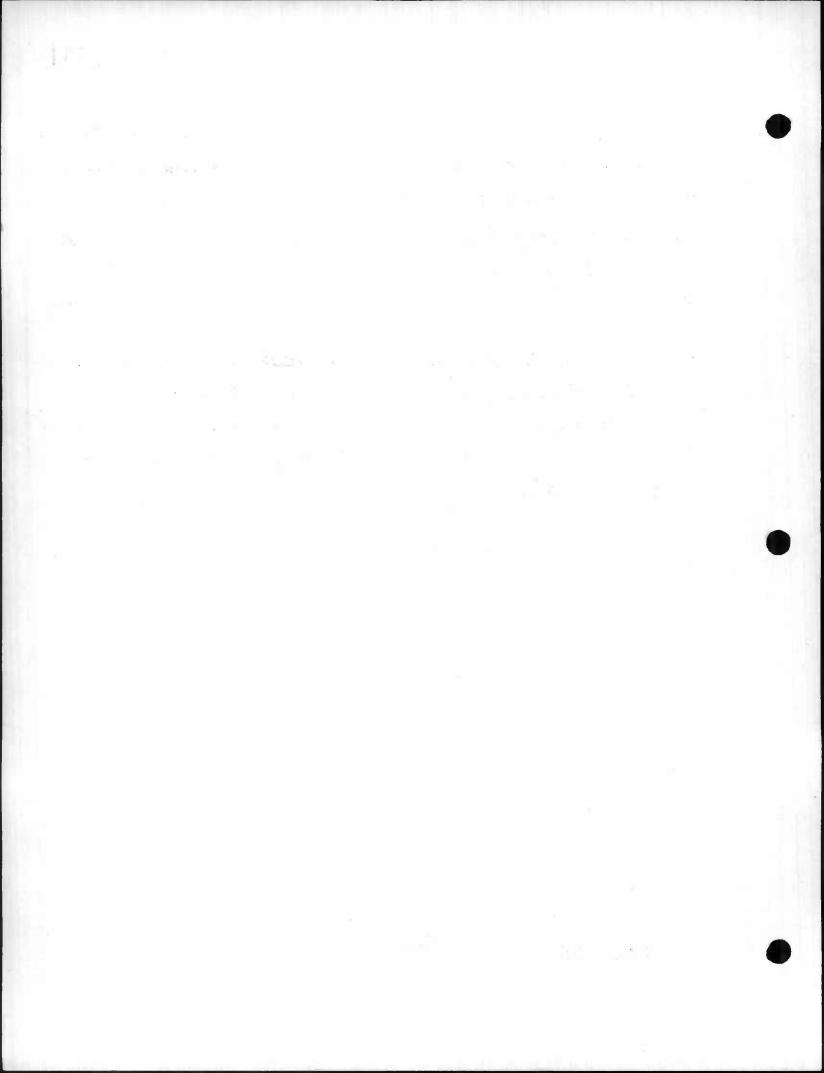
1 YES 2 NO Specify: 2 Married White. BY 4 Divorced 16b. KIND OF BUSINESS/INDUSTRY WAS A COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION (Specify only highest grade comple director, page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) l Reserv Seniar Statistical ASSI. College-2 17. FATHER'S NAME (First, Middle, Last 18.5 DRIVER 16 dward BE notified INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS ( 2 md. 21758 0 be 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (No 20c. LOCATION - City must Buriel 2 Cremation 3 Re Heights Cemetery md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF funeral John t. William ·Bartara A. Williams - Owner 100 Petersuille Ra the 1 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by shock, or heart failure. List only one cause on each line. Interval Between 0 Onset and Death IMMEDIATE CAUSE (Final event, the disease or condition +12hemers 1 seafe and completely fi to burial, cremation Veas resulting in death) DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) signed by the attending physician as Health and Mental Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events other t DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 10 injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMEO? AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 TYES 2 NO 1 YES 2 NO been s Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Tem. After this certificate death with the State HOSPITAL: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 5 Residence 6 Other (Specify) 0 28b. TIME O 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED marked, 1 Natural 5 Pending Investiga 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 00 L DIRECTOR: A hours after di 8 Could not be COMPLETED 4 Nomicide 28 determined Hem 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. THE HOSPITAL I IMPORTANT: H MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, de 296. SIGNATURE ANO TITLE OF CERTIFIER BE 35 223 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print Aul

32. REGISTART'S SIGNATURE

31. DATE FILED (Month, Day, Year)

2

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



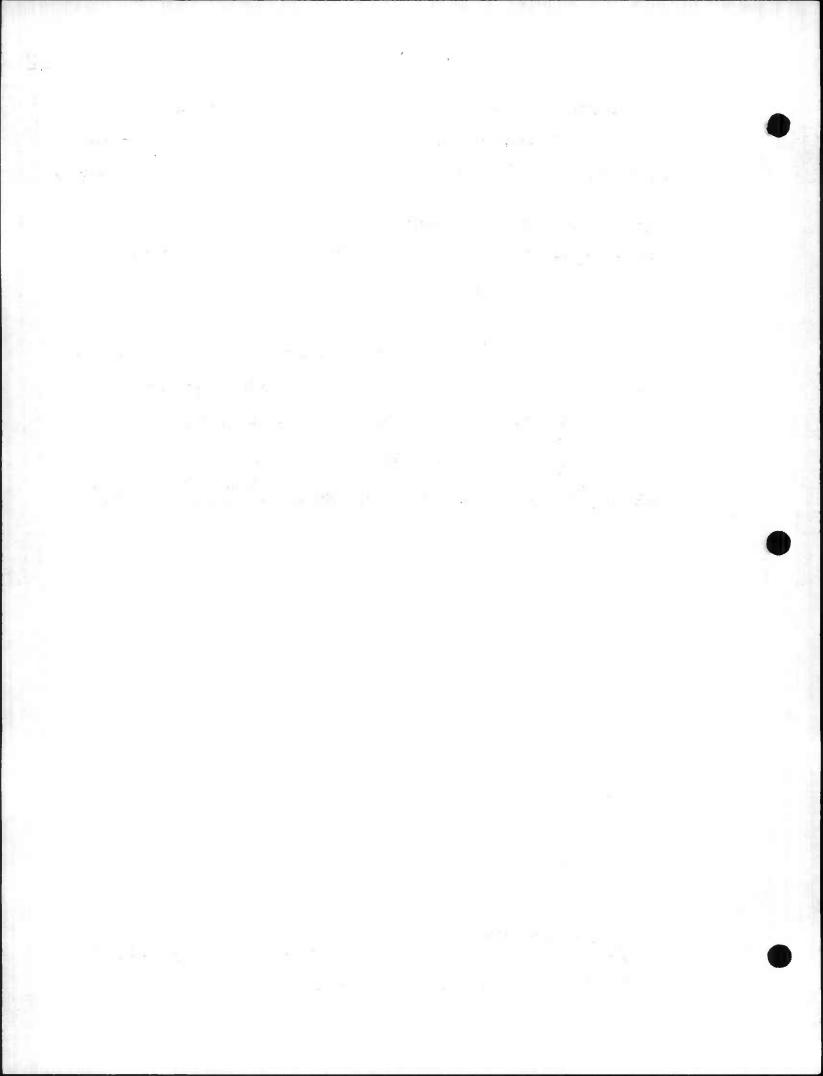
### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 95

7	6	6	2
 	0	$\cup$	No.

						Ce	rtificate	of	Death			Reg. No.	0	1 /	002
Physicia /Medic			1. Decedent's Name (First, Middle, L						2. Dete of Dea	ath	Voor		e of Death		
			Patricia lang liavo								_5	Day Yeer		13	:05
	Exami		4a. Facility Name (If not institution, g	ive street end numbe	r)				4b. City, To	wn, or Lo	ocation of Deeth	4c. County	of Death		
			Atlantic G	eneral Hos	spital				Bei	rlin		V		3. Time of Diger   1.3   0	
	Funeral Director		5. Social Security Number 6.  214-32-5009  Usuel Residence of Decedent	Sex 7. / 1 □ M 2 🖾 F	Age (in yrs. last b	Yrs.	If Under 1	Yeer Days	if Under	24 Hrs. Min.	8. Dete of Birt (Month, Da) Januar	h y, <sub>Year)</sub> 1936 'y 3.	9. Birthp Coun Mar	iece (Ste itry) ylan	ete or Foreig
	show d at	_	10e. State 10b. County		10c. City, To	wn or Lo	ocation						1		
	Ne M	Scto	Maryland Worce	ster	Ber	·lin									198 201N
	th with the 23s or 2	Funeral Director	10e. Street and Number 9403 Libertytow	n Road			10f. Zip Co	ode 811				10g. Citizen of V			
050	d 2 should be filed within 72 hours after death with the Maryland in and Mental Hygiene. 7 is marked other than "natural", or items 23a or 28a-f show traumatic avent, it a Medical Evantiner must be notified at	by	11. Merital Status  1 □ Never Merried 2 □ X arried  3 □ Widowed 4 □ Divorced	12. Wes Deceder Armed Forces 1 Tes 2 If Yes, Give Yeer or Dates	1		Wes Decedent If Yes, specify			gin? (Spo , Puerto	ecify Yes or No- Rican, etc.)		ck, White,	etc.	n,
4.14.13-00£0	within 72 ho one. then *netur	Completed	15. Decedent's l (Specify only highest g Elementery/Secondary (0-12)	Education rade completed) College (1-4o	r 5+)	16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired)  Cafeteria Worker					Ing	16b. Kind of B			
A	tygie ther mr. II		12 17. Father's Neme (First, Middle, Las	e1		Car	eteria	110		ela Alami	ame (First, Middle, Melden Surname			0015	
	ntal h	Be													
-	S should be filed withing and Mental Hygiene. Is marked other than aumetic avent, tre Mental tre Me	10									rine Grace Adams				
, Maryland	s 1 and 2 si f Health an Rem 27 is n other traur	i	19a. Informant'a Name/Relationship Richard Dean	940	p. Meilling Address (Street end Number or Rural Route Number 9403 Libertytown RD Berlin										
Dalilliore,	8 = 5		20a. Method of Disposition  1 Solution 2 Cremetion 3 4 Donation 5 Other (Special Contents)		cemet	Db. Plece of Disposition (Name of cometery, cremetory or other plece)  Riverside Cemetery 5/31						20c. Location - City or Town, State Libertytown, MD			
	Departmen Departmen Important: any Injury		21. Signature of Funeral Secretary	Insee	1 .1	22	2. Neme end			bu		uneral		е	
			Marrix/0/lens	erson NI	00284						Berlin,		1811		
			22a. Barri. Enter the disease, or con shock, or heart failure. List only	nplications that cause y one ceuse on eech	ed the deeth. Do line.	not ent	er the mode o	of dyli	ng, such es	cardiac	or respiratory er	rest,		Interval	Between
	Physician												Onset a	ind Death	
	/Medical Examiner		Immediate Ceuse (Final disease or condition resulting in deeth) e. / UNG CCNCL											2 4	12/3
		_	Due to/(or es a consequence of):											7	
	pe #si	- Ju	_	b			_								
	icate be executed physician and s the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury	Due to (or as a consequence of):											
00100	be e		Cause. Enter Underlying Ceuse (Disease or injury	C											
2	phys the	Medical	thet initieted events resulting in deeth) Last Due to (or es a consequence of):									i			
200	death certificate be executed extending physician and ad for use as the burial-transit														
í	atter	Physician/	D . H AN . 1 M								1				
?	라 다 아	ysi	Pert II. Other significent conditions	contributing to death	but not resulting	in the u	nderlying caus	se giv	/en in Part I.		23b. Did tobseco use contribute to the cause of deat				
	that ned b										1 ZYee 2 No 3 Probably 4				
of vital need as,	w requires that been signed should be det	Completed by									24e. Was perio	en autopsy med?	COL	allable pi mpletion	rior to
2	The law ate has b page 2 s	mc									101	es 2PNo			
3			25. Was case referred to medical			-			ac Bloom	of Door			1	7 1 42	2LI NO
	Physician: this certific ral director,	o Be	examiner? 1 ☐ Yes 2 ☑ No	Hospital:	in alliford		. a 🗆 DO4	Oth	ACC:		h (Check only o		1016		
		- To	27. Manner of Death	1 ☐ Inpar		Time of			4 LI NU			now injury occur		0	
	Attending Ph r death. ector: After th by the funeral	ation	1 ☑Natural 5 ☐ Pending investigation	on (Month, D	ley Year)	Injury	М	Voi 1 □	rk? Yes 2⊡t		200. 0030100 1	iow injury occur	100		
5		Certification:	3 Suicide 6 Could not determined		281. Location (Street end Number or Rurel Route Number, City or Town, Stete)										
	To the Hospital or within 24 hours after To the Funeral Dirto completely filled in	edical C	29a. Certifier 1 Certifying P	hysician: To the bes miner: On the basis and manner s	of examination a	je, death nd/or inv	occurred at t vestigation, in	he tie	me, date end opinion, deat	d place,	end due to the ded at the time,	cause(s) and madete and place,	anner as st and due to	ated. the ceu	se(s)
	To the within 2 To the comple	Me	29b. Signature end title of certifier	lell			29c. L	icens	e number			29d. Date signe	d (Month,	Dey, Yea	31)
		6	Physicia	2 completed	dooth (tee on )	(T:====	H (	4	1183	3		5/2.	8/4	6	to the second
			30. Name and address of person who	completed cause of	deeth (Item 23a)	(Type,	Print) Berl	2 ~~	n	11)		·			
	Sta		31. Date filed (Month, Day, Year)		trer's Signature				1						
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DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96 | 7663

						Certif	ficate of	of D	eath		Re	g. No.		
Е			1. Decedent's Name (First, Middle, La	st)							2. Date of Death			3. Time of Death
	Physici /Medio		Cynthia H.	Douberly							Month	Day 28 1	Year 996	1:00 A.M
	Examir		4a. Facility Name (If not institution, give	a streat and number)				4b	. City, To	wn, or Lo	cation of Death	4c. County		
			1700 Pear Tree La	ane					Crof	Eton		Anne	Arun	ide1
	Funeral		5. Social Sacurity Number 6. S	ax 7. Age (	'In yrs. lest birt		Undar 1 Y		If Undar	24 Hrs.	8. Data of Birth			placa (Stete or Foreign
	Director		545 04 4082 19 19 19 19 19 19 19 19 19 19 19 19 19	□M 2⊠F	40	Yrs.	Ionths Da	ays	Hours	Min.	(Month, Dey, Nov. 11			nington D.C
	Maryland H show	tor	10a. State 10b. County  Maryland Anne A		Oc. City, Town		lon						1	10d. Insida City Limits
	1 the	Director	10e. Street and Number				10f. Zip Cod	da			10	g. Citizan of	What Cour	ntry?
	23a o ust be		1748 Dryden Way						21114	4		Unite	d Sta	tes
21215-0020	ges 1 and 2 should be filled within 72 hours effer death with the Maryland it of Heelith and Mental Hygiene. If Item 27 Is marked other than "natural", or items 23a or 28a-f show or other traumatic event, the Medical Examinat roust be natified at	by Funeral	11. Marital Status  1 □ Never Married 2 ☑ Married  3 □ Widowed 4 □ Divorced	12. Was Decedent Ev. Armed Forcas? 1 ☐ Yas 2 No if Yes, Give Year or Dates:	ar in U,S.		S Decedant as, specity ( Yes 200		panic Ori Maxican Specify:	gin? (Spe 1, Puerto l	ecify Yas or No- Rican, etc.)		ck, Whita,	can Indian, atc. iite
5-0	72 ho netur	Completed	15. Decedent's Ec	lucation de completed)	16a.	Decedent	t's Usual Oc d of work do NOT usa re	ccupat	ion iring mosi	t of worki	na 1	6b. Kind of B	usiness/in	dustry
121	within one. than	mpl	Elementary/Secondery (0-12)	College (1-4or 5+)		6			Λ	4	-+			
7	filed with Hygiene. Ither than		17. Father'a Name (First, Middla, Last)				rapr		18 Mothe	r's Name	(First, Middle, M		Desi	.gn
an	Mental Mental arked o	Be C	David A. Wisyans	ski							J. Edmin		110)	
Maryland	should and Men america umatic	To	19a. informant'a Name/Reletionship (		10h	Mailing A	ddenes /Ct	mot a			Route Number,		Ctata 7ia	Code
e ∑	d 2 sho th and 7 is m			, ,										
ď	1 an Heel Heel om 2		Scott W. Douberly 20a. Mathod of Disposition	y Husban	20b. Place of	Disposition	on (Neme o	of			on Mary	Land Oc. Location	21114 City or To	
2	if it is		1 ⊠Burial 2 ☐ Cremation 3 ☐		cemeter	y, cremeto	ory or other	plece					1	
를	rtme rtant		4 Donation 5 Other (Specify		Our La						etery	Miller	svil	le Md.
Baltimore,	permit. Peges 1 and 2 Department of Heelth of Important: If Item 27 Is any Injury or other tra 9058.		21. Signature of Funeral Sarvice Licen	500	0		bert				neral Ho	me, P.	Α.	
			novert E.	Cuans	Mes	16	000 A	nna	noli	s Rd	Bowie	Marvla		0715
			23a. Part1. Enter the disaasa, or comp shock, or heart fallure. List only	plications that causad the one cause on each line.	e death. Do n	ot enter t	ha moda of	dying.	, such as	cardiac o	r raspiratory arre	st,		Approximata Intarval Between
	Physician		(		INOd (	COIN	CON							Onset and Death
	/Medicai Examiner		fmmediate Cause (Final disease or condition resulting in deeth)	a	ung (	Lavi	LEV						(	one year
В		_	resulting in deedily	Du	e to (or as a c	onsequer	nca of):							
	D is	line		b										
o`	eath certificate be executed ettending physician end for use as the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	Du	ue to (or es s c	onsequen	ice of):							
68760,	sate be shysicl the bu	edical	Cause (Diseasa or Injury that initiated events rasulting in death) Last	C. Du	e to (or as a c	onsequen	ce of):							
ox 6	certific nding p	21	· ·	d										
m	death e ette ed for	sicia	Part fl. Other significant conditions or	ontributing to death but i	not resulting in	the unde	rivino cause	a civer	n in Part f		23b. Did tot	acco use co	ntribute to	o the causs of death?
о. О.	The lew requires that the death or ate hes been signed by the ettend page 2 should be detached for us	Physician/	<u>-</u>				,,,,,,	givo	THE GIVE		1 XVe			bably 4 Unknown
Records,	res tha signed I be de	by									.Wesstlls		T	Cont Visit Control
0	w require been signature	Completed									24e, Was an perform		SV	ere eutopsy findings allable prior to empletion of causa
ပ္	hes b	P.											of	death?
		S									1 ☐ Yas	s ald No	10	☐Yes 2☐No
Vita	Physician: The rhis certificate ral director, pag	Be	25. Was case referred to medical examiner?						26. Place	of Death	(Check only one	)		
5	Physic this or	2	1 ☐ Yes 2 No	Hospitel: 1   Inpatient	2 ER/Out	patient	3□ DOA	Other	4 LI NU	rsing Hor	ne 5 Resider	nce 6 Oth	ner (Specif	y)(y)
Division of	ding P. th. After t	Certification:	27. Manner of Deeth  1 Natural 5 Pending 2 Accident investigation	28a. Dete of Injury (Month, Dey Y	(ear) 28b. T	njury		Injury : Work?	st } as 2∐∣		28d. Describe how	w Injury occur	rred	
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ວັ	s after al Direct of in by	Cert	4 ☐ Homicide	building, etc. (	Specify)					1	City or Town,	Stete)		
1)	To the Hospital or Attending Phy within 24 hours after deeth. To the Funeral Director: After thi Completely filled in by the funeral	edical	29a. Certifiar (Check only one)	ysician: To the best of n iner: On the basis of ex and mannar state	camination and	death oc Vor invest	curred at th igetion, in n	e time	, dete en nion, deal	d place, a th occurre	and due to the car ed st the time, da	use(s) and m te snd placa,	anner as s and due to	tsted. o the cause(s)
/	Top	Me	29b. Signature and title of certifier	Delow	il u	W	29c, Lio	ensa   9	number	7	29	d. Date signe	od (Month,	Day, Year)
,	(4)		30. Name and address of person who	1	th (Item 23a) (	Type, Prin	nt)	201	de a	100	0 421	10 14	1400/	is, ud. 2140/
	Sta	te	STUAUT E. S(	2(OUICU, I	Signature	40		DK1	igan	M N	u + 750	U MUL	arou	21 44. 410
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DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Deeth 3. Time f th Month **Physician** Yaar CARRIE 2:1 PM 05 23 1996 /Medical 4a. Facility Nama (If not Institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Bowie Health Care Center Prince George's Bowie If Under 1 Yaar If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** Deys Hours 1 ☐ M 2181 F Yrs. 63 Director 214-30-4511 06-16-1932 North carolina Usual Residence of Decedent the Maryland 10e State 10b Counts 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or itams 23a or 28a-f ahor traumatic event, the Modical Examinar must be notified at 1 X Yas 2 No Maryland Prince George's Directo Glenarden 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? With 3314 Haves Street 20706 U.S.A. death v Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - Amarican Indian, Bteck, White, etc. 11. Marital Status 1 X Yes 2 No 07/53 If Yes, Giva filed within 72 hours after 1 ☐ Never Merried 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 🔀 No Specify: 2 Specify: Black 3 XWidowed 4 Divorced Completed 16a. Decedent's Usuat Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Bustness/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) Hygiene. Government Teacher's Aide 12th 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) . Pages 1 and 2 should be filt ment of Health and Mental Hyant: if item 27 is marked oth jury or other traumatic even Be Walter McFarland Annie Scott 19e. Informent's Neme/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 3314 Hayes Street, Glenarden, Maryland 20706 Denise Dawson/Daughter 20b. Ptece of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition Dete 20c. Location - City or Town, Stata 06/03 1 X Buriet 2 ☐ Cremetion 3 ☐ Removei from Stete permit. Page Depertment of Important: if any injury or once. 4 ☐ Donation 5 ☐ Other (Specify) Arlington National Cem. Arlington, Virginia 1996 21. Signeture of Funaral Service Licensee 22. Nama and Address of Fecility J. B. JENKINS FUNERAL HOME Nancy A. Percentie 7474 Landover Road, Landover, Maryland 20785 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart feiture. List only one cause on each line. Approximate Interval Between **Physician** /Medical Immadiata Causa (Finel . Atheroscleratic Candio-vascular Disease, benearlized diseesa or conditio resulting in death) Examiner 4 ears Examiner physician and the burial-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Couse (Disease or trijury that initiated events resulting in death) Last Due to (or es e consequence of): P.O. Box 68760, Physician/Medicai Due to (or es a consequenca of): USB AS ò signed by the a d be detached f Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown Obesily Division of Vital Records, P 24b. Were autopsy findings aveilebte prior to complation of cause of death? 24a. Wes an eutopsy performed? Completed peen 1 Yas 2 No 1 ☐ Yas 2 ☐ No certificate Hospital or Attending Physician: 24 hours after death. Funeral Director: After this centific director 25. Wes case referred to medical examinar? Be 26. Plece of Deeth (Check only one) SCHOOL BUDG Hospitel: 1 Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) P 1 Yes 2 No 2 ER/Outpetient 3 DOA funeral 28d. Describe how injury occurred 27. Menner of Deeth 28b. Time of 28a. Dete of Injury (Month, Day Year) 28c. Injury et Work? 1 Neturel 5 Pending 1 ☐ Yes 2 ☐ No investigetion 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homictde 24 hours 29e. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, and due to the ceuse(s) and mannar as stated. To the Hosp within 24 hou To the Fune completely fi Medical Medical Examinar: On the basic of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end manner stated. (Check only one) 29b. Signeture and title of certifier 29c. License number 29d. Data signed (Month, Day, Year) mo Benjer D25925 May 29, 1996 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

7720 WISCONSIN Ave, BeThesda, Md 20814

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31. Date filad (Month, Dey, Yeer) 32. Registra's Signeture MAY 3 0 1996 Fully Distribution Re

Registrar

VA

J. BERGER MD

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Veer **Physician** Eash Alden. May 96 18:41 31 /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** EASTON TALBOT THE MEMORIAL HOSPITAL AT EASTON If Undar 1 Yaar If Undar 24 Hrs. 8. Data of Birth
Months Days Hours Min. (Month, Day, Year) 5. Social Security Number 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foreign Country) Michigan **Funeral** Days 129 M 2□ F 80 367-03-5293 Director 22, 1915 Aug. Usual Residence of Decedent 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 ☐ Yas 2000 Directo Maryland Caroline Greensboro 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 25820 Dogwood Rd. 21639 USA Funeral 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, 11. Marital Status Black, Whita, atc. 1 ☐ Yas 2 No If Yas, Giva Year or Datas: 1 Nevar Married 2 Married 1 ☐ Yas 2 ☑ No Specify: White þ 3 ₩ Widowed 4 Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Collega (1-4or 5+) 5+ Elamantary/Secondary (0-12) Veterinarian Medical 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Abraham Eash Polly Mischler Eash 2 19a. Informant's Name/Raietionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, Stata, Zip Code) Alden T. Eash/son 14440 Poplar St., Goldsboro, Md 21636 20b. Placa of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata Greensboro Cemetery 6/4/96 4 ☐ Donation 5 ☐ Othar (Specify) Greensboro, MD 21. Signature of Funaral Sarvice Licensea 22. Nama and Addrass of Facility
Fleegle-Helfenbein Funeral Home 106 W. Sunset Ave., Box 160, Greensboro, MD 21639 23a. Pant 1. Entar the disaasa, or complications that causad the daath. Do not antar the mode of dying, such as cardiac or respiratory arrast, shock, or heart feilure. List only one ceuse on each line. Approximata Interval Between Onsat and Death **Physician** /Medical Immediata Causa (Final disaasa or condition rasulting in daath) ratory Distress Syndrome 5 days Examiner Physician/Medical Examiner or Attending Physician: The law requires that the death certificate be executed for usa as the bunal-transit Sequentially list conditions, if any, laading to immadiata causa. Entar Undarlying Cause (Disaasa or Injury that initiated avants rasulting in death) Last and Division of Vital Records. P.O. Box 68760. attending physician as a consequança of): signed by the aid be detached for Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to completion of ceuse of death? Completed peed has 1 🗆 Yas 1 ☐ Yas 2 ☐ No cartificata Be 25. Was casa refarred to medical axaminar? 26. Placa of Daath (Check only ona) Hospital: 1 ☐ Yas 2 No Othar: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) 10 npatiant 2 ER/Outpatient 3 DOA this 27. Mannar of Death 28a. Data of Injury (Month, Day Year) Certification: 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred Aftar 5 Panding Invastigation 1 Natural death. 1 ☐ Yas 2 ☐ No 2 Accident within 24 hours after death To the Funeral Director: , completely filled in by the 3 Suicida 6 Could not be datarmined 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of Injury - At homa, farm, straat, factory, office building, atc. (Spacify) 4 Homicide Hospital 1 Certifying Physician: To the best of my knowledge, daath occurred at tha tima, data and placa, and dua to tha causa(s) and mannar as stated.
2 Medical Examinar: On the basis of axamination and/or investigation, in my opinion, daath occurred at tha tima, data and placa, and dua to the cause(s) and mannar stated. 29a. Cartifier Medical (Check only one) 29b. Signatura and title of certifian 29c. Licansa number 29d. Data aigned (Month, Day, Year) 0 D-4172331 30. Nema end addrass of person who completed causa of death (Itam 23a) (Type, Print)

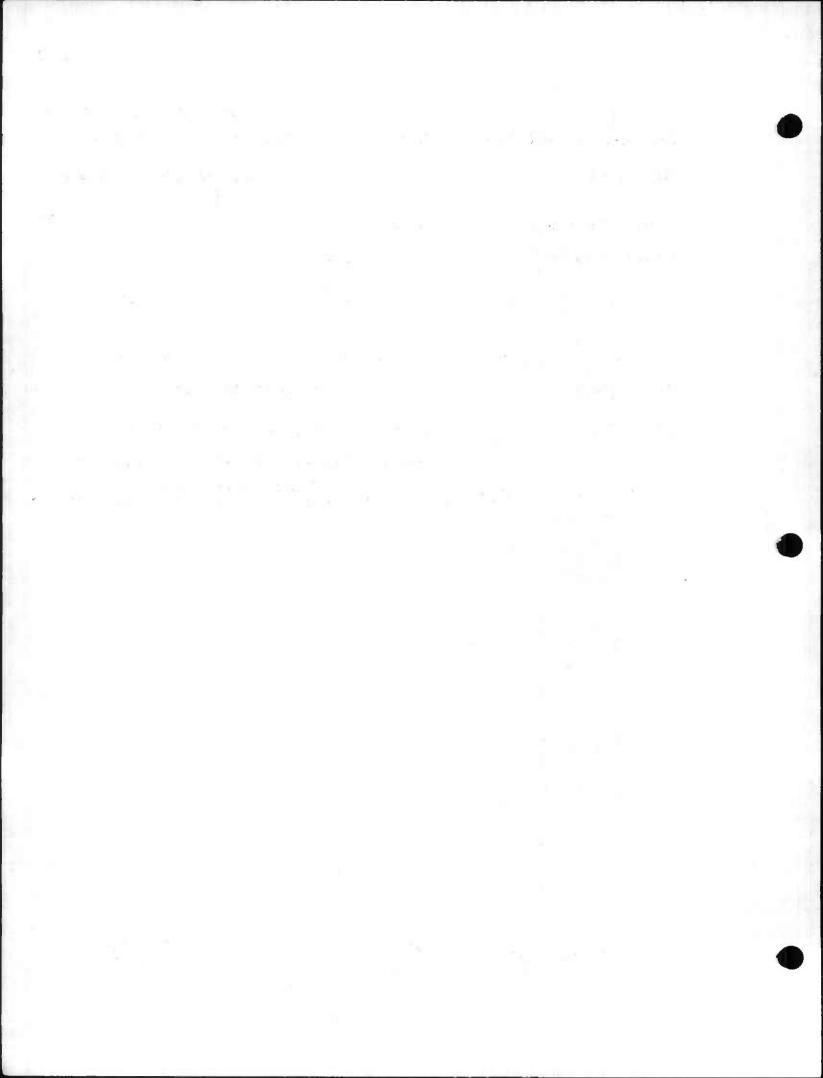
State Registrar M.C. Rajasingh

31. Data filed (Month, Day, Year)

403 Marvel Court

32. Registrate Signatura

Easton, MD 21601



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Data of Death ARRIE **Physician** mae -104 26 /Medical 4b. City, Town, or Location of Deeth 4e. Facility Nama (If not institution, give street end number) 4c. County of Deat Examiner EIKton LNION mo If Under 24 Hrs. 8. Dete of Birth (Month), Day, Year) If Under 1 Yeer 5. Social Security Number 7. Aga (In yrs. last birthday) Birthpiaca (Stata or Foreign Country) **Funeral** Months Days 192-16-7395 1 ☐ M 2 🖾 F Yrs. March 21, 1919 Georgia Director Usual Residence of Decedant Pages 1 and 2 should be filed within 72 hours efter death with the Marylend ment of Health end Mental Hygiene.
ant: If Hem 27 le marked other than "natural", or Hems 23a or 28a-f ahow ury or other traumatic event, the Medical Evantmer must be not feel as 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Philadelphia 1 Ves 2□ No Philadelphia Director 10f. Zip Coda 10e. Street and Number 10g. Citizen of What Country? Manton St. 1501 19146 Funeral Wes Decedeni Ever in U,S. Armed Forces? Was Dacedant of Hispanic Origin? (Specify Yas or No-lf Yes, specify Cuben, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, 11. Maritel Stetus Bleck, White, elc. 1 Never Merried 2 Married 1 ☐ Yes 2 ☒ No If Yas, Give Yeer or Detes: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Black þ 3 ☑ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Collega (1-4or 5+) House Hold Homemaker 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Malden Sumame) Shade Jackson Lettie 19a. Informant's Name/Raiationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) Philadelphia PA 19146 1333 S. 17+st. Ruby L. Smart -Daughter 20e. Mathod of Disposition 20b. Place of Disposition (Nama of cemetery, cremetory or other place) 20c. Location - City or Town, Stata permit. Pages Department of Important: If It 1 D Buriel 2 Cramation 3 Ramoval from Stele 6/1/96 4 ☐ Donation 5 ☐ Other (Spacify) Cemetery Edea Collingdale 21. Signature of Surferal Service Licensee 22. Nama end Addrass of Facility Gee Funeral Home 259 E. Main St. ElKton, MD. 21921 23a. Part 1. Enter the declaration, or complications that caused the deeth. Do not anter the mode of dying, such es cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Batween Onset and Death **Physician** Immediata Causa (Finel disaase or condition resulting in death) /Medical Examiner physicien and the burial-transit Sequentially list conditions, if any, laading to immediata cause. Entar Undarlying Causa (Disaase or Injury that initiated evants resulting in daeth) Last Division of Vital Records, P.O. Box 68760, Physician/Medicai Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wara autopsy findings available prior to completion of cause of death? 24e. Wes an autopsy performed? Completed certificate 1 Yes 2 1 No 1 ☐ Yes 2 ☐ No To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this certifica 25. Wes casa rafarred to medical examiner?
12 Yas 2 No funeral director, 28. Placa of Death (Check only ona) Other: 4 Nursing Homa 5 Rasidance 8 Other (Specify) 1 ☐ Inpatient 2 ☐ ENOutpatient 3 ☐ DOA 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred 5 Panding Investigation Natural 1 Yas 2 No 2 Accident 3 Sulcida 6 Could not be determined Place of Injury - At homa, farm, streat, fectory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as steted.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner steted. 29a, Cartifier Medical 29b. Signally and title of certifian 29c. License number 29d. Dete signed (Month, Dey, Year)

complated cause of death (Itam 23a) (Type, Print)

Completed cause of death (Itam 23a) (Type, Print)

Completed cause of death (Itam 23a) (Type, Print)

32. Registrer's Signatura

relia Davidson

Elicton, me

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

DHMH 16 Rev 6/95

State

Registrar

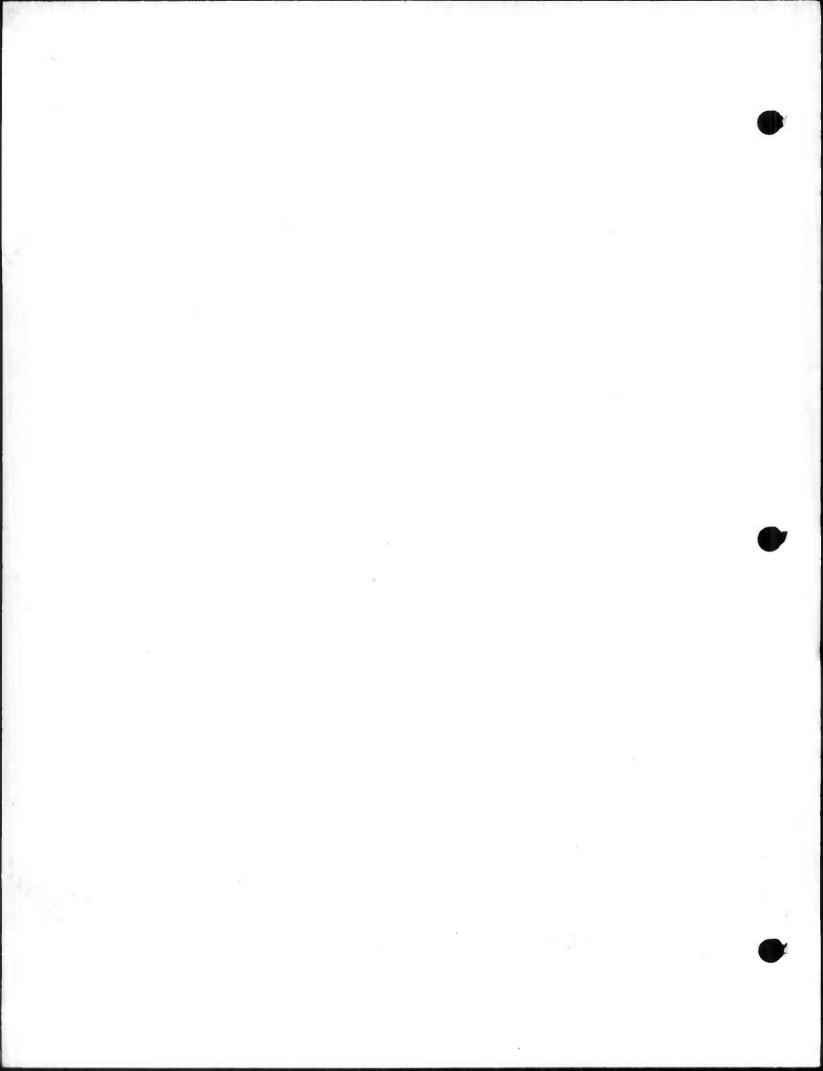
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		1. DECEDENT'S NAME (First, Middle,									2. DATE	OF DEATH	W.	YEAR	3. TIME OF DE	ATH
		SALLIE ELOU		1K							MA			996	400	PM
		4. SOCIAL SECURITY NUMBER	5. SEX		E (In yrs. lest		IF UNDE	DAYS	IF UNDER	24 HRS.	7. DATE (Mont	OF BIRTH		8. BIRTHP Country	LACE (State of	Foreign
should		214-32-9355  •• FACILITY NAME (If not institution,	1 M 2		89	YRS.			OR LOCATION			4 190		Mary	land	
2, 3	CTOR	2574 Marston	Rd				New	Wi	ndsc	or			Car	roll		_
Pages 1,	ш		OUNTY			10c. CI1	TY, TOWN	OR LOCAT	TION					T	10d. INSIDE C	TY
2	H	MD Ca	rroll			Nev	v Wi	nds	or						LIMITS?	ON
permit.	₽ A	too. STREET AND NUMBER						101	. ZIP COOI	E			10g. CITIZ		HAT COUNTRY	
in. ansit	Ä	2574 Marston							217	76			US	A		
5-0020 Inding physician. Is the burial-transit	BY FUNE	11. MARITAL STATUS  t Never Married 2 Married  3 Widowed 4 Divorced	FORCE	ECEDENT EVER B? 1 1 YE GIVE WAR OR	S 2 X N			If yes, sp	ENDENT Cooking Cube	ırı, Mexicar	, Puerto	N? (Specify Yes Rican, etc.)	or No	Black, Specify		
1215-0 r attending use as the	8	15. DECEDENT'					USUAL C			_	168	. KIND OF BUS	INESS/IND		<u>white</u>	
5 8 2	1	(Specify only highest Elementary/Secondary (0-12)	College (1-	4 or 5+)	life.	pe kind of Do NOT u	work done ise retired.)	during mo	st of workin	פר						
AND 2 he hospital detached fo	once.	8			hon	nema	ker				1	omema	ker			
& 5 B	COM	17. FATHER'S NAME (First, Middle, Le	,						te. MOTI	HER'S NAM	AE (First,	Middle, Maiden	Surname)			
RYL ed by u	BE BE	Claude Coole  19a. INFORMANT'S NAME (Type/Print	Y	_						ane						
MAR retained 5 should	TO B											ber, City or Town				
m × gg	2	Pamela Glori	a Fink	1,	12.5 06. PLACE A	74	Mar	stor	Rd.	Ne	W V	Vindso	r N	ID_2	1776	
etor.	must	t XBurial 2 Cremation 3 4 Donation 5 Other (Specify,		ate c	emetery, cren	natory or c	other place,	SITION	ime oi		1	9 Bea				
ALTIM death. Page funeral dire		21. SIGNATURE OF FUNERAL SERVI			Mono	Cac		NAME AN	D AOORES			3 Ibea	TIDA	1116	s, MD	
ALTI death. P	examiner	1, /m /	17.01	-								Home				
B, after by the		23. PART i. Enter the disease	, or complication	na that caus	ed the dea	eth. Do	not enter	Barn the mo	esv:	ille	M	D 208	38	of .	Approxi	
5 5	medical	anock, or heart fac	lure. List only o	ne ceuse on	each line.				o. o,	ing, saci		urec or reepi	etory with	rwt.,	interval	Between
ty filled i		iMMEDIATE CAUSE (Final disease or condition		T. /.	. 11		0									-
with mplete crem	event,	resulting in death)	a	DUE TO (OR AS	A CONSEO	UENCE O	)F):	Rode & C							137	L-Manager
executed and con burial,		Commentally that any distance	b	DUE TO (OR AS	J Vas	ula	Que	me							24en	~~3
× . 5.	CATION	Sequentially list conditions, if any, leading to immediate													1	
	2 2 E	CAUSE (Disease or injury	c. 6	your le	~ ~	HENCE O	ND.								25 40	
S, P.O. Boddeath certificate attending physiental Hygiene pri	ERTIFI	thet initiated events reaulting in death) LAST		-	A CONSEC	UENCE U	4111	Out		0	·				1040	
death death attendental H	CE														+ /	
quires that the death a signed by the atternal of Health and Mental	ICAL	PART ii. Other significent con-	ditiona contribut	ing to deeth	but not re	aulting	in the u	nderlylng	g ceuse g	given in i	Pert I.	24s. WAS AN			WERE AUTOPSY	
oned the safth a	E O										_	1 - YES 2	Ø NO		COMPLETION OF DEATH?	FCAUSE
- 9 9 0		DID TODACCO LICE CO	ALITAIDUITE T	O CALISE	05.0545	PI 1 > 20			1 111 400						t TYES 2	NO
we law	Z Z	DID TOBACCO USE CO		CAUSE	26. PLACE				UNC	ERTAIN						
PHYSICIAN: The this certificate his with the State D	Item SICI	EXAMINER?	HOSPITA	AL:			OTHE	R:	. 77							
SICIAN: The Sertificate on the State	<u> </u>	27. MANNER OF OEATH	26a. D	ATE OF INJUR	Y	28b. TIN	IE OF	28c. INJ	● 5 XRe	raidence		SCRIBE HOW IN	JURY OCC	URED		
S PHYSIC of this ce th with th	marked, BY PF	Netural 5 Pending		fonth, Day, Year	,	IN.	JURY M		RK?	ON						
J 5 4 5		2 Accident Investigated 3 Suicide 8 Could n	28e. P	LACE OF INJUI	RY At hon	ne, term,	street, fac	tory, office			281. LOC	ATION (Street a	nd Number	or Rural Ro	ute Number,	
OR ATTEN DIRECTOR: hours after	28 TE	4 Homicide determin	ed	and the total total	ooc.iy)						City	or Town, State)				
Po BR	ANT: If item 28 is COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING	PHYSICIAN: To the	best of my kno	owladge, des	th occurr	red at the	lime, data	and place,	, and due t	to the car	use(s) and man	ner ea state	d.		
THE HOSPITAL THE FUNERAL filed within 72 i	OM!	one) 2 MEDICAL EX													end manner as	stated.
8 E E	PORTAL BE C	29b. SIGNATURE AND TITLE OF CER	TIFIER						29c. LICE	NSE NUM	BER		29d, DATE	SIGNED (	Month, Day, Yes	r)
TO THE HOSPIT TO THE FUNERA De filed within 7	TO B	20		MD					ml.	+ 045	170		1 5	128/1	2	
_	=	30. NAME AND ADDRESS OF PERSO	N WHO COMPLETE	D CAUSE OF E	DEATH (ITEM	27) (Type		1.0					-	0		
		Glang Herran	mp 2		haplan	Hen	, hor	nel:	I Ca	Hen	, w.	m/m mex	-, M	21	157	A.
		31. DATE FILED (Month, Day, Year)	32. Rg	GISTRADIS SIC	SNATURE	1 -										

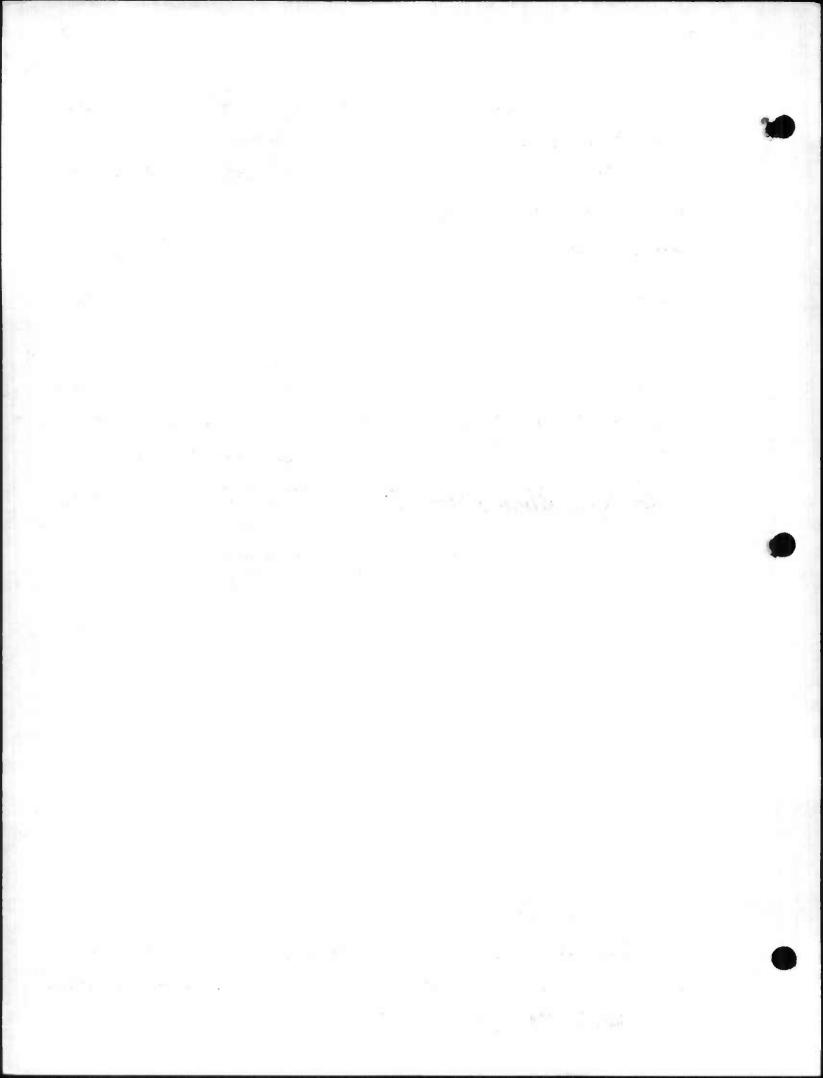


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

17669

								erinicale o	Deam		Reg. No.		
	Physic /Medi		Decedent's Neme (First		Claude		bert	FRED	ERICKS	2. Data of D Month May	24,	1996	3. Time of Death 5:30 P.M.
6	Exami	ner	4a. Facility Neme (If not in 6220 Whit 5. Social Security Number	e Oak	Drive		rs. last birthd	av) If Under 1 Ya	Freder		Fred	erick	
	Funeral Director		150-05-4211 Usual Residence of Dece	1	M 2□F		83 Yrs	Months Day			6, 1912	9. Birthple Country New	York
	Maryland a-f show	ctor		county reder	ick		city, Town or rederi					10	d. Inside City Limits 1 ☐ Yas 2 1 No
	h with the	al Director	10e. Street and Number 6220 White	Oak D	rive			10f. Zip Code 217			10g. Citizan of V U.S		y?
020	be filed within 72 hours after death with the Maryland tal Hyglene. Id other than "paturat", or items 23a or 28a-f show event, the Medical Examiner must be notified at	by Funeral	11. Marital Status  1 Never Merried 2  3 Widowed 4 D	_	12. Was Dec Armed Fo 1 X Yes It Yes, Gi Yaer or D	edent Ever in orcas? 2 No va 19 va 19		3. Was Decedent of If Yes, specify C		(Specify Yas or Nerto Rican, etc.)	o- 14. Red Blac Specify	e - Amarica ck, White, et	c.
9	2 hou		15. D	ecedent's E	ducation	1,	16a, De	cedent's Usuel Occ	cupation		16b. Kind of B	usiness/indu	istry
Baltimore, Maryland 21215-0020	filed within 7 Hyglene. ther than "n	Completed	Elementery/Secondery 12		College (	1-4or 5+)		ive kind of work doi a. DO NOT use ret chinist	ne during most of v ired)	vorking	Brake	Shoe 1	Manufact
yland	should be filed nd Mental Hygid marked other umatic event, to	To Be	17. Father's Neme (First, Claude	Middla, Last,			FR	EDERICK	18. Mother's Audre		a, Malden Sumen E	ne)	JONES
, Mar	nd 2 sho alth and 27 ie m r traum		19e. tnforment's Neme/R				622	elling Address (Stre 20 White					
imore	A # 9 8		20e. Method of Disposition 1 A Buriel 2 □ Crar 4 □ Donetion 5 □ C	mation 3		_	cemetery, o	sposition (Nema of crametory or other p en Cemete	olace) ry May	29,1996	Tallman		
Balt	permit. Pa Departmen Important: eny injury once.		21. Signeture of Funaral S	Sarvice Licer	herse	n) MO(	0706 <sup>]</sup>	22. Nama and Add Keeney & LO6 East		P.A. Fun	eral Hom	e . MD :	21701
			23a. Part 1. Enter the disc shock, or heart teilu	ease, or com	plicetions thet one ceuse on	caused tha de							Approximate nterval Between
9	Physician /Medicai Examiner		Immediete Ceuse (Finel diseese or condition resulting in deeth)		θ	215-	o (or es a con	Sequence of):	.5.0	(.v.)			Onset and Deeth
	cuted nd transit	Examiner	Sequentially list condition	s.	b	Due to	o (or as a con	sequence of):					
ox 68760,	certificate be executed nding physician and use as the buriel-transit		Sequentially list condition if any, leading to immedia cause. Enter Undarlying Cause (Disease or Injury that initiated evants resulting in death) Last	ote -	c	Dua to	(or as e cons	sequence of):					
		an/Medical	Toodking in Gooth, East	ι	d							1	
, P.O. B	The law requiras that the death ate hes been signed by the atter page 2 should be deteched for	by Physician	Pert II. Other algnificant of	conditions c	ontributing to d	eath but not i	asulting in the	a underlying cause	given In Pert I.		Yes 2 No		the cause of death?
Division of Vital Records,	e law requiras hes been sign ge 2 should be	Completed b				_			¥	24e. Wa	s an autopsy formed?	avai	e autopsy findings lable prior to pletion of cause path?
œ e	The I	E OC								10	Yes 2 PNo	10	Yes 2 No
ita V	Physician: The this certificate ral director, pag	Be	25. Wes case reterred to examiner?	medical	ATT THE L					eeth (Check only	one)		
5	this c	2	1□ Yas 2⊠No		1		☐ ER/Outpa	HOUR SEL DON			Idence 6 Oth		
Sion	or Attending Physician: The is after death. Director: After this certificate he I in by the funeral director, page	Certification:	2 Accident	Panding investigation		th, Day Year,		M 1	☐ Yes 2 ☐ No		how Injury occur		
DIV	X # + C		4 ☐ Homicide	determined	288. PIBCE	of Injury - Ai ing, etc. (Spe	t home, farm, ocify)	street, tectory, offic	÷6		(Street and Numb own, Stata)	er or Rural	Route Number,
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	ledical	(Check only 2 M	ledical Exam	liner: On the b	best of my k asis of axam nar stated.	nowledge, de ination and/or	eth occurred et the Investigation, In m	y opinion, daath oc	ce, and due to the curred et the time	, dete and piece,	end due to t	he cause(s)
	To To	M	29b. Signetura end title of	certifier	D.	10		29c. Lice	31912		S/25	d (Month, D	
			30. Name and address of JULIO THE NO	CM,	M.D-1	564	OPOSS	umtown	J Pius	FREDE	nicu,	nD	21702.
	Sta Registr		31. Dete tiled (Month, Day		996 32. R	julia di	meture walker	artally					



ITEMS: 23 PART I, 27,28a-f, PER MEO FILM G-737 7/23/96 t.t

13 M 2□ F

96-	2830-02	1 Plea	se Type or P	rint In Black In	delible Inl	c. Assure A	II Copies A	Are Leg	lble.	A STATE OF
		23 PART I, 27, PER G-736 6/17/96 t.t	State of	Maryland / Depa <i>Cer</i>	artment of tificate of		, ,	iene S	6	17670
	Physician /Medical	Decedent's Name (First, Middle     DOUGLAS	, Last) WARR	EN	III	T.TZ	2. Data of Death Month MAY	Day	Year	3. Tima of Deeth 10:35A.M.
	Examiner	4a. Facility Name (If not Institution FREDERICK MEN	, giva street and numb	er)		4b. City, Town, or FREDER	Location of Death		ty of Deeth DERIC	
	Funeral	5. Sociel Security Number	6. Sex 7.	Age (In yrs. last birthday)	If Under 1 Yaa Months Deys		O. Data Of Differ	Year)	9. Birthp	place (Stata or Foreign

42 Yrs.

**Funeral** Director

Directo

Funeral

à

Completed

Be

2

with the Meryland rai", or items 23a or 28a-f show Examiner must be notified at

Pages 1 and 2 should be filed within 72 hours after death vient of Heelth and Mentel Hyglene. Int: If Item 27 is marked other than "natural", or items 23. Baltimore, Maryland 21215-0020 is marked other than "natur raumatic event, the Medical other permit. Pages Department of Important: If it any injury or once.

**Physician** /Medical **Examiner** 

Physician/Medical Examiner ettending physician and for use as the buriel-transit signed by the e by Completed page 2 s hes Be 10 After this funeral Certification: after deat Director: filled in by

The lew requires that the death certificate be executed

Hospital or Attending Physician:

To the

24 hours a

within 24 hor To the Fune completely fi

Division of Vital Records, P.O. Box 68760,

218-62-1596 June 27,1953 Pennsylvania Usual Residence of Decedent 10a. Stata 10b. County 10c. City, Town or Location Frederic Mt. Acry Maryland 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 4:309 Holling 21771 14. Race - Amarican Indian, Black, White, etc. 12. Was Dacedant Evar in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yaa or No-It Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Statua 1 ☐ Yes 2 No If Yes, Giva Year or Dates: 1 ☐ Never Married 2 Married 1 ☐ Yes 2 No Specify Specify: 3 ☐ Widowed 4 ☐ Divorced White 16a. Decedent'a Usuel Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind ot Buainass/Industry Elementary/Secondary (0-12) College (1-4or 5+) Officer Police -aw Enforcement 17. Father's Name (First, Middla, Last) 18. Mother's Neme (First, Middle, Malden Sumama) Ahlquist Earl Grace ranklin 19a. Intormant's Name/Relationship (Type, Print) 19b. Melling Address (Streat and Number or Rural Routa Number, City or Town, Stata, Zip Code) Mt. Airy, MD 217
20c. Location - City or Town, State Kolling Fultz/Wite MD 21771 Marisa Daja 127 20b. Place of Disposition (Nama of cemetery, crematory or other place) 20a. Method of Disposition 1 Burial 2 □ Cremation 3 □ Removal from State 5 Other (Specify) 4 Donation awn Memorial Gar. Marriottsville, Mary and 2. Signatura of Funeral Service Licensas 22. Nama and Addrass of Facility Stauffer Funeral Home 1621 Opossuntown Pike, Frederick, MD 21702 23a. Part1. Enter the disease, or complications that caused ha death. Do not enter tha mode of dying, such as cardiac or raspiratory arrest, shock, or haer failura. List only one ceuse on each line. ASPHYXIA COMPLICATING ALCOHOL INTOXICATION Immediata Cause (Final disease or condition resulting in deeth) LIPOHATOUS HYPERTROPHY OF INTERATRIAL SEPTUM Due to (or es e consequence ot): Sequentially list conditiona, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or as e consequenca of): Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed?

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 No Yes 2 No 28a, Date of Injury (Month, Day Year) 27. Manner of Death 28b. Tima of 28c. Injury at Work? 5 Pending 1 ☐ Yes 200 No 200 Accident Investigation FOUND 5-23-96 9:20 AM 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, tarm, street, factory, office building, etc. (Specify)
FOUND AT HOME 4 Homicide 29e. Certifier

Other: 4 Nursing Home 5 Residence 6 Other (Specity) 28d. Describe how injury occurred SUBJECT FOUND WITH BAR BELL ACROSS THROAT 28f. Location (Streat and Number or Rural Route Number, City or Town, State) 4309 ROLLING ACRES CT. MT. AIRY, MARYLAND

1 ☐ Yaa 2 ☐ No

10d. Insida City Limits

Approximete Interval Between Onset and Deeth

1 ☐ Yas 2 ☐ No

1 ☐ Yas 2 No

MAY 24,1996

1 Certifying Phyeician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29b. Signatura and titla of certifier 29c. Licensa number 29d. Data signed (Month, Day, Year)

O.C.M.E.

unl 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

28. Placa of Death (Check only ona)

State Registrar

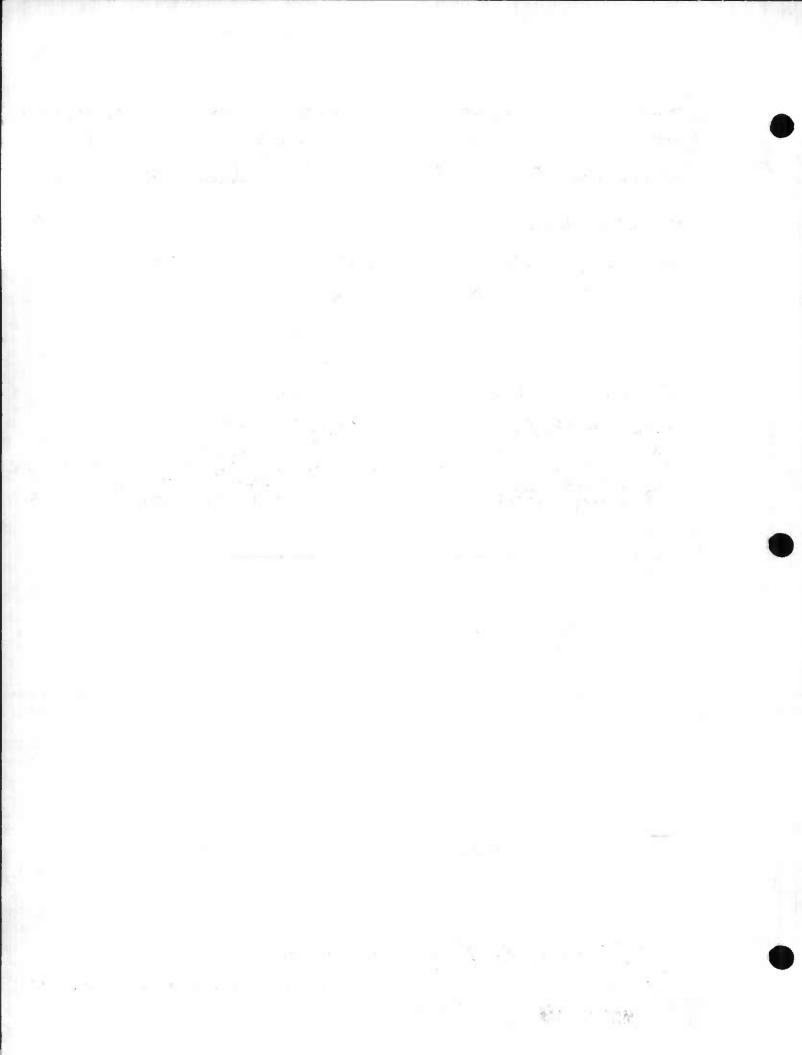
edical

31. Date tiled (Month, Day, Year) 1996 MAY 2 9 1996

HE UNDREMIK

25. Was case referred to medical examiner?

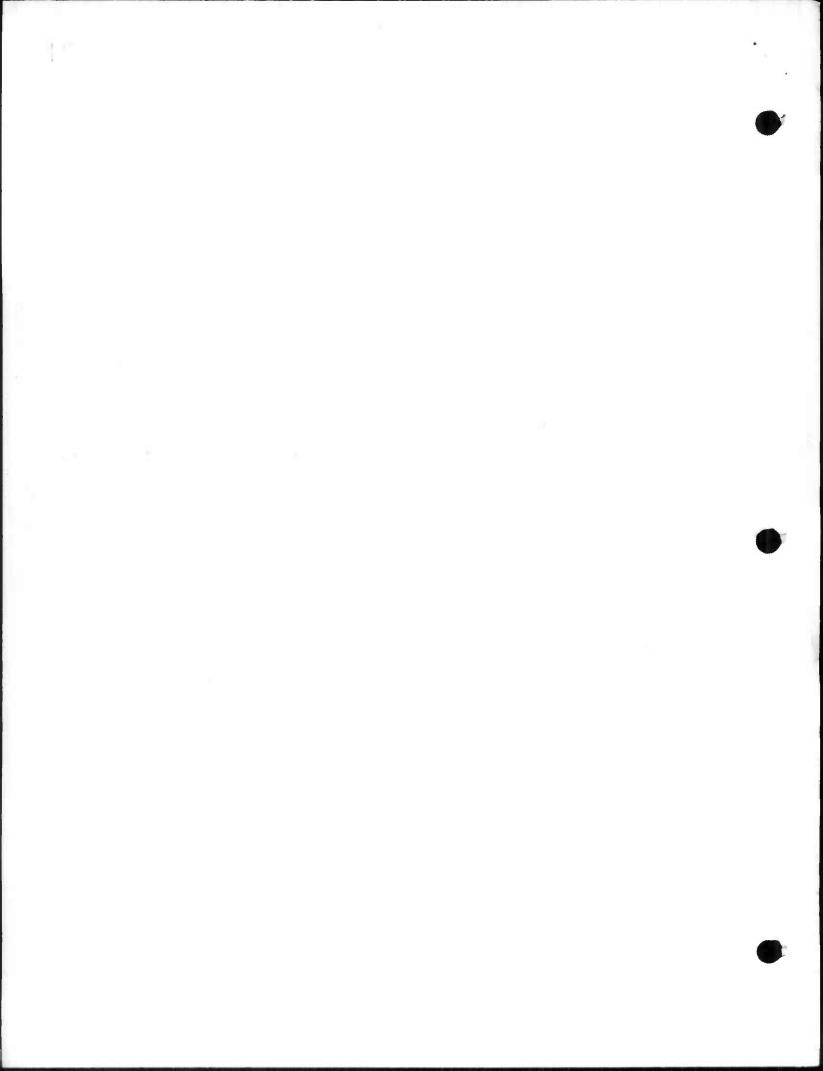
INP 12 Registral's Signature Randall



1 . STATE

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		HEGISTRAR		CERTIF	-ICATE C	OF DEATH	REG. NO	).	
		1. DECEDENT'S NAME (First, Middle, Last,	)				2. DATE OF DEATH	DAY Y	3. TIME OF DEATH
		CLARA V.	FLEMING					996	11:42 PM M
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
		215-26-9172	1 □ M 2 🖾 F 65	7 YRS.	MONTHS DA	YE HOURS MIN.	(Month, Day, Year)		Country)
pinous		9s. FACILITY NAME (If not institution, give			9h CITY TO	WN OR LOCATION OF D	July 16,	9c. COUNTY	Maryland
3 SF	œ						EATH	9c. COUNTY	OF DEATH
1, 2,	стов	3868 Watersvill	e Rd.		Mt	. Airy		Car	rroll
		10s. STATE 10b. COUN		10c, Cl	TY, TOWN OR LO	DCATION			10d. IHSIOE CITY
Pages	DIRE	Maryland Car	roll	١,	.f.				LIMITS?
permit.		10e. STREET AND NUMBER	TOIL		<u>lt. Air</u>	10f. ZIP CODE		100 CITIZE	H OF WHAT COUNTRY?
	1 2	3868 Watersvill	o Pd			21771			TO WHAT COOKINY
DZO physician. burial-transit	FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER I	NII C ARMED	1 40 1110			USA	
ohysi ouria		1 Never Married 2 Married	FORCES? 1 YES	2 X HO	II yes	s, specify Cuban, Mexico		3 OF HO - 14	Black, White, etc.
9 9	A	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR D	DATES	1 🗆	YES 2 NO Specif	y:		Specify: White
7215-0020 or attending physician. r use as the burial-trar	<u>a</u>	15. DECEDENT'S ED	UCATION	16a. DECEDENT'S	USUAL OCCU	PATION	16b, KIND OF BU	SIMESS/INDIA	
or att		(Specify only highest grad Elementary/Secondary (0-12)			work done during	g most of working	IOS. KIND OF BO	311233/11003	Int
of for	=	12 years	College (1-4 or 5 +)	Homema	kor		0	Ш	
The hospital detached for once.	COMPL	17. FATHER'S NAME (First, Middle, Last)		Homema	ikel	Les Morrisonie Nie		Home	
MYLA od by the old be dete		John Franklin Ha	rtman				ME (First, Middle, Maiden	Surname)	
should b	H	19a. IHFORMANT'S NAME (Type/Print)	Lulan				Hatfield		
retained 5 should	임		(0)				Route Number, City or Tow		
		Kendall E. Flemin					1 Mt. A		
6 may ector, p		20a. METHOD OF DISPOSITION 1 X Burisl 2 Cremetion 3 Res	moval from State 20t	netery, crematory or	OF DISPOSITION	H (Neme of			y or Town, State
2 2 -		4 Donation 6 Other (Specify)		oplar Sp		Cemetery	6-6 Pop	lar Spi	rings, MD
AL IIN death. Pag thereal di thereal di examiner		21. SIGNATURE OF FUHERAL SERVICE L	JCEHSEE			E AND ADDRESS OF FA			70 4
A transfer t	1 1	Dolm 16	Hanlot				Funeral D:		
hours after death.  ed in by the funeral or removal.  medical examil	$\vdash$	23. PART Enter the diseases, or	complications that cause	d the death. Do	not enter the	mode of dying euc	beerry Kd.	Winiie	eld, MD 21784
filled in by th on, or remove		ahock, or heart failure	. Liat only one cause on e	each iine.	not anter (ng	mode of dying, suc	ii as cardiac or resp	iratory arrest	interval Between
2 € 5 €		IMMEDIATE CAUSE (Final disease or condition	1/	1-11	,	0.	4		Onset and Death
rted withings completely fille ial, cremation, event, the		resulting in death)	" Hells	waite	near	con	cinom	2	~3 who.
B 6 4 8			DUE TO JOH AS A	A CONSEQUENCE O	MP)c				1.500
म हिन्दू के व	NO	Sequentially list conditions,	· ca	100	5				~ 0 g/s.
	Ě	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	A CONSEQUENCE C	)F):				
0 # 20 -	길	CAUSE (Disease or Injury	a Heys	they					
ding phy Hygiene p	Ē	that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE O	PF):				
4 5 5 5	CERTIFICATION		d						
E Me B		PART II. Other significant condition	ons contributing to death b	out not resulting	in the underl	ving cause given in	Part i. 24s, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
4 0 5 -	EDICAL						PERFO	RMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE
ulres tha signed Health a							1 YES 2	НО	OF DEATH?
requires requires of Heal	Σ	DID TODA CCO LICE CONT	TDIDLITT TO GALLET A						1 TYES 2 HO
23 Pept	SICIAN:	DID TOBACCO USE CONT	IKIBUTE TO CAUSE O				N 🔲		
N: The icate he State D	2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEA	OTHER:	one)			
ICIAN:	HYS	1 YES 2 NO	1 Inpetient 2 ER/Outp	patient 3 DOA	4 🗆 Nursing I		6 Other (Specify)		
The control of the co	표	27. MAHHEB OF BEATH	(Month, Day, Year)	28b, Till	ME OF 28c.	INJURY AT WORK?	28d. DESCRIBE HOW	HJURY OCCUR	ED
After this death with	A	Natural 5 Pending 2 Accident Investigation		_	M1	YES 2 NO			•
ATTENDING ECTOR: After s after death	ED	3 Suicide 6 Could not be	28e. PLACE OF IHJURY building, etc. (Spec	— At home, lerm,	street, fectory,	office	281. LOCATION (Street: City or Town, State)	and Number or	Rural Route Number,
OR ATTENDING DIRECTOR: After hours after death tem 28 is ma		4 Homicide determined					Only or IOWII, State)		
OR A DIRECT Hours	COMPLET	29s. CERTIFIER 1 CERTIFYING PHYS	SICIAH: To the best of my know	riedge, death occur	ed at the time	date and place, and due	to the cause(s) and med	oner se stated	
FIAL STAL	N N	OTHER OTHER							suee(s) and manner as stated.
FUNE	8	296. SIGNATURE AND TITLE OF CHITIES	11,						
TO THE HOSPITAL TO THE FUNERAL I De filed within 72 h IMPORTANT: If i	B	296. SIGNATURE AND TITLEOUT CONTINUE	1/1/	- K	2	29c. LICENSE HUI	MBER	29d. DATE SI	IGHEO (Month, Day, Year)
2 2 3 X	2	1/1/1/1	No.	160	~	11167	17	-6-	3-76
		30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE			11 1	1.1 11	1. 1	
		totald E	M. lier	40	u/we	Ulb.	MHAIM	red	21771
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	IATURE			/		
	, Al	JHN 05 199	4h I HILLA OTHINGS	AND DAY II			/		



State of Maryland / Department of Health and Mental Hygiene 96 17672

					Ce	rtificate of	Death		Reg. No.	0 1	1016
Dhusia		1. Decedent's Name (First, Midd						2. Date of De		Year	3. Time of Death
Physic /Medi		Mary	E. Newman Fer	guson				May 2		T Gai	11:25 PM
Exami		4a. Facility Neme (If not Institution	on, give street and num	ber)			4b. City, Town, or	Location of Deat	th 4c. County	of Death	
		Southern Maryland	Hospital				Clinton			ce Geor	ge's
Funeral Director		Social Security Number     214-01-4775  Usual Residence of Dacedent	6. Sex 1 □ M 3\(\frac{1}{2}\)F	7. Age (In yrs. Ia 8]	st birthday) Yrs.	If Under 1 Yea Months Days		8. Data of Bi (Month, Di January		9. Birthpi Count Mary	ace (Stete or Foreign ry) and
Menyland H ahow	tor	Mary land 10b. Count	<sup>y</sup> Charles	10c. City,	Town or Lo	wal	dorf			10	0d. Inside City Limits 1 □XYes 2 □ No
oth with the M 23s or 28s-f	al Direc	10e. Street and Number 2778 Pinewood	Drive			10f. Zip Code	20601		10g. Citizen of U.S	What Count	ry?
ter dee	by Funeral Director	11. Marital Status  1 Never Married 2 Ma 3 Widowed 4 Divorce	rried 1 Yes 2	(X)X10		Was Decedent of If Yas, specify Cu 1 ☐ Yes 2 XXX	Hispanic Orlgin? (S ban, Mexican, Puert Specify:	pecify Yas or No o Rican, etc.)		ce - America ck, White, e v: Black	itc.
- 1 M	Completed	(Specify only high Elementary/Secondery (0-12)	nt's Education est grade completed)  Coilege (1-	4or 5+)	(Give life.	DO NOT use retir	e during most of wor	king	16b. Kind of B		ustry
d Siled	ပိ	7th grade 17. Father's Nama (First, Middle	/ act)		HO	usewife	18. Mother's Nar	no (Eiret Middle	Domestic		
d be d be d od o	9 Be		A. Newman					11a Franc		10/	
iryi shouk nd Me mark mark	7	19a. informant's Name/Relation			19h Meilir	nn Address (Stree	et and Number or Ru			State Zin	Code)
Magage Ma		Mr. Ronald J. Ferg					rive Waldo				0000)
Baltimore, Maryland 212: permit. Peges 1 and 2 should be filled within Department of Heelith end Mentel Hyglene. Important: If Item 27 is marked other than any Injury or other traumatic event, the Managange.		20a. Mathod of Disposition  1 XBurial 2 Cremation 4 Donation 5 Other (	3 □Removal from S	20b. Pla car Mary	ce of Disponentery, created N	esttion (Neme of matory or other pi ational Pa	rk	Date May 31, 1	20c. Location	City or Tov	wn, State
mit. I sartim cortar		21. Signature of Funeral Sarvice		-	22	2. Name and Add			550		
Depa sany I		11.11	7 /2 1	1	)		ress of Facility Funeral Hom It Place, N.		t D (	200	10
Physician /Medical Examiner		23a F\$41. Enter the disease, of look, or heert feilure. Lis immediate Cause (Final diseasa or condition resulting in deeth)		NERAL		O S€					Interval Between Onset and Death
D #	Examiner		P.	NELIMO	ONIA						
ox 68760, certificete be executed ding physician and use as the buriel-transit	хап	Sequentially list conditions, if any, leading to immediate		Due to (or		uenca of):					
68760, ifficete be ext g physician es the buriel.		Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	. AS	PIRST	LON						
phys the	Medical	that initiated evants resulting in death) Last		Dua to (or a	is a conseq	uance of):					
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death cert death cert death cert de attendin	clar						NAME OF TAXABLE PARTY.	1			
P.O.	by Physician/	Pulmer A R				nderlying cause g	iven in Part I.				the causs of death?
2 8 W	Completed b	PULMONDA CONGESTIVE	E HEART	FAILU	RE				an autopsy ormed?	ava	re autopsy findings ilable prior to apletion of cause eath?
The lew ate hes b	Com	CHRANIC	RENAZ F	AILUR	E			10	Yes 2 No	1□	Yas 2X No
Vital I	Be	25. Wes case referred to medical examiner?		.,,,,			28. Place of Dec	th (Check only	one)		
of Vita Physician: rthis certific	2	1 ☐ Yes 2 No	Hospital: 1 Min	patient 2 E	R/Outpatier	IL SEL DOM		ome 5 Res	idenca 8 □Oth	er (Specify	)
Division of or Attending Peter deeth. Director: After the fin by the funers	Certification:	20,100,0011	igation	injury 2 Dey Year)	8b. Tima of injury	W	ury at ork? ☐ Yes 2 ☐ No		how injury occur		
Divi		4 🗆 Homicide	mined 266. Placa o building	, etc. (Specify)		eet, factory, office		City or To	(Street end Numl wn, State)		
Division of Vita	edical	29a. Certifier (Check only one)	ng Physician: To the b i Examiner: On the bas and manna	is of examination	edge, death n and/or in	occurred at the vestigation, in my	time, date and place opinion, death occu	, and due to the rred at the time,	cause(s) and made, date and piace,	anner as sta and due to	ated. the cause(s)
0 0 m	Σ	29b. Signatura and titla of certific	1.11	1			nsa number		29d. Data signe		Day, Year)
(2)		freed 5	UWW 0	Mms		D 1	5513 (N	10)	05/2	5796	
9		30. Name and address of person LUCIO S- VILL	who completed cause	of deeth (item 2	23e) (Type,	Print)		Loren .	14. 2		
		JUCIO S- VILL	A-REAL, M	の,一件	2 57	. PATRICK	S DRIVE, A	1302,6	VALLORF	, MID	20603

Registrar



State of Maryland / Department of Health and Mental Hygiene 96 | 7673

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Director	10e. Stree	t and Number						10f. Zi	Coda				10g. Citizen	of Whet Cou	intry?
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Ea	2 □ A	licide 6 □ Co	ould not b	e on Dies	e of Injur	y - At home, fa	rm etr					28f Location	(Street and N	imber or Pur	ral Route Number,
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edicai C	29e, Certii (Chec	ier 1 ☐ Cern k only 2 ☐ Med	tifying Ph Ical Exar	nyalclan: To the miner: On the t	e best of basis of e	xaminetion en	, deeth d/or inv	occurred vestigation	et the tir	ne, dete en pinion, deel	d plece, th occurr	end due to the	e ceuse(s) end , dete end pia	manner es a	steted. to the ceuse(s)
Medical Certifical	29b. Signe	tura and title of ce	rtifier					29	c. Licens	e number			29d. Data si	gned (Month,	Day, Year)
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month Year 24, 5:55 pm May 1996 Α. Fitzgerald 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Prince Georges Larkin Chase Nursing Center Bowie If Under 1 Year if Under 24 Hrs.

Months Deys Hours Min. Birthpiece (State or Foreign Country) 6. Sex 7. Age (In yrs. lest birthdey) 8. Dete of Birth (Month, Day, Year) 1□M 2☑F Yrs. 87 June 18, 1908 Iowa Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Maryland | Prince Georges Bowie 10g. Citizen of What Country? 10f. Zip Code 15519 Norwegian Court 20716 USA 12. Wes Decedent Ever in U,S.
Armed Forces?
1 ☐ Yes 2 ☒ No
If Yes, Give
Yeer or Detes: 14. Rece - Amarican Indian, Bleck, White, etc. Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Merried 2 Merried 1 Yes 2 No Specify: Specify: 3 ₩ Widowed 4 Divorced White 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Homemaker Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Adolph Cunkel Margarethena Schneid 19e. informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Ann L. Coursen / Daughter 15519 Norwegian Court Bowie, Maryland 20716 20b. Piece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete Dete 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) All Souls Cemetery 5-28-96 Cortland, Ohio 21. Signature of Funerel Service Licensee 22 Neme end Address of Fecility
Robert E. Evans Funeral Home, P.A. · vano 16000 Annapolis Road Bowie, Md. 20715 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardlec or respiretory errest, shock, or heart feiture. List only one cause on each line. Approximete Intervel Between Onset and Deeth Heart disease Due to (or es a consequence of) Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown 24b. Were autopsy findings evalleble prior to completion of cause of deeth? 24a. Wes en autopsy performed? 1 ☐ Yes 2 ☑No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 □ Residence 6 □ Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Dete of injury (Month, Dey Year) 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred 5 Pending Investigation 1 ☐ Yes 2 ☐ No 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, Stete) Certifying Physician: To the best of my knowledge, death occurred et the time, dete end piece, end due to the cause(s) end menner as steted.

| Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, dete end piece, and due to the cause(s) end menner steted. 29c. License number 29b. Signeture end title of certifier, 29d. Dete signed (Month, Dey, Year) DO 2193

BOLIE, 20 207,5

Nelson G. Goodman

permit. Pages 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural", or Hennany Injury or other traumatic event, the Medical Ferrica Baltimore, Maryland 21215-0020 **Physician** /Medical Examiner that the death certificate be executed Box 68760. Records, P.O.

**Physician** 

/Medical

Examiner

**Funeral** 

Director

28a-f ahow

ò Herns 23s Director

Funeral

by

Completed

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Physician/Medical

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Certification: To

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other traumatic event, the Medical Examiner must be notified at

the Maryland

5. Social Security Number

12

20e. Method of Disposition

Immediate Cause (Final disease or condition resulting in deeth)

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initiated events resulting in deeth) Lest

1 Yes 2€No

27. Menner of Deeth

1 Neturei

2 Accident

3 Suicide

29e. Certifier

4 - Homicide

481-09-5197

10a. Stete

and å È signed d be det certificate Division of Vital Attending Physician: 1 4e Hospital or Att.
1 hours after death.
1 Director: After 7 by the for Affer To the Hospital within 24 hours a To the Funeral C

> 31. Dete filed (Month, Dey, Year) State MAY 2 9 1996 Registrar



LINE

30. Name and address of person who completed chuse of death (Item 23e) (Type, Print)

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State of Maryland / Department of Health and Mental Hygiene

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Physic /Medi		1. Decedent's Nem	th	Fre	evert			-			2. Date of Do Month May	Day 24,	Year 1996	3. Tima of Death 9:20 pm
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Varyland f show	Jo.	10a. State	10b. County	3		ty, Town or Lo	cation						1	0d. Insida City Limits 1 ☑ Yes 2 ☐ No
188 the	Director	Maryland 10e. Street and Nu	Prince (	seorges		Bowie	10f. Zii	o Code				10g. Citizen d	f What Cour	nto/?
Will Man	ō						1011 421		1.5					,
s 1 and 2 should be filed within 72 hours after death with the Maryland f Health and Mental Hygiene. fem 27 is merked other than "natural", or items 23s or 28s-f show fother traumatic svent, the Medical Exacuting must be notified at	Funeral	13419 Id: 11. Meritel Stetus 1 Navar Marr	ied 2☐ Married	12. Was Dec Armed F	2 tv No				Hispanic O en, Mexica		ecify Yes or N Rican, etc.)	В	ece - Americ lack, White,	
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2 should and Men is marks sumstic	Г	19a. Intermant's N	ame/Ralationship	(Type, Print)		19b. Mallin	ng Addras	s (Street	t and Numb	er or Rui	ral Routa Numi	ber, City or Tox	m, Stata, Zip	Code)
1 and 2 Health a om 27 is other trau		Edward Fr	revert			13419	Idle	wild	d Dri	ve Bo	owie Ma	ryland	20715	
Pages 1 eant of He nt: If Item ry or oth			position  ☐ Crametion 3 ( 5 ☐ Other (Spec		Stata	Placa of Dispo cematary, cran	natory or	othar pia		v 5±	Data 25-96	20c. Locatio		wn, Steta Virginia
pemit. Pages 1 and 2 Department of Health a Important: if item 27 is any injury or other tra once.		21. Signatura of Fu	anaral Service Lice	ensee	- Ans	Ro	Neme e	E .	ess of Fect Evans	Fun	eral H	ome, P.	Α.	VIIginia
Physician /Medical		23a. Part1. Enter t shock, or has	(Final	nplications that y ona causa on		th. Do not ant	ar tha mod	da of dyl	ing, such a	s cardlac	or raspiratory	arrest,		Approximate Intarval Between Onset and Death
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the atta hed for	sicia	Part ii. Other aignit	ficant conditions	contributing to d	leath but not res	ulting in the u	nderlying	causa gi	van in Pert	I.	23b. Dic	tobacco use	contribute to	the cause of death
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lysician: ils certific director,	To Be (	25. Was casa ratar axaminar? 1 Yas 2		Hospital: 1	Inpatiant 2	ER/Outpatien	nt 3 D	OA Otl	hari /		th (Check only	ona)	Othar (Specif	(y)
Attending Pt ir death. ector: After th by the funeral	Certification:	27. Manner of Deat  1 Natural  2 Accident	h 5 Pending invastigatio 8 Could not i	on	ot Injury oth, Day Year)	28b. Tima of injury	М	28c. Inju Wo 1 🗆	ryat ork? ]Yas 2 ⊑	] No	28d. Dascribe	how injury occ	bernu	
		3 ☐ Suicide 4 ☐ Homicida	datamined	d 286. Plac	e of Injury - At h ling, etc. (Speci	(y)					City or To	own, Stata)		al Routa Number,
To the Hospital or within 24 hours after To the Funeral Direction completely filled in	edical	29a. Cartifier (Check only one)	1 ☐ Certifying P 2 ☐ Medical Exa	minar: On that	a best of my kno pasia ot examina nnar stated.	wiedga, daath tion and/or inv	occurred vastigation	at tha ti	ma, data a opinion, da	nd placa, ath occur	and dua to the red at tha tima	a cause(s) and , data and plac	mannar as s e, and due to	tated. o tha cause(s)
Tot Tot	Σ	29b. Signatura and	titla of certifier	? Pour	conon		29		Se number	3		29d. Dete sig	ned (Month,	Dey, Year)
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DHMH 16 Rav 6/95

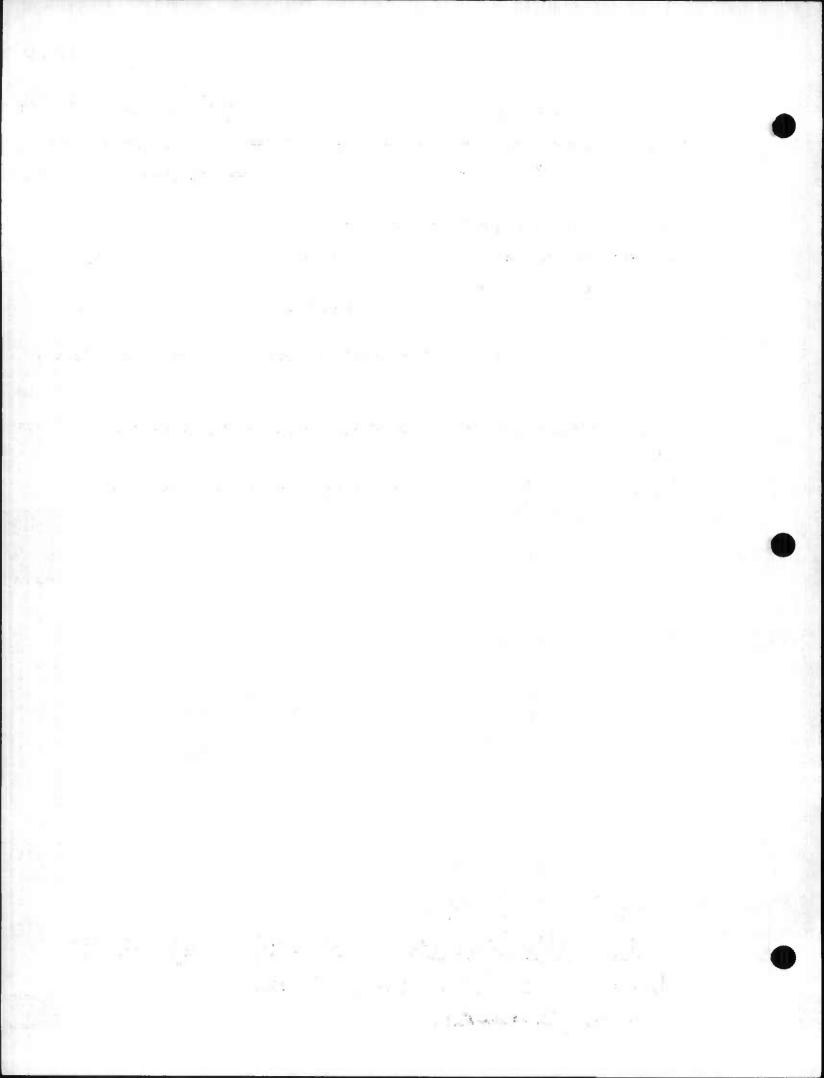
3 93 20

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 3. Time of Death 2. Dete of Deeth **Physician** Mario Enrique Forde /Medical 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Prince Georges Hosp. 3001 Hospital Dr Cheverly Prince Georges If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Sacurity Number 9. Birthpiece (State or Foreign Country) 7. Age (In yrs. last birthdey) **Funeral** Days 10XM 2□ F 579-11-672 Director Mar.18,1963 Usual Residence of Decedent death with the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryla Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23s or 28s-f ahow any Injury or other treumatic event, the Medical Examiner must be notified as once. 1 Yas 2 No Director Prince Georges Upper Marlboro Md. 10e. Street end Number 10g. Citizen of Whet Country? 3402 Halloway South 20772 Panama City 12. Wes Dacedant Evar in U,S. Armed Forces? 1 ☐ Yas ≥ 20 No If Yas, Give Yaar or Datas: Wes Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, atc.) 14. Reca - American Indien, Bleck, Whita, etc. 1 Nevar Married 2 Merried Baltimore, Maryland 21215-0020 2 No M□Yes 2□No Specify: Panamanian þ Specify 3 Widowed 4 Divorced **Black** 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grada complated) 16b. Kind of Business/Industry College (1-4or 5+) 3 yrs Elemantery/Secondery (0-12) Construction Worker Private Industry 17. Fether's Nema (First, Middla, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Milton Forde Sarah Dennis 19e. informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3402 Halloway South, Upper Marlboro, MD. 20772 ca of Disposition (Name of Date 20c. Location - City or Town, State Edward McIntosh (Friend) 20b. Pieca of Disposition (Neme of cemetery, cremetory or other piece) 20e. Method of Disposition Buriai 2 Cramation 3 Remove from State
4 Donation 5 Other (Specify) Washington Nat. Cem. 5/6/96 Suitland, Md. 21. Signature of Funeral Service Licenses 22. Name and Address of Facility Ralph Williams Funeral Service Part Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haert feilure. List only one ceuse on each line. Approximate Interval Between Onsat and Death **Physician** /Medical immediate Cause (Final disaese or condition rasulting in daath) Examiner Due to (or es e consequenca of): Examiner Sequentielty list conditions, if eny, laeding to immediata cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest physician and the burlat-tran Due to (or es a consequence of) Division of Vital Records, P.O. Box 68760 Physician/Medicai Dua to (or as a consequence of): Pert il. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 96 23b. Did tobacco use contribute to the cause of death? signed by i 1 Yes 2 No 3 Probably 4 Unknown à 24b. Were eutopsy findings avelleble prior to completion of causa of death? Completed 24e. Wes an eutopsy performed? **D**880 conficate 2 0 No 1 ☐ Yes 2 ☐ No director, Be 25. Was case referred to medical exeminer? 26. Piece of Deeth (Check only one) Hospitei: 1 Yas 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 춯 28a. Dete of injury (Month, Day Year) 27. Menner of Death Certification: 28b. Tima of 28c. Injury at Work? 28d. Describe how injury occurred 1 Naturei 5 Pending death. Invastigation 1 Yas 2 No To the Hospital or Attends within 24 hours after death To the Funeral Director: A completely filled in by the fi 2 Accident 6 Could not be determined 3 Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Pieca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 1 Certifying Phyeician: To the best of my knowledge, death occurred et the time, dete end pleca, end due to the ceuse(s) end menner es steted. 29e. Certifie Medical 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signi nd title of certifi 29c. License numbe 29d. Dete signed (Month, Day, Year) 1996 30

State Registrar 31. Data filed (Month, Der, Year) 32. Registrar's Signeture MAY 28 1996

30. Name end address of person who completed cause of deeth (item 23a) (Type, Print)



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death 1. Decedant's Neme (First, Middla, Last) 2. Data of Death 3. Time of Death 02 PM Month **Physician** GA HU Aro /Medical 4b. City, Town, or Location of Deeth 4a. Fecility Name (If not institution, give street and number, 4c. County of Death Examiner BAltimore Baltimore 1aryland Medical 5. Social Security Numba 9. Birthpiece (Stata or Foreign Country) 7. Aga (In yrs. last birthday) 6. Sax **Funeral** 10 M 20 F Months Deys Hours 0 Yrs Director Usual Rasidence of Dacadant with the Maryland 10e. State 10c. City, Town or Location 10d. Insida City Limits ahow 7 is marked other than "natural", or itema 23a or 28a-f ahov traumatic event, or Maoical Examenar must be nutthed at Havre De 1 Yes 2 No Director POBOX Z& 10f. Zip Coda 10g. Citizen of What Country? USA Funeral deeth 12. Was Decedent Evar in U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuben, Maxican, Puarto Rican, atc.) Raca - Amarican Indian, Black, Whita, atc. 11. Maritei Status permit. Peges 1 and 2 should be filed within 72 hours efter of Department of Health and Mentel Phygiene. Important: If item 27 is marked other than "natural", or ite 1 Yas 2 No If Yas, Giva Year or Datas: 1 ☐ Never Merried 2 ☐ Married 1 □ Yas 2 □ No Specify: Baltimore, Maryland 21215-0020 White g 3 □ Widowed 4 □ Divorcad Completed 15. Decedent's Education (Specify only highast grada complated) 16a. Decedent's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Coilaga (1-4or 5+) 12 Self employed Car rentals 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Name (First, Middla, Maidan Şumama) layborn BOWCISh 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Streat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 420 Robin Hood Road, Havre de Grace, MD Candy G. Strosnider (daughter) other ! 20b. Placa of Disposition (Nama of cametery, crematory or other placa) 20a. Mathod of Disposition 20c. Location - City or Town, Stete 1 ☑ Burial 2 ☐ Crametion 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Injury or Erin Cemeterv 5/29/96 Havre de Grace, MD 21. Signeture of Funaral Service Licensas 22. Nama and Addrass of Facility any lr Tarring-Cargo Funeral Home, P.A. Aberdeen, Maryland 21001-3399 d the death. Do not anter tha mode of dying, such es cardiac or respiratory errast, Approximeta Intarval Batween Onset and Death **Physician** /Medicai Immediata Causa (Final disaase or condition rasulting in death) inated Intravascular Congulation Examiner Examiner Abdoninal requires that the death certificate be executed physician and s the buriel-trans Sequantially list conditions, if any, laading to immadiata causa. Entar Underlying Causa (Disaasa or injury that initiated events resulting in death) Last Division of Vital Records, P.O. Box 68760, Physician/Medical 98 950 for ed by the a Part II. Other eignificent conditions contributing to death but not rasulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by the 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Ware autopsy findings available prior to complation of cause of daath? 24a. Was an autopsy performed? Completed hes certificate 1 Yas 2 No Attending Physician: funeral director, Be 25. Was casa rafarrad to madical axaminar? 26. Placa of Death (Check only ona) Other: 4 Nursing Home 5 Rasidance 6 Other (Specify) 1 Yas 2 No 2 1 Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA this 28e. Deta of Injury (Month, Day Year) 27. Manner of Death Certification: 28d. Describe how injury occurred 28b. Tima of 28c. Injury at Work? After 1 Natural 5 Panding To the Hospital or Attendin within 24 hours efter death. To the Funeral Director: Af 1 ☐ Yes 2 No 2 Accident Invastigation 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 3 Suicide 6 Could not be detarmined 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) filled in by 4 | Homicida 29a. Cartifier Certifying Physician: To tha best of my knowledga, daath occurred at tha time, data and place, and dua to tha causa(s) and mannar as stated. completely 2 Medical Examiner: On the basis of examinetion are end mennar state i (Check only one) vestigation, in my opinion, daath occurred at tha tima, data and place, and due to the causa(s) 29b. Signatura end titla of certifiar Licansa number 29d. Data signad (Month, Pay, Year) 30. Name and address of person wh 3a) (Type, Print) Buell MD 22 5. Greene St 31. Data filed (Month, Day, Year) State 2 8 1995 Registrar

DHMH 16 Rev 6/95

January 1 , y = 35 m may = 1351 29

If Under 1 Yeer

7. Age (In yrs. last birthdey)

78

10c. City, Town or Location

Elkton

Katherine Henderson Griffith

1□M 20 F

4e. Fecility Neme (If not institution, give street end number)

10b. County

Cecil

116 Maffitt Street

5. Social Security Number

Maryland

227-24-3209

Usuel Residence of Decedent

State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Dey Month

Elkton
If Under 24 Hrs.
Hours Min.

June

8. Dete of Birth (Month, Dey, June 23,

4b. City, Town, or Location of Deeth

1,

1996

Cecil

1917

4c. County of Deeth

2011

Birthplece (State or Foreign Country)

10d, Inside City Limits

1 Yes 2 □ No

Virginia

**Physician** /Medical Examiner

**Funeral** Director

permit. Peges 1 and 2 should be filed within 72 hours efter deeth with the Menylen Department of Health and Mental Hygiene. Important: If tem 27 is arrived other than "natural; or frems 23a or 28a-f show any injury or other traumstic event, time Modes Examine main be notified as Row Physicia

Baltimore, Maryland 21215-0020

/Medica Examine

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 42 hours after death.

To the Funeral Director. After this certificate has been signed by the ettending physician and completely filled in by the funeral director, page 2 should be detached for use as the buriel-transit Division of Vital Records, P.O. Box 68760,

i Dire	10e.Street and Number 116 Maffitt Stre	et		10f. Zip Code 21921			U.S.A.	Vhet Country?
by Funeral Dire	11. Meritel Stetus  1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. Wes Decedent Ever In Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Detes:	U,S. 13.	. Was Decedent of If Yes, specify Cub		(Specify Yes or Nerto Rican, etc.)		e - American Indien, ck, White, etc. :: White
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Completed	Elementery/Secondery (0-12)	College (1-4or 5+)		DO NOT use retire pector	9d)		RMR C	orporation
To Be C	17. Fether's Neme (First, Middle, Last)  Edward Ba				18. Mother's h	Neme (First, Middle  Ida St		Θ)
F	19e. Informent's Neme/Reletionship (		19b. Meli	ling Address (Stree	at end Number or			State Zin Code)
	Harry C. Griffit			Maffitt S			-111	
	20e. Method of Disposition  13 Burlel 2 Cremetion 3 4 Donetion 5 Other (Specific	Removel from State Pe	cemetery, creeningt	position (Neme of emetory a other ple onville rian Ceme	ece)	6-5 1996	20c. Location - Atglen	City or Town, Stete
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	23a. Pert1. Enter the diseese, or compshock, or heart feilure. List only	one ceuse on each line.	\			nao or roopirotory		interval Between Onset end Deeth
	diseese or condition resulting in deeth)	e. IT Y C	(or es e conse	equence of):	N	ular	1.	
Physician/Medical Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest	· Ma	(or as e conse	yna:	ncy	/		
Physici	Part II. Other eignificant conditions or	ontributing to deeth but not r	esulting In the	underlying cause gi	iven in Pert i.		tobacco use co	ntributa to the cause of death
Completed by						24e. We	s en eutopsy formed?	24b. Were autopsy findings avelleble prior to completion of cause of death?
္ပိ						1□	Yes 2 No	1 ☐ Yes 2 ☐ No
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Medical Certificatio	29e. Certifier (Check only one) 12 Certifying Physics 2 Medical Example 2	yalclan: To the best of my k linar: On the basis of exami end menner steted.	nowledge, dee netion end/or Ir	th occurred et the ti nvestigation, in my	ime, dete end ple opinion, deeth o	ece, end due to the courred et the time	cause(s) and me , dete end plece,	enner es stated. end due to the cause(s)
Σ	29b. Signetule end title of certifier	the is	NN	29c. Licen	se number	6	29d. Dete signed	d (Month, Dey, Yeer)
	30. Name and address of person who of	completed cause of deeth (It			204 - E1	kton. MD	21921	110

**DHMH 16 Ray 6/95** 

State Registrar

31. Date High (Month, Day, Year)
JUN 0 4 199

32. Registrar's Signeture

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State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death

96 1767

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permit. Pages 1 and 5 Department of Heelth Important: If Item 27 eny Injury or other tr		20e. Method of Display 1  Buriel 2  4  Donetion  21. Signature of Fu	☐ Cremetion 3 [ 5 ☐ Other (Speci	fy)	State		natory or one nator 2. Neme e	y Ma nd Addre	ay 30,	ity Le	e Fune	Clint ral Ho		aryla	
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After After fune	Certification: T	27. Manner of Deetl 1 X Neturel 2 ☐ Accident	5 Pending	28e. Dete (Mon		28b. Time of Injury		28c. Inju			28d. Describe			uiy)	
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To the Hospital or within 24 hours aft. To the Funersi Dir completely filled in	Redicai	(Check only one)	1☑ Certifying Pi 2☐ Medical Exa	niner: On the b	asis of examinet ner steted.	lon end/or in	restigetion	in my	opinion, dea	ath occur	red at the time	, date and p	lece, and due	to the ca	
Vitto Too	M	29b. Signeture and	món	m.C	hung	mic	0		21615			29d. Dete	6-4.	96	ear)
St	ate	30. Name and address  Mar: 31. Date filed (Mont	ian M. Ch	nung, M		Ferrar		ive	Wheat	on,	Maryla	nd_209	06-470	)9	

Registrar

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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Physic		Certificate of Death Reg. No.										
18.8.0.0		Decedent's Name (First, Mic CHARLES N GORI						2. Data of De Month June	Dey 4, 199	Yeer 6	3. Time of Death	
/Medical Examiner		4a. Facility Name (If not institution, give street and number)					4b. City, Town, or	r Location of Deet	1 7			
LXaiii	III ICI	1350 Ocean Par					Berlin					
		5. Social Security Number	6. Sex	7 Ann (In un	s. last birthday)	If Under 1 Year		s. 8. Data of Bi		ester	(Ch. t F)	
Funera			1 € M 2 □ F	7. Age (iii yi.	Yrs.	Months Days			ey, Year)	9. Birthpie Country	ca (Stete or Foreig y)	
Directo	r	577-12-0648	*		6			April (	5, 1920	D.C.		
2 >		Usuei Residence of Decedent  10a. Stata  10b. Coun	Ab.	100 (	No. Town or La					140		
ahow	-	Toa. Stata Too. Cour	100.						d. inside City Limit			
M I	9	MD Worcester			Berlin				T T Yas		1 □ Yas 2□N	
22 3	Director	10e. Street end Number			10f. Zip Code				10g. Citizen of Whet Country?		y?	
38 G		1350 Ocean Parkway				21811			U.S.A.			
980 P	Funeral		Marital Status     12. Wes Decedent Ever in U.						Yes or No- 14. Race - American Indian,		n Indian.	
d 2 should be filled within 72 hours after death with the Maryland then dwalfall hygiene.  7 is marked other than "natural", or items 23e or 28e-f show traumatic avent, the Medical Examine must be notified at	5	1 Never Merried 25 M	Armed F	Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give WW II Yaar or Detes:				rto Rican, etc.)	Black, Whita, atc.			
	by	3 Widowed 4 Divorce	If Yes, C						Specify	Specify: White		
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	Completed	15. Decedent's Education (Specify only highest grade completed)			(Give	16a. Decedent's Usual Occupetlon (Give kind of work done during most of working life. DO NOT use retired)			16b. Kind of Bualnass/Industry			
	gu	Elementery/Secondery (0-12	) College	College (1-4or 5+)		DO NOT use retire	od)					
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Ent.		4 Donetion 5 Other	(Specify)			ns Cemet	tery 6/7/96		Delmar, DE			
permit. Pages Department of Important: If it any Injury or o		21. Signature of Funerel Service Licansee 22. Nema and Address of Facility										
SEES		1.4.1	10/2	\$	X		705 B W			WD 0:		
		Bounds FH 705 E Main St Salisbury MD 21804										
		23a Part 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest,  Approximata interval Between										
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/Medical Examiner	_	Immediete Cause (Final disease or condition resulting In death)				to (or as a consequenca of):					14 Knew	
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DHMH 16 Rev 6/95

JUN 0 4 1996 Jalin Stevelson Randall

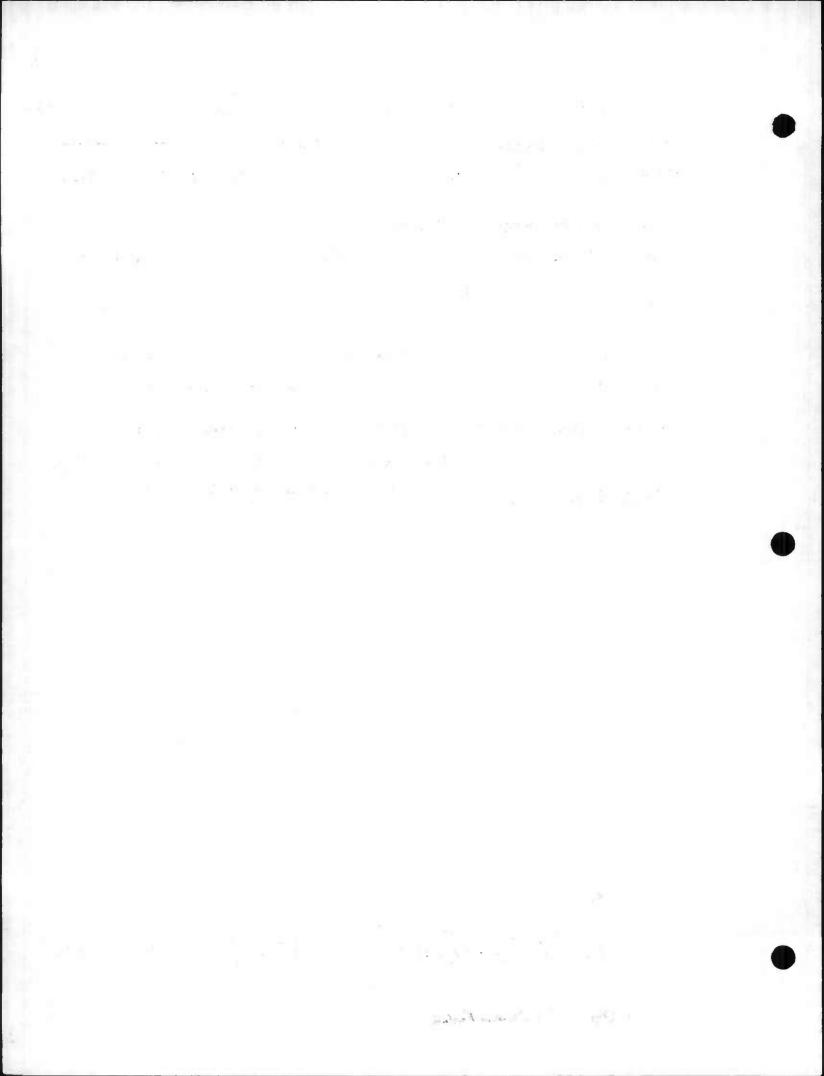
State of Maryland / Department of Health and Mental Hygiene

		1			Certificate	e of l	Death	Re	g. No.		. , , ,	
Physic	ian	Decedent's Name (First, Mich.						Date of Death     Month	Day	Year	3. Time of Death	
/Med	ical	JUANITA RUTH					. Oh. T	MAY 29			1:05 PM	
Exami	ner	4e. Facility Name (If not institut		um <i>ber)</i>			b. City, Town, or Lo		4c. County		DOEC	
Europo	-	9001 BRANCH V 5. Social Security Number	6. Sex	7. Age (In yrs. last b	irthday) If Under		T. WASHI		PRINC		RGES	
Funeral Director		247-86-9897	1□M 2XF	50	Yrs. Months	Deys	Hours Min.	8. Date of Birth (Month, Day, 1990) 09-02-	Year)	Count	lace <i>(State or Foreign</i> try) YL VANIA	
P .		Usuel Residence of Decedent						UJ UL	13	LINITO	JE TANIA	
anylar	_	10a. State 10b. Cour	ity	10c. City, To	wn or Location					10	Od. inside City Limita	
Ne M	Sc.		ICE GEORGE	S FORT	WASHINGTO						1 Yes 2 No	
deeth with the Manjand ms 23e or 28a-f show Limits be notified at	Funeral Director	10e. Street and Number			10f. Zlp			10	g. Citizen of \		try?	
seth w	erai	9001 BRANCH VI		cedent Ever in U,S.		20744	spanic Origin? (Sp	noify Von or No	U.S.,	A . e - America	en Indian	
efter deeth w or items 23e	F	1 □ Never Married 2 □ MM	Armed F	orces?	if Yes, apec	ify Cuba	n, Mexican, Puerto	Rican, etc.)		ck, White, e		
	by	3 ☐ Widowed 4 ☐ Divorc	If Yes G	iive **	1□ Yes 2	No X	Specify:		Specify	BLA	CK	
15-002 n 72 hours "natural",	Completed	15. Deced	ent's Education rest grade completed	166	a. Decedent's Usua	Occup	etion	11	6b. Kind of B			
T c 1 1	pie	Elementary/Secondary (0-12		(1-4or 5+)	life. DO NOT us	se retired	furing most of work	ing				
filed within Hygiene.	S	12TH	2 YEA	RS :	SECRETARY	()	(DD)		GOVER			
should be filed of Mental Hygi marked other imatic event,	Be	17. Fether's Neme (First, Middl					18. Mother's Name					
arylan should be nd Mental merked o	ို	JOHN ELLERBE						MUNNERLY				
May 12 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		19a. Informant's Name/Relatio			and the same of th		and Number or Run					
E # 01 &		APRIL L. BROW	IN (DAUGH	20b. Place	of Disposition (Nart	ne or	VIEW DR.,	FT. WAS	HINGTO Oc. Location -	N, MD	. 20744	
0 20-2		1 ☐ Burial 2 ☐ Cremation		State cemete	ery, crematory or o	ther plac						
Baltimore, permit Pages 1e Department of Hec Important: If item any injury or other once.		4 Donetion 5 Dother  21. Signature of Funerei Service		1911. 01	22. Name en	METI		6-03-199			TON, D.C.	
Balt permit. Depart Imports any inj			no to	10	E.M. DU		,	MT			MD, 20712	
1.	1	23a Parti. Enter the disease.	or complications that	coused the diath. Do			FUNERAL.	HOUTE		ILIV 9		
) Physician		shock, or heart failure. L	st only one cause on	each line	TIOL SILES BIS HIGG	o or dyin				1.1.	Approximate Interval Between Onset and Death	
/Medical		Immediate Cause (Final	1	13121	10) 16	$C_{1}$	0 0/1	7"	1276	Nask.	Onset and Death	
Examiner		disease or condition resulting in death)	a. L. C	Due to (or see	consequence of):	4	>o pro	ous h	11/1		2 moni	
n ==	je			200 10 (01 00 0	consequence ory.					1		
ox 68760, certificate be executed ding physician and se es the burial-transit	Examine	Sequentially list conditions.  Due to (or es e consequence of):										
SO, se exe		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	J .							İ		
68760, ifficate be ex g physician as the burial	Medical	that initieted events resulting in death) Last		Due to (or es e	consequence of):					1		
X 6	Me		d									
										1		
ecords, P.O. Bo lew requires that the death of es been signed by the attent 7.2 should be detached for u	Physician	Part il. Other significant condi	tions contributing to d	death but not resulting	in the underlying ca	ause give	en in Part I.	23b. Did tob	acco use co	ntribute to	the cause of death?	
that the deta	Y P	AUDE	rfer	SION				1200	2 □ No	3 Prob	ebly 4 Unknow	
uires uid be	d by	//	,					24a. Was an	autopsv	24b. We	ere autopsy findings	
cord v requir	lete							perform	ed?	con	nileble prior to impletion of cause	
The lev	Completed							400	Xd.		death?	
Vital I		25. Was case referred to media	eat .				26. Place of Deatl	1 Yes		11,	]Yas 2□ No	
of Vital Records, Physician: The lew requires ti this certificate has been signe rail director, page 2 should be	To Be	examiner? 1 ☐ Yes 2 ☐ No	Hospital:	Inpatient 2 ER/O	utpatient 3 DO	Othe	DP1	me 5 Residen		or (Specific	41	
Physical seral		27. Manner of Death	28a. Date	of injury 28b.	-	8c. Injury Work		28d. Describe hov			,	
Vision O Attending Ph or death. ector: After th by the funeral	atio	1 Netural 5 Pend 2 Accident inves	tigation (Mor	nth, Day Year)	Injury M		Yes 2 □ No					
Division or Attending after death. Director: After	Certification:	3 Sulcide 6 Coul	mined 286. Plac	e of Injury - At home, f	arm, street, factory	, office		28f. Location (Stre City or Town,		er or Rural	Route Number,	
od in od in	Cer		Odile	arig, etc. (Specify)				Oily or Town,	Olaro)			
lospi t hou uner uner	edicai	29a. Certifier Certify	ing Physician: To the	e best of my knowledg pasis of examinetion a	e, deeth occurred a	at the tim	e, dete end plece,	end due to the ceu	use(s) and me	enner as sto	eted.	
Divisio To the Hospital or Attendi Within 24 hours after death. To the Funeral Director: A completely filled in by the ti	Med	Uriej	end mar	nner stated.								
P 200	~	29b. Signature and title of certif	ier	0 00	290	. License	number	290	d. Date signe	d (Month, L	Jey, Year)	
(a)		Hen	Ly D.	BULL	my 1	ノ	3441	/ / <	5/30	19	6	
(4)		30. Neme and address of person	n who completed on	se of death (Item/23a)	(Type, Print)		/ 1 \	/ A	N	2		
		31. Date filed (Month, Day, Yea	4 11 99	Parietraria Clanatura	1V.6	, ,	Wdsi	2., 0.0	-1.0	10	0//	
Sta Regist		MAY	01 1004	Registrar's Signature	willed H							
DUMU 46 Day 65	5	MAI	1 1330	Jan Walle	- AMBREA				-			

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State of Maryland / Department of Health and Mental Hygiene 96 17682

					Cer	tificate d	of L	Death			Reg. No.		
		1. Decedent's Neme (First, Middle, La	ist)							2. Date of De		V4550	3. Time of Death
Physician		MARY	CG	UTR:	MA	F				Month	Day	Year 1996	1:17 P.N
/Medical Examiner		4a. Facility Name (If not institution, gh	ve street end number	)	-00		4	b. City, To	own, or Lo	ocation of Deet	h 4c. Count	y of Death	11,1
Examiner				*				Cheve	×137		Princ		was to
Funanal		Prince George's  5. Sociel Security Number 8.5		ge (In yrs. last	birthdev)	if Under 1 Y			24 Hrs.	8. Dete of Bir	th	-	
Funeral Director			1 □ M 2000F	87	Yrs.		eys	Hours	Min.	(Month, Da	y, Year)		piece (State or Foreign htry)
	-	Usual Residence of Decedent		07						Dec. 2	9,1908	Mar	yland
should be filed within 72 hours after death with the Maryland Manual Hygiene.  marked other than 'netural', or items 23a or 28e-f show umatic event, the Medical Examinar must be notified.  To Be Completed by Funeral Director	ľ	10a. State 10b. County		10c. City, T	own or Loc	ation						1	Od. Inside City Limits
th with the Marylan 23a or 28a-f show ust be notified an	5	Marviland Drines	Coomosto	Dorr	1 -								XX Yes 2 No
vith the Mar	2	Maryland Prince	George's	Bow	Te	10f. Zip Cod	do				10g. Citizen of	What Cour	ntm.2
F 2 2 C		12407 Chalford	T										
r items 230	8				1	207					United		
ter dea	5	11. Maritel Status	12. Was Decedent Armed Forces'	?	13. W	Yes, specify (	Cubai	spanic Or n, Mexica	n, Puerto	ecify Yes or No Ricen, etc.)	- 14. Ha	ca - Americ ick, White,	
al', or items Examiner m		1 Never Married 2 Married	1 Yes 2 X		1	□Yes 🏋 🔀	No	Specify.			Speci	fv:	
*natural", o	2	3 ₩ Widowed 4 □ Divorced	Yeer or Datea:									1	White
s 1 and 2 should be filed within 72 ho I Health and Mental Hygiene. 16m 27 is marked other than 'natura other traumatic event, the Medical		15. Decedent's E (Specify only highest gra	ducation ade completed)	1	8a. Decede (Give k	ent's Usual Ockind of work do 00 NOT use re	ccupa one d	ation <i>luring m</i> os	st of work	king	16b. Kind of E	Business/In	dustry
ithin se.	2	Elementery/Secondary (0-12)	College (1-4or	5+)				)					
filed with Hygiene. other there	5	10			Hom	emaker						1 Home	2
d oth		17. Father'a Name (First, Middle, Last	)							e (First, Middle		me)	
Mental Mental Mental arked o	5	John B. Gibson						Reb	ecca	Snowde	en Hill		
and I		19a. Informant's Neme/Reletionship (	Type, Print)		19b. Mailin	g Address (St	reet a	and Numb	er or Rur	ral Route Numb	er, City or Town	, State, Zip	Code)
end 2 saith a n 27 la		Mary Ann Thompson	n Daught	or	1271	O M411	cti	coam	Desta	e Bowie	Marul	and '	20715
Health Health tem 27 other tr		20a. Method of Disposition	Daugiil	20h. Plece	a of Dispos	sition (Name o	of		DITA	Dete	20c. Location		
A 0 -		t Surial 2 □ Cremetion 3 □		3		atory or other			125/	106	Cui+1a	d Mar	mer I am J
permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: if flem 27 is marked other than any figury or other traumatic event, the Magnete.  To Be Comp	-	4 ☐ Donation 5 ☐ Other (Special 21. Signeture of Funeral Service Licer		Ced						90	Suitla	id mai	ryland
Departiment of the contract of		21. Signeture of Purietal Service Licer	C		R	obert ]	E.	Evan	s Fu	neral H	lome, P.	Α.	
TO3 # 0		Kourt E.	Chins	thes	1	6000 A	nna	apoli	s Rd	. Bowie	Maryla		0715
	T	23a. Part1. Enter the diseese, or comshock, or heart failure. List only	plications that cause	d the death. [	Do not ente	or the mode of	dylng	g, such es	cardiac	or respiratory a	rrest,		Approximete Interval Between
Physician	1			1	$\cap$		•		1		1		Onset and Death
/Medical		Immediate Cause (Final disease or condition	A	Cate	K	100.	4	4/	12	Kail	11/10		5days
Examiner		resulting In death)	e	Due to (or es	a conseni	Jence of	/ (0	na		Fail			Jany
in the same of	Examiner		A	0:2	71	Dag (	211	111	44.0	De 1	7	1	E Jans
d ansir		Sequentially list conditions	p. 12	Due to (or as	a consequ	Janca of):		une	MI	one	7		Sacre
exe tel-tr		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury		,									0
entificate be executed ling physician and se es the buriel-transit	2	that initiated events	c	Due to (or es	e consequi	ieuce off.		_				-	
g phy es th	3	resulting In death) Lest		Due to (01 es	e consequ	ience orj.							
0 2 4 2			d										
the death certification of the standing of the	5									1			
bed ched		Part II. Other significant conditions of	contributing to death	but not resultin	g In the un	derlying cause	e give	n in Part	1.	23b. Did	tobacco use c	ontribute to	o the cause of death?
thet the de detached detached		(on ges	Time lot	raht	-Ka	11/11/	20	1		10	Yee 20 No	3 Pro	bably 4 Unknow
signed be de	2		W	V						T-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		T	4. 4.
v require been sign should b		_									an autopsy omed?	av	ere eutopsy findings allable prior to impletion of cause
hes be												of	deeth?
	5									10	Yes 2 No	1[	Yes 2□ No
certificate rector, page Be Co		25. Wes case referred to medical						26. Place	e of Deet	th (Check only			
hysician: his cartific il director,		examiner? 1 ☐ Yes 2 No	Hospital:	iont 2 TER	/Outpatient	3□ DOA	Othe	AP:		ome 5 Resi		har (Specif	54)
Physical desired desir		27. Menner of Deeth	28e. Dete of fnji	ury 28	b. Time of		fnjury		uranig ric		how injury occu		<i>y</i> )
After funer	2	Neturat 5 Pending Investigation	(Month, Da	ay Year)	Injury	28c. 1		t? Yes 2□	No				
Attending Physician: or death. sector: After this certifici by the funeral director,	3	3 ☐ Suicide 6 ☐ Could not b	0 00 00 11	in at here				.00		204 Languign (	Ctroat and Muse	has as Rue	/ Boude Mumber
its or Attending Pirs after death.  al Director: After ted in by the funeral Certification:		4 ☐ Homicide determined	28e. Placa of In building, e	ijury - At nome tc. <i>(Specify)</i>	, rarm, stre	et, rectory, on	lice			City or To	wn, State)	Der Ur Mura	al Route Number,
Par Par S	3												
tosp t hot une ely fi		(Check only 2 Medical Exar	nysician: To the best niner: On the basis of	of my knowled	dge, deeth	occurred at the	ne tim	e, date ar	nd place,	and due to the	cause(s) and m	anner as s	tated.
To the Hospital or Attendin within 24 hours after death. To the Funeral Director: All completely filled in by the furnity Medical Certification		one)	end menner st	tafed.									
To To		29b. Signature end title of certifier	)	1		29c. Lic	cense	number		11	29d. Dete sign		
		ram	Tel	Valle	1	Y	13	54	2/	7	5	22	-96.
	-	30. Name and address of person who	completed cause of	death (Item 23	e) (Type, F	Print)				1			
			7700 Old				on	Md.	2073	35			
State		31. Dete filed (Month, Day, Year)	-	rer's Signeture									
Registrar		MAY 2 9 1996	his dewater	-									
ricgistiai		ILIUI MA MOOD U.		- CAROLINA									



TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	S	STATE OF N	MARYLA				OF H			MENTA	L HYGIEN	E 9	D	1/683
1. DECEOENT'S NAME (First, Mic						2. DATE	OF DEATH		1:	. TIME OF DEATH				
MARGUERITA G	TORTA	CDAV								MAY		996	EAR	6.05 PM
4. SOCIAL SECURITY NUMBER		SEX	6. AGE (In	yrs. last b	irthday)	IF UNDER	t YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH		BIRTHPI	6:05 P M
191-16-4744	1 [	□ M 2 💢F	74		YRS.	MONTHS	DAYS	HOURS	MIN.		mber 3		Country)	NSYLVANIA
9a. FACILITY NAME (If not institu	ition, give street i	and number)				9b. CITY	, TOWN O	R LOCATIO	ON OF DE			9c. COUNTY		
2130 Brooks		# 502				Fore	estv	ille				Princ	e G	eorges
RESIDENCE OF DECED	b. COUNTY			T	10c CITY	TOWN (	OR LOCAT	ION	<u> </u>					Od. INSIDE CITY
		Georges												LIMITS?
10e. STREET AND NUMBER	Tance (	Jeorges			FOI	est	Ville	ZIP COD	E			10g, CITIZE		AT COUNTRY?
2130 Brooks D	rive #	502						2074	7			Unite		
11. MARITAL STATUS		WAS DECEDEN	IT EVER IN	U.S. ARME	ED		WAS DECI	ENDENT C	F HISPAI		N? (Specify Yes		RACE -	- American Indian,
1 Never Married 2 X Mar		FORCES? 1 IF YES, GIVE W					If yes, spe 1   YES				Rican, etc.)		Black, Specify.	White, atc.
3 Widowed 4 Divorced														Black
15. DECEDE (Specify only hig	ent's Education of the stage of	ON pleted)		16a. DECE (Give	kind of w	USUAL O vork done e retired.)	CCUPATIO during mos	N st of workin	ng	16	. KIND OF BU	SINESS/INDUS	TRY	
Elementary/Secondary (0-12)		ollega (1-4 or 5	+)			e retirea.)					D			
12th Crade		Years		Nur	se			40 1407	UEDIO NA		Privat Middle, Malden			
Joseph Miles								10.0		Kane	Miggle, Malgeri	Surname)		
19a. INFORMANT'S NAME (Type)			_	19b.	MAILING	ADDRES	S (Street a				ber, City or Tow	n State Zin C	ode)	
Billy J. Gra														Land 20747
20a. METHOD OF OISPOSITION		4		PLACEAN	D DATE C	OF DISPOS	SITION (Na			OA	-	CATION — CIT		
1 Burial 2 Cremation 4 Donation 6 Other (Sp	ecify)	from Stata		vere:				~v		5-16	_9 Lan	sing M	ich	Lgan
21. SIGNATURE OF FUNERAL S	ERVICE LICENS	EE	,			22.	NAME AN	O ADDRE	SS OF FA	CILITY	Tohnso	n & To	nkir	ns Funeral
1 / Delia	94.9	bent	Des	2		Ho	ome 1	nc.	716					D.C. 2001
23. PART I. Enter the dise	asea, or com	plications the	t caused	the deat	h. Do n									Approximate
ahock, or haar IMMEDIATE CAUSE (Final	t fallura. List	only one cat	use on aa	ch Ilna.										Interval Between Onest and Death
disease or condition resulting in death)		Ca	dini	. A	NER	4								
remotting in death)	<b>.</b>	DUE TO	(OR AS A	CONSEQU	ENCE OF	j: ,								
Convention list on distan	b	Con	48544	e It	Eart	- Fai	NJE.							5 YEARS
Sequentially list condition if any, laading to immedia	ta	DUE TO	OR AS A	CONSEOU	ENCE OF	F):								
cause. Entar UNDERLYING CAUSE (Disease or Injury	· 🗶 a_	Pla	OR AS A	ME	Moto	1								
that initiated events resulting in death) LAST		00E 10	(OH AS A	CONSEOU	ENCE OF	-):								
	d													1
PART II. Other significant	conditions co	ontributing to	death bu	it not rac	uiting	In the u	nderlylng	g causa :	given in	Part I.	24a, WAS AN PERFO			WERE AUTOPSY FINDINGS
											1 TYES	/		COMPLETION OF CAUSE OF DEATH?
								/						YES 2 NO
DID TOBACCO USE	CONTRIB	UTE TO CA				S		UNC	ERTAI	Ν□				
25. WAS CASE REFERRED TO M EXAMINER?		OSPITAL:	/	86. PLACE	OF DEAT	OTHE			,					
1 TYES 2 NO	10	Inputient 2 (				4 🗆 Nu	rsing Hom		eeldance		er (Specify)			
27. MANNER OF DEATH  1 Natural 5 Per	ndina	(Month, I	Pay, Year)		28b. TIM INJ	E OF URY		RK?		28d. DE	SCRIBE HOW	INJURY OCCU	RED	
2 Accident Inve	estigation	28s. PLACE (	OF IN HIDY	41.5		NA A		res 2	_ NO					
	uld not be armined	building.	, atc. (Special	- At nom	a, vacm, :	otreet, Tar	nory, omic				CATION (Street or Town, State		Hurai Ho	ute Number,
29a. CERTIFIER 1 V CERTIFY														
onel		N: To the beat of a												and manner as stated.
29b. SIGNATURE AND TITLE OF									ENSE NU					Month, Day, Year)
Rolet Mullen	- A A							100	306				-16 -	
30. NAME AND ADDRESS OF PI	ERSON WHO CO	OMPLETEO CAU	JSE OF OEA	TH (ITEM	27) (Туре,	, Print)		US	200	1			1 -	
Robert Galling.	MD 1	06 Isu			Cer	ash	0<	200	10					
MAY 28 BSS	" Salia	22. REGISTRA	AR'S SIGNA	ATURE #									_	

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Section 1988 The second section 1988 In the section 1988 In the second section 1988 In the second section 1988 In the second section 1988 In the second section 1988 In the section 1988 In the second section 1988 In the sect San American Company

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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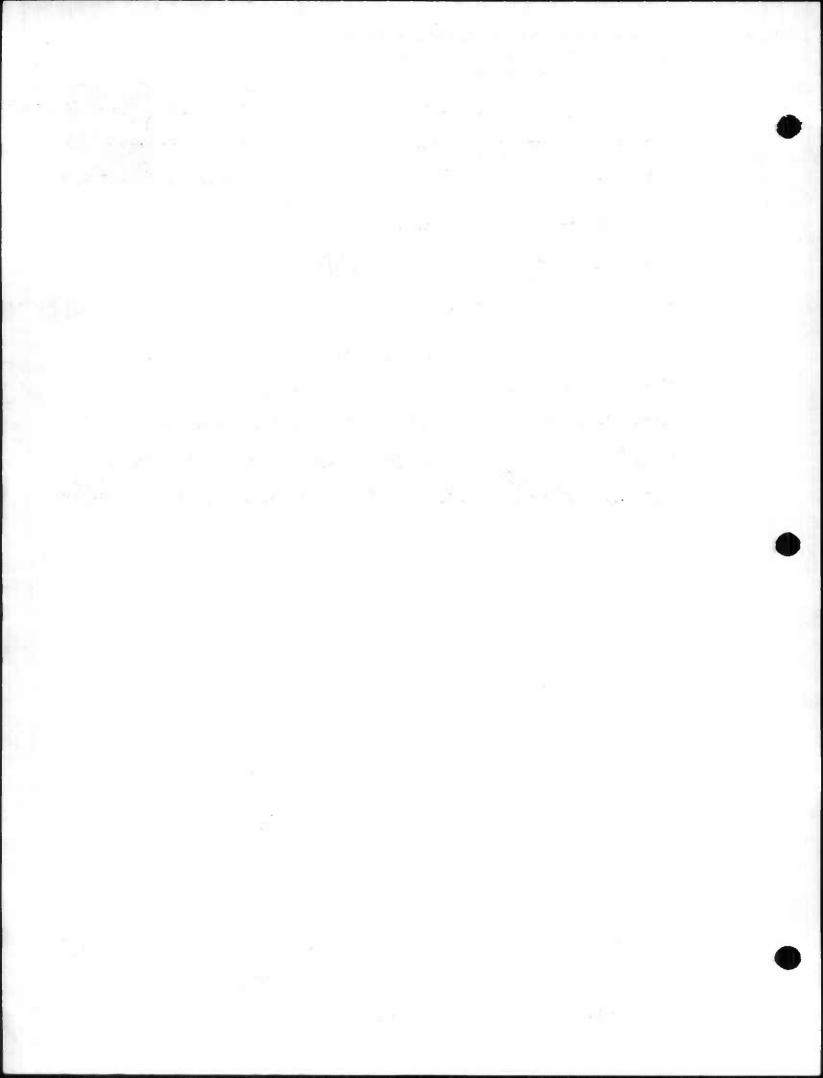
				Ce	nificate of	Death	F	Reg. No.		
Physic /Medi		1. Decedant's Name (First, Middla, Maymon	d Char	les	Gagn	on	2. Data of Dea Month Mang	53 199 C	Year 7	Tima of Death
Exami	ner	4a. Facility Nama (If not institution, g					Location of Death			
Funeral		2201 Marbury D: 5. Social Sacurity Number 602–18–2671		In yrs. last birthday) 69 Yrs.	14.14				George 9. Birthplece Country)	e's (State or Foreign pshire
Director		Usuai Rasidance of Dacedanf					9uly 20,	1920 116	ew nam	osiiire
inco with 72 hours after beatt with the maryanu ther than 'natural', or items 23s or 28s-f show ant, the Medical Exacitet must be notified at	tor	10a. State 10b. County Maryland Prince		Oc. City, Town or Lo Distr	ocation ict Heigh	nts				nsida City Limits Yas 2 No
7.28	irec	10e. Street end Number			10f. Zip Coda			10g. Citizen of WI	het Country?	
23a c	alD	2201 Marbury D	cive		2074	¥7		U.S.A.	•	
al', or items 23a or 28a-f show Experient must be nothed at	/ Funeral Director	11. Marital Status  1 Navar Married 2 Married	If Yas, Giva	27-17	Was Decedent of H If Yas, specify Cub 1 ☐ Yes 2 🗓 No		Specify Yas or No- rto Rican, atc.)		- American in c, White, etc.	dien,
E	d b	3 NWidowed 4 □ Divorced	Yaar or Datas:195	0-1980						
Tage of the second	Completed by	15. Decedant's (Specify only highest)	Education grada complatad)	(Giva	dant's Usual Occup kind of work dona DO NOT usa retire	during most of we	orking	16b. Kind of Bus	sinass/Industry	1
the	omp	Eiamantary/Secondary (0-12)	Coilega (1-4or 5+)		J. S. Air			Milit	ary	
f Health and Mentel Hygiene. Item 27 is marked other than "natural", or other traumetic event, the Mexical Exerci	To Be C	17. Fathar's Name (First, Middla, La Charles Gagnor					ama (First, Middla, Rena Koll		1)	
HEL	-	19a. Informant's Name/Raiationship	(Type, Print)	19b. Maiii	ng Addrass (Street	and Number or F	Rural Routa Numbe	r, City or Town, S	Stata, Zip Cod	le)
alth a		Raymond C. Gagno	n, Jr. Son	13170	Oak Ear	m Dr., V	Voodbridg	e, Va.22	192	
nent of Health a ant: If Itam 27 is ury or other tra		20a. Mathod of Disposition		20b. Piaca of Dispo			Data	20c. Location - C		Stata
unt: Hi		1 Burial 2 □ Cramation 3 4 □ Donation 5 □ Other (Spa		St. Jose		tery 5	31/96	Manchest	er, N.	Hampshir
Depertment of Health Important: if Itam 27 any injury or other to ODGs.		21. Signature of Funarai Sarvice LII	tresee)	22	2. Name end Addra		Г -	**		
0 E 8 8		Heorges	Talas	/	George P	. Kalas n Hill R	Funeral Rd. Oxon	Home Hill Md	. 2074	5
	1	23a. Part1. Entar II voiseasa, or co shock, or hear allura. List on	mplications that caused the	e daath. Do not an					App	proximeta prvai Batween
nysiclan Medical kaminer		Immediata Causa (Final disaasa or condition rasulting in daath)	apolic prote	no plu	stee le	uhro c	ordisir	esculo		sat and Deeth
- 14	Iner	Tasoning in Gaarii)	Du	a to (or as a conse	quanca of):		dire	ine		
ding physician and se es the bunal-transit	Examiner	Sequantially list conditions, If any, leading to immediata causa. Entar Undarlying Causa (Disaase or injury								
iding physician and ise es the burial-transit	/Medical	that initiated events resulting in daeth) Last	C							
ed by the attend detached for us	Physician	Part II. Other significant conditions	contributing to death but n	ot rasulting in tha u	ndarlying causa gi	van in Part i.	23b. Did t	obacco use cont	tribute to the	cause of death?
B 3	Phy						10	/es 2□ No	3 Probably	4 ☐ Unknown
5.8	by									
2 shoul	Completed							an autopsy med?	availabl	utopsy findings le prior to ition of causa h?
page	000						1 🗆 Y	as 2 100	1 ☐ Yes	s 2 No
s certificate ha director, page	Be (	25. Was casa rafarrad to medical axaminar?				26. Piaca of De	eath (Check only o	pa)		
	10	1 ≥ Yes 2 □ No	Hospitai: 1 ☐ Inpatiant	2 ER/Outpatier	nt 3 DOA Ott	nar: 4□ Nursing	Homa 50 Rasid	ance 6 Othai	r (Specify)	
to the Funeral Director: After the ompletely filled in by the funeral	Certification:	27. Manyer of Death Naturai 5 Panding 2 Accidant invastigat		aar) 28b. Tima o	Wo	ny at rk? Yas 2 □ No	28d. Dascribe h	ow injury occurre	bed	
Director: d in by the	ertific	3 ☐ Sulcida 6 ☐ Could not 4 ☐ Homicida datarmine	28a. Place of injury building, atc. (5		raat, factory, office		28f. Location (5 City or Tow	itraet and Numbe m, Steta)	r or Rural Rou	ıta Number,
the Funeral ompletely filled	edical C	29a. Cartifiar (Check only one)	Physician: To the best of maminer: On the basis of ax and mannar stated	amination and/or in	h occurrad at tha ti vastigation, in my o	ma, data and piac opinion, death occ	e, and dua to tha currad at tha tima,	causa(s) and man data and piaca, ar	nnar as stated nd dua to tha	causa(s)
omple	N S	29b. Signature and titla of certifiar			29c. Licans	sa number		29d. Data signed	(Month, Day,	Year)
1		Theran 75	PP	mac Mi	1 H2	17 30		Mayo	1.19	91
5)		30. Nama and and ass of person wh	o complated causa of deal	h (Item 23a) (Type,	Print)			70	4/1/	150
		Augusto P.P.	drisus W	החבל לנה	9 Kayl	um (t	Cp. Sp	, mil	2079	84
Sta	ate	31. Data filed (Month, Day, Year)	32. Registrer's	Signatura	, July	VIII CI	15.4	- 100	1-1-1	
Regist	-	MAY 2 \$ 1996	John Stantier R.	while			,			

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State of Maryland / Department of Health and Mental Hygiene

96

						Certif	icate of	Death		Reg. No.		17000
	51		1. Decedent'e Neme (First, Middle, Las	st)					2. Dete of D Month	eeth	Vana	3. Time of Death
	Physic /Medi		ODEL M.	HA	STING	S			May	2 6	1996	12:00P
):	Exami		4a. Facility Neme (If not institution, give	e street end number)				4b. City, Town,	or Location of Dea	th 4c. Coun	ty of Deeth	
			Salisbury Cen						bury, M		omico	
	Funeral Director		5. Social Security Number 6. S  222-07-7246  Usuel Residence of Decedent	ex 7. Age IXM 2□ F	(In yrs. lest bii 75		Under 1 Year onths Deys		lin. (Month, D	rth ey, Year) 6,1921		piece (Stete or Foreign http)
	land		10a. Stete 10b. County		10c. City, Tow	n or Locati	on				1	Od. Inside City Limits
	Se-f eh	Director	DEL. SUSSEX		DE	LMAR						Y□Yes 2□No
0	filed within 72 hours efter death with the Maryland Hygiene. ther than 'natural', or items 23s or 28s-f show ont, the Medical Examiner must be notified at	Funeral	10e. Street end Number  102 DELMAR CROSSI  11. Meritei Stetus  1 Never Merried 2 Merried	NG 12. Wes Decedent Ev Armed Forces? 1 X Yes 2 □ No If Yes, Give		13. Wes	s, specify Cub	Hispanic Origin? en, Mexicen, Pu	(Specify Yes or N erto Rican, etc.)	0- 14. Re Bio	S.A. ece - Americ eck, White,	en Indien, etc.
21215-0020	n 72 hours of natural, or soical Exam	dby	3 ☑ Widowed 4 □ Divorced	Year or Dates: (W	WII	10	Yes 2 No	Specify:		Speci	ily: WHIT	TE .
5-(	d within 72 ha jene. r than *natur the Medical	Completed	15. Decedent's Ed (Specify only highest gra	ucation de completed)	16e.	(Give kind	's Usuel Occup of work done	during most of	working	16b. Kind of I	Business/Ind	dustry
12	within ene. than	dm	Elementary/Secondery (0-12)	College (1-4or 5+			NOT use retire	*		FARME		
d 2	2 should be filed with and Mantal Hygiene. Is marked other than aumatic event, the Mantal to Mantal the Mantal		8 17. Fether's Neme (First, Middle, Last)		rı	ULIK	/ GROWE		Neme (First, Middle	FARMET	-	
Maryland	should be filed and Mantal Hygi marked other imatic event,	Be	NORMAN THOMAS HA						IE FIGGS	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Ž	2 should and Mar ie marks aumatic	2	19e. Informent's Neme/Reletionship (		196	. Meiling A	ddress (Street		Rural Route Numi	ner City or Towi	n Stete Zin	Codel
	ロモトロ		RICHARD HASTING						ELMAR, DE	•		0000)
Baltimore,	- 1 5 6		20e. Method of Disposition  **Disposition 3   Cremetion 3	Removel from State	20b. Plece o cemete	f Disposition ry, cremato	n (Neme of any or other ple	ce)	Dete	20c. Location	- City or To	
ij	the tant:		4 □ Donation /5 □ Other (Specify	_	JEKUS		CEMETE		5/30	PARSONS	BURG,	MD.
Ba	permit. Page Department of Important: If any Injury or odde.		21. Signature of Funerel Service Licen	See	-l	1	eme end Addre		OME.705 E	. MATN	ST S	21804 BALISBURY, MI
100	Physician /Medical Examiner	Iner	immediate Cause (Finei disease or condition resulting in death)		And ue to (or es e			or, A	1Align	Turan		Onset end Death
60,	asth certificate be asscuted attending physician and for use es tha burial-transit	al Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury	D	ue to (or es a	consequen	ce of):				1	
ox 68760,	certificate Iding physi	//Medical	thet initiated events resulting in deeth) Lest	d	ue to (or es e	consequen	ce of):					
80	daath e atter ed for u	Iclai	Pert II. Other significant conditions co	maribusing to doubt but	ant mouthing is	a šla a remela s	de do manera de la la	una in Dant I	ook Die	daharas was a	a naulturat o du	the course of death 0
P.0	tha y th	y Physician	Emplysen					ven in Per(1.		Yes 2 No		the causa of death? bebty 4 Unknown
Records,	law requires that es been signed b i 2 should be date	Completed by	Artley	PIS	ers	e_				en eutopsy ormed?	cor	ere autopsy findings eileble prior to mpletion of cause deeth?
	a - C	EO							1 🗆	Yes at No	10	Yes 2 No
Vital	ysician: The is cartificata director, pag	Be	25. Wes cese referred to medicel exeminer?				*	26. Plece of I	Death (Check only	one)	-	
ö	Phys ral di	2	1 Yes 25 No  27. Menner of Death 1 Neturei 5 Pending	Hospitel: 1 Inpatient 28e. Dete of injury (Month, Day)	28b.	Time of njury	28c. Inju Wo		g Home 5 Res 28d. Describe	Idence 6 O		(٧)
Division	al or Attending s after death. il Director: After ed in by the fune	Certification:	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined		y - At home, fa (Specify)					(Street end Num wn, Stete)	ber or Rura	il Route Number,
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edical (	29e. Certifler (Check only one)	vsician: To the best of iner: On the basis of e and menner stete	xaminetion en	, deeth occ d/or Investi	curred et the ti getion, in my d	me, date end ple opinion, deeth o	ece, end due to the courred et the time	ceuse(s) end m	nenner es st	teted. the ceuse(s)
	within 2 To the comple	Me	29b. Signeture end title of certifier				29c. Licens	se number	T	29d. Date sign	ed (Month,	Day Year)
			1 m	100			D	3981	3	5/	28	(96
	6+IVA		30. Neme end eddress of parson who o	completed ceuse of dee	th (Item 23e)	(Type, Prin	104	clesse	Churry	- On	iva	(96 Spus,
F	Sta Registr		31. Dete filed (Month, Day, Year)	32. Registrer	s Signeture				0		M	021801



State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Total of Courth Month **Physician** James Floyd Hamm, Jr. MAZ 1996 /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Union Hospital of Cecil County E1kton Cecil If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year 6. Sex 1 M 2 □ F 5. Social Security Number 7. Age (In yrs. last birthdey) Birthplace (State or Foreign Country) **Funeral** Deys Months 69 Vrs 231-24-4357 May 27, Director Virginia Usuei Residence of Decedent 10a. State 10b. County 10c. Cltv. Town or Location 10d. inside City Limits "natural", or items 23e or 28e-f sho ofical Examiner must be notified at 1 ☐ Yes 2 X No Director Maryland Cecil E1kton 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 3 Rene Carr Street 21921 U.S.A. 12. Wes Decedent Ever In U.S. Armed Forces?

1 Yes 2 No If Yes, Give Yeer or Detes: 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Black, White, etc. 1 ☐ Never Merried 2X Merried MarVland 21215-0020 1 Yes 2 No Specify: Specify: à 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry a filed within 7 al Hygiene. Elementary/Secondery (0-12) Coitege (1-4or 5+) Atlantic Aviation Painter 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) 2 should be tand Mental F James F. Hamm, Sr. is marked Lissie Harrington 2 C Department of Health and Important: If Item 27 is mall any injury or 10 to 1 19e. intorment's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Retha A. Hamm - Wife 3 Rene Carr Street - Elkton, MD 21921 20b. Pleca of Disposition (Name of 20e. Method of Disposition 20c. Location - City or Town, Stete 6-3 1 Buriei 2 □ Cremetion 3 □ Removei from Stete Immaculate Conception Cherry Hill, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 1996 Cemetery 21. Signature of Funeral Service Licenses 22. Neme end Address of Fecility Hicks Home for Funerals, P.A. usa 103 W. Stockton St., Elkton, MD 21921-5521 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or hear feliure. List only one cause on each line. Approximate Interval Between Onset and Death Physiclan /Medical Immediate Ceuse (Final disease or condition resulting in deeth) · I SCHEMIC BOWEL INFARCTION HOURS Examiner Due to (or es a consequence of): POVOLF M/C
Due to (or as a consequence of): iclan and burial-transit Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest physician a the burial VENTRICUL AR Physician/Medical Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. P.O. 23b. Did tobacco use contribute to the cause of death? been signed by should be detac 1 Yss 2 No 3 Probably 4 Unknown Records. p 24b. Were autopsy tindings aveilable prior to completion of cause of death? Completed 24e. Wes an eutopsy performed? certificate 1 Tes 2/21/10 1 ☐ Yes 2 ☐ No Division of Vital Attending Physician: 25. Wes case reterred to medical exeminer? 26. Place of Deeth (Check only one) 2 Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1□ Yes 20 No 1 Inpatient 2 ER/Outpatient 3 DOA this Certification: 27. Manner of Death 28a. Dete of tnjury (Month, Day Year) 26b. Time of 28d. Describe how Injury occurred 28c. injury et Work? After Netural 5 Pending death. 1 TYes 2 No 2 Accident Investigation or Attend after death Director: / 8 Could not be determined 3 Sulcide Plece of injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital of within 24 hours af To the Funeral D completely filled it Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the besis of exemination end/or investigation, in my opinion, deeth occurred et the time, dete end piece, and due to the cause(s) end menner stated. edlcai 29a. Certifier (Check only one) 29b. Signeture end title of certifier 29c. License number 29d, Dete slaned (Month, Dav. Year) 30. Mante end eddress of person who completed cause of deeth (item 23e) (Type, Print) 31. Dete tiled (Month, Day, Year)

32. Registrer's Signeture

State

Registrar

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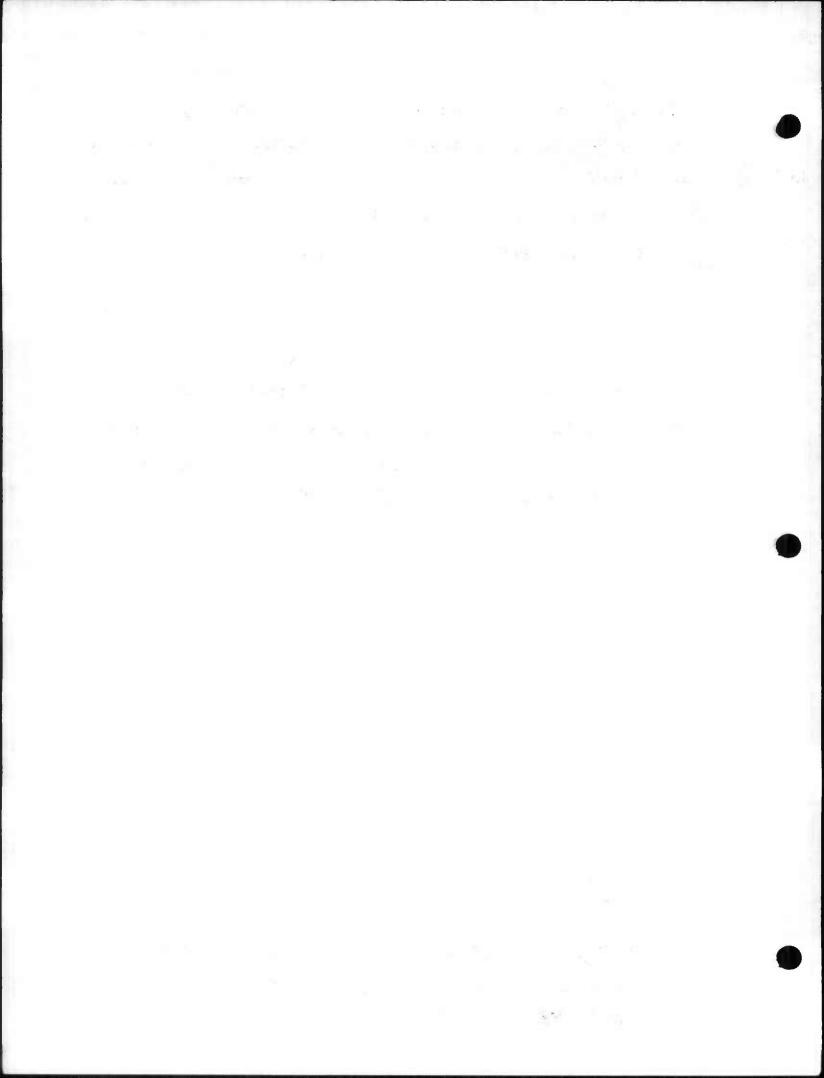
State of Maryland / Department of Health and Mental Hygiene 96 17687

						Cen	tificate of	Death		Reg. No.	, ,	100	,
	Dharia		1. Decedent'a Name (First, Middle, La	ist)			200		2. Date of Dee		Year	3. Time	of Death
	Physic /Medi		Thomas Ha	mmett	Jr.				May	30 1	996	10:3	5 PM
	Exami		4e. Facility Neme (If not institution, given	e street end number)				4b. City, Town, or I	ocation of Deeth	4c. Count	y of Death		
			Baltimore VA	Medical	1 Cen	ter			ore	Bal	tim	ore	City
	Funeral Director		578-16-2809	Sex 7. Age 11	(In yrs. last bii 5	rthday) Yrs.	Months Deys		8. Dete of Birt (Month, De) October	y. Year) 20,192	9. Birth Cou 20 Wa	pleca (State intry) shing	e o <i>r Foreign</i> ton DC
	pue *		Usuel Residence of Decedent  10a. Stete 10b. County		10c. City, Tow	m or Loc	ation					10d. fnside	City Limits
	se Maryle	Director	Maryland Frederi		Mount								es 20 No
	eth with th	rai Dire	13148 Jesse Smit	h Road				771			What Cou	-	
000	in 72 hours efter deeth with the Maryland 1 "natural", or items 23s or 28s-f show tedical Examiner must be notified at	by Funeral	11. Maritai Stetus  1 ☐ Never Merried 2 ☑ Married  3 ☐ Widowed 4 ☐ Divorced	12. Wes Decedent Ev Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give Yeer or Detes:		1	/es Decedent of I Yes, apecify Cub	Hispenic Origin? (Sean, Mexican, Puert	pecify Yes or No- o Rican, etc.)	14. Re Ble	ck, White,	can Indien, , etc. hite	
5-0	72 h	etec	15. Decedent's E (Specify only highest gr		16a	Decede	ent's Usuel Occupind of work done	pation during most of wor	kina	16b. Kind of B	Jusiness/Ir	ndustry	
Maryland 21215-0020	d with	Completed	Elementery/Secondary (0-12)	College (1-4or 5+ 2years	·) T		O NOT use retire Examine	during most of world)		Rea1	Esta	ıte	
pu	0 = 0 5	Be C	17. Father's Name (First, Middle, Last	)				18. Mother'a Nan	ne (First, Middle,	Meiden Sumer	ne)		
ylai		To	Thomas C. Hamme	tt, Sr.				Marga	ret Hel	Ltman			
	nd 2 sh eith and 27 is m r treum	9	19a. informant'a Name/Relationship ( Virginia I. Hamm					tend Numberor Au Smith Roa					21771
Baltimore,	8 5 2 0		20e. Method of Disposition 1 ☐ Buriai 2 🖺 Cremation 3 ☐				ition (Neme of etory or other ple		Dete	20c. Location			
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Ba	Depa Impo any ir		Salvice Cice	1011-		01	in L. Mo	lesworth	, P.A.,	Funeral	L Hom	ie	
			There L. /	Villane	be death De	26	401 Ridg	ge Road,	Damascus	, Mary	Land		2-0117
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Box 68	\$ 0 B	/Med	readiting in death) Lest	d									
	death cer	Physician/	Part il. Other significant conditions of	contribution to death but	not cogniting i	n the un	dorhuing onuso gi	von in Poet I	22b D6d 6	obacco use co	omeribusta (	to the enue	a of death?
P.0	thet the de ned by the a deteched	hys	-	-	_					res 2 No			Unknown
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al Re		Comp							101	es 2 No			No
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of	0 0	P.	1 ☐ Yes 2 No 27. Menner of Deeth	1 Ly/Inpatient		tpetient Time of	3LI DOA		ome 5 Resid			ify)	
on	h. After funer	ion	1 Netural 5 ☐ Pending	28a. Date of Injury (Month, Dey	Year)	njury	28c. Inju Wo	rk? Yes 2 □ No	200. Describe i	low injury occu	rred		
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Š	after Dire	ert	4 ☐ Homicide determined	building, etc.		,	ot, 100tory, 011100		City or Ton				,
	To the Hospital or Attending Phywithin Ze hours after deeth. To the Funeral Director: After thi completely filled in by the funeral	edicai C	29a. Certifier 1X Certifying Ph	ysician: To the best of niner: On the besis of e	xaminetion en	e, deeth o	occurred et the ti	me, date end piece opini <i>on</i> , death occu	, and due to the or	cause(s) and m	enner as :	steted. to the cause	e(s)
	ithin ithe	Mec	29b. Signature end title of certifier	and manner atate	ea.		29c, Licens			29d. Dete aigne			
	F ≥ F 8		10-10	. 140	4.4					A.			
			30. Neme and address of person who	es skuly	M M	D		9759		May 3	0)1	116	,
			JOAN Beatrice	Stalzer		//A	North	Greene	Stree	+ Bal	time	ore,	MD
	Sta	te	31. Date filed (Month, Dey, Year)	32. Registrer	s Signature		The state of the s	3,55,70	(	,			
	Registr		JUN 0 3 19	32. Registrer	Muller	Rent	11						

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						Ce	rtificate of	Death		Reg. No.					
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	Physici /Medi		Terry L	وو	Haro	VX			May	29	1996	0131 A			
	Exami		4a. Facility Nama (N not institutio	n, give street and number,	)	1		4b. City, Town, or	Location of Dea	th 4c. County					
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	h the	Director	10a. Street and Number				10f, Zip Code			10g. Citizan of	What Cour	ntry?			
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	deat	Funeral	11. Meritel Stetus	12. Wes Decedent	Ever in U,S.	13.	Was Decedant of	Hispanic Origin? (S ban, Maxicen, Puer	Spacify Yas or N	o- 14. Rac	e - Amaric				
0	r he	Ē	1 ☐ Nevar Merriad 2 ☑ Mer	ried 1 ₹ Yes 2 ☐					to Rican, etc.)	Bia	ck, Whita,	etc.			
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5-0020	n 72 hours after death with the Maryland "natural", or items 23s or 28s-f show edical Examiner mast be notified at	Completed	15. Decedar	it's Education	168	a. Dece	dant's Usuai Occu	upation	17459	16b. Kind of B					
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g		Bec	17. Fathar's Nama (First, Middla,	Last)					me (First, Middle	a, Maidan Sumar					
Maryland		ToB	Billy S. Set	tle				Elizab	eth Du	rst					
a S	shou end N e mar		19a. Informant's Name/Ralations	ship (Type, Print)	19	b. Maii	ing Addrass (Stree	et and Number or R			Stata, Zip	Coda)			
_			Margaret F. I	Hardy wife	1	750	on Conor	c C+ De	]	11a M		0.27			
ē,	Health Hem 27 other tr		20a. Mathod of Disposition	iaruy wir	20b. Place	of Disp	osition (Nama of	St. Po	Data	20c. Location	- City or To	SJ./ own, Stata			
altimore,	Peges nent of I nrt: If Its		1 Buriai 2 Cramation				matory or other pl		- 10	- 22					
₫	rtan rtan		4 □ Donation 5 □ Other (Specify) Oak Grove 6/1 Follans 21. Signature of Funarel Service Licensee 22. Name end Address of Fecility												
g	permit. Peges 1 a Department of Hei Important: If flem any injury or othe		21. Signature of Fullarer Sarvice	Licensee		-		Funera	l Home						
			WM Co	Hell			Barnes	ville.	MD 208:	3.8					
			23a. Pert1. Entar tha disaasa, o shock, or haart failura. List	only ona ceusa on each I	d the daeth. Do ina.	not an	ntar tha moda of dy	ring, such es cerdie	c or respiratory	erra <i>s</i> t,		Approximate Interval Batween			
N	Physician	Barnesville, MD 20838  23a. Pert 1. Entar tha disaasa, or complications that caused the daeth. Do not antar tha moda of dying, such es cerdiec or respiratory errast, shock, or heart failure. List only one ceuse on each line.													
	/Medical		Immediata Causa (Finai disaasa or condition resulting in datab)  a. Cardiogenic Shock  2 ho												
	Examiner		Due to (or as a consequence of):												
	D E	E E	b. Myocordial Impretion												
	iaw requires that the death certificate be executed as been signed by the attending physicien end 2 should be detached for use as the buriel-transit	Examiner	Sequentially list conditions.  Due to Ir as a consequence of):												
Ö,	len e		Sequantially list conditions, if any, leading to Immadiata causa. Entar Undarfying Causa (Disaase or injury c.												
68760	ysic he b	Medical	that initiated avants rasuiting in death) Last	C	Dua to (or as a	conse	quence of):								
	nuffice ng pt	Jec	Tabling III abalii) East								ı.				
gox	attendii for use	Sur		d											
	deal	Physician/	Part II. Other significant condition	ons contributing to death t	out not resulting	in the i	undarivino ceusa o	ivan in Part I.	23b. Did	I tobacco use co	ntribute to	the cause of death?			
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	tending F deeth. for: After	Certification:	27. Manner of Death 1 ☑ Netural 5 ☐ Pandii			Tima o Injury	W		28d. Describe	how injury occur	red				
DIVISION	Attending or deeth. ector: After by the fune	cat	2 ☐ Accidant Invasti 3 ☐ Suicida 6 ☐ Could	not be				Yas 2□No							
≥	frech frech n by	틭	4 ☐ Homicida datam	sined 288. Place of In	jury - At homa, f ic. <i>(Specify)</i>	arm, st	traat, factory, office			(Street and Num own, Stata)	ber or Rure	il Routa Number,			
	ital c														
	dosp 4 hoc une ely fi	edical	29a. Certifiar 1 ☐ Certifyii (Check only 2 ☐ Medical	ng Phyaician: To the best Examiner: On the basis o	of my knowledg	e, daat	th occurred at tha to	tima, data and plac	e, and dua to the	ceusa(s) and m	annar as s	tated.			
	To the Mospital or Atte within 24 hours after de To the Funeral Directe completely filled in by the	led	one)	end mannar st	atad.										
	To To	Σ	29b. Signatura and titla of certifie		21		29c. Licer	nse numbar		29d. Data signe	d (Month,	Day, Year)			
			Whent 2	- Lohi	mo		2	9300		May	29	1996			
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			Roberth	Gold .	5225	5	hady G+	9300 ove Roc	ed R	ockvi	1/e	Md			
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					0	ertificat	e of	Death	,	Reg. No.		
	3,549		1. Decedent's Name (First, Middle, Las	st)					2. Dete of Dea	ath		3. Time of Death
	Physici		HENDRIKA MARIA va	an't HOFF					Month May 2	6, 1996	Year	10:40 am
	/Medio Examir		4e. Fecility Neme (If not institution, give	street and number)			1	tb. City, Town, or	Location of Death		of Death	
			Prince George's	Hospital Co	enter			Chever1v		Prin	ce Ge	orge's
	Funeral Director		5//-54-39/8	ex 7. Age ☐ M 2 🖾 F	(In yrs. last birthdi 79 Yrs	Months	1	If Under 24 Hrs Hours Min	8. Date of Birt	h v, Year)	9. Birthpie	ece (State or Foreign ry) erlands
	yland		Usuel Residence of Decedent  10a. State 10b. County		10c. City, Town or	Location					10	d. Inside City Limits
	the Mar	Director	MD Prince (	George's	Landove	r 10f. Zip	Code			10g. Citizen of \	What Count	1 Yes 2 □ No
	ath with 23a or		6815 Hawthorne S	treet		20	785			Nether		,,
020	n 72 hours after death with the Maryland "natural", or Items 23s or 28s-f show fullest Examiner must be notified at	by Funeral	11. Marital Stetus  1 □ Never Married 2 ☒ Married  3 □ Widowed 4 □ Divorced	12. Was Decedent Ev Armed Forces? 1 ☐ Yes 2 ☑ No if Yes, Give Year or Dates:	ver In U,S. 1	3. Wes Deced If Yes, spec		ispanic Origin? (S an, Mexican, Puer Specify:	Specify Yes or No- to Rican, etc.)	Specify	a - America ck, White, e	
21215-0020	within 72 he lene. than "natur for Medical	Completed	15. Decedent's Ed (Specify only highest grade Elementary/Secondary (0-12)		(G	icedent's Usua ive kind of wor e. DO NOT us	al Occup rk done i se retired	ation during most of wo f)	rking	16b. Kind of B	usiness/Inde	ustry
	filed Hygi ther		12 17. Fether's Neme (First, Middle, Last)		Home	emaker	- 1	18. Mother's Na	me (First, Middle,	Own Hor		
Maryland	Mantal Mantal arked c	To Be	George van Straa	ten				Unknow				
ary	2 should and Man is marke aumatic	-	19a. Informant's Name/Reletionship (7	Type, Pnint) (Spot	19b. M	elling Address	(Street		ural Route Numbe	r, City or Town,	State, Zip	Code)
	47 th 42		Cornelius Johanna			15 Hawt	hori	ne Stree	t, Lando	ver. Ma	rv1an	d 20785
re,	of Haal of Haal I tem 2 r other		20a. Method of Disposition		20b. Plece of Di		ne of		Date	20c. Location		
Ĕ	Pagas nant of nrt: If it iry or o		1 ☐ Burlai 2 ☒ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify					atory 05	/29/96	Alexand	ria.	Virginia
-Baltimore,	permit. Departm Importa any inju		21 Signature of Funeral Service Liber	500	7	22. Name an Franci	d Addre	ss of Fecility	ons Fune	ral Hom	e, P.	Α.
+			23a. Part1. Enter the disease, or comb shock, or heart failure. List only	cations that caused to one cause on each line	he death Do not	4739 Benter the mod	Balt: le of dyln	imore Ave g, such as cardia	enue, Hys correspiratory ar	attsvil rest,		D 20781 Approximete interval Between
	Physician /Medical Examiner		immediate Cause (Final disease or condition resulting in death)	· Sp				1/2/			1	Onset and Deeth  Unknow
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Box	death car e attendin	Iclai	Part ii. Other eignificant conditions co	patributing to death but	not sociation in th	o undodulon o	auga ah	on in Dard I	22h Did t	oheese was en	ntelbute to	the cause of death?
P.0	that the ed by th detache		Part II. Other eighnicant continuits co	nitributing to death out	not resulting in the	e underlying c	ause giv	en Ri Parti.		res 2 No	3 Prob	. /
Records,	requiras been sign should be	Completed by		- 24-1					24a. Was	an autopsy med?	com	re autopsy findings liable prior to appletion of cause leath?
	m E 2	Mo							101	es 200 No	10	Yes 2□ No
ita	ysician: The	Be	25. Was case referred to medical examiner?					26. Place of De	ath (Check only o	ne)		
of Vital	00	To	1 ☐ Yes 2 No	Hospitai:	2 ER/Outpa	tient 3 DC	Oth Oth	er: 4 Nursing i	Home 5 ☐ Resid	lence 8 Oth	er (Specify,	)
0			27. Manner of Death 1 Naturai 5 ☐ Pending	28a. Date of injury (Month, Dey	Year) 28b. Time	e of 2	8c. injur Wor	y at k?	28d. Describe h	ow injury occur	red	
Division		Certification:	2 Accident Investigation 3 Sulcide 6 Could not be 4 Homicide determined		y - At home, farm,	М	10	Yes 2□No	28f. Location (S	Street and Numb	per or Rural	Route Number,
ā	Hospital or Atten 24 hours after deat Funeral Director: stely filled in by the		29a. Certifier Certifying Phy	refcian: To the best of	my knowledne de	eth occurred	et the tir	ne dete and place	and due to the	rause(s) and m	nner as ets	alad
	within 24 ha	edical	(Check only Medical Exam	Iner: On the basis of e	xamination end/or	investigation,	in my o	pinion, death occi	urred at the time,	date and place,	and due to	the cause(s)
	To the within 3 To the comple	M	29b. Signature and title of certifier	01		290	. Licens	e number		29d. Date signe	d (Month, D	ley, Year)
)/	(2)		1 galine	· Won	- h - v	10	D	2920	05	5/2	-6/9	76
(	2	,	30. Name and address of person who o	1100		terr (	an	e Bo-	05 thesda	MA		
	Sta Registr		31. Date filed (Month, Dey, Year)	32. Registrar	s Signature	Carlett						

a sale and the sal

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 8. 10f. 4 196. P. 6 C. 6-3-96 CK Amended # Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Data of Death 3. Time of Death Month **Physician** 1:30+ MAVME HOPKINS 28 /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** MONTGOMERY SPRINGBROOK ADVENTIST NURSING CENTER SILVER SPRING If Undar 1 Yaar If Undar 24 Hrs. 8, Dete of Birth (Month, Day, Year) 2-2-1894 7. Age (In yrs. lest birthday) 9. Birthplace (Stata or Foreign **Funeral** NASHVILLE, TN. 410-05-6075 Director 102 Usual Rasidance of Dacedant 10a. Stata 10c. City, Town or Location 10d. inside City Limits 7 is marked other than "natural", or items 23a or 28a-f shot traumatic avent, the Medical Examiner must be notified at 1 Xas 2 No Director DC N/A WASHINGTON 10e. Street end Numbar 10f. Zip Coda 10g. Citizen of What Country? 20018 20019 USA 3442 BAKER STREET NE 12. Wes Decedant Evar in U,S. Armed Forces? Was Decedant of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puerto Rican, etc.) 11. Meritel Status 14. Rece - Amarican Indian, Biack, Whita, atc. 2 should be filed within 72 hours after and Mental Hygiene. Is marked other than "natural", or its 1 Navar Married 2 Married 1 ☐ Yes 2X No If Yes, Giva Yaar or Datas: Baltimore, Maryland 21215-0020 1 Yas 2 XNo Spacify: þ Specify: BLACK 3 □ Widowed 4 □ Divorced 16a. Decedant's Usual Occupetion (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highest grada completed) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Coilaga (1-4or 5+) MEDICAL. YEAR MEDICAL ASSISTANT 12 YEARS 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Sumama) MAHALIE ROBERT BOYD BOYD 19a. Informant's Name/Reletionship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) permit. Pages 1 and 2 sh Department of Haaith and Important: If Item 27 is m any Injury or other traum once. 1632 BUCHANAN ST NE., WASH, DC 20011 20017 DOROTHY MIMMS 20b. Plece of Disposition (Name of cemetery, crematory or other plece) 20e. Mathod of Disposition 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Ramoval from State HARMONY MEMORIAL PARK 6/1/96 LANDOVER, MD. 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funerel Sarvice Licenses 22. Name and Address of Fecility HINES CO., INC. Entar tha disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, or heart failure. List only one cause on each line. 3030 12th STREET NE, DC 20017 23a. Part1. Approximata Intarvai Batween Onsat and Death **Physician** tmmediata Causa (Final disaasa or condition rasuiting in daath) /Medical Examiner Examiner 710 yrs. attending physician and for use es the burial-transit Sequentielly list conditions, if any, laading to immediata cause. Enter Underlying Cause (Disaasa or Injury that initiated evants resulting in death) Last Physician/Medical Dua to (or es e consequence of) Division of Vital Records, P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Dtd tobacco uss contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown à Hip Fracture Aug 1995 24b. Ware autopsy findings evailable prior to completion of cause of daath? 24a. Was an autopsy performed? 1X Yes 2 □ No 1 ☐ Yes 2 ☐ No 25. Was casa referred to madical axaminer? 26. Placa of Deeth (Check only ona) Hospital: Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify) 1 Yes 2FTNo 1 Inpatiant 2 ER/Outpatient 3 DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28d. Dascribe how injury occurred Certification: 28b. Tima of 28c. Injury at Work? 1 Natural 5 Panding invastigation l or Attending after death. Director: After 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be detarmined 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 28a. Place of Injury - At home, ferm, streat, factory, office building, atc. (Specify) 4 Homicide 24 hours Funeral 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examtner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. edical 29a. Cartifiar (Check only one) To the 29c. License number 29b. Signature and title of certified 29d. Dete signed (Montyl, Day, Year) 5/28/86. D31001 30. Name and address of person who complated care a data the (Item 23a) (Type, Print) 7500 5-691 Way Cat-Dr. #430 8, M.D. Kewi Greenbelt, Md 20770

State Registrar 31. Dete filed (Month, Day, Year)

32. Registrar's Signatura

MAY 31 1998

Jain Sander Radal

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

					Cer	tificate	of Death		Reg. No.		- 3
Physiciar /Medica	-	1. Decedant's Name (First, Middla, Last ELLEN VERNA HOLLW						2. Date of De Month MAY 29	Day	Year	ima of Death
Examine	_	4a. Facility Name (If not Institution, give MALCOLM GROW MEDI)	a street and number					r Location of Deat	4c. County	NCE GEORGES  9. Birthplaca (State Columny)  1906 Minneso  10d. Inside  1AYe  10d. Inside  1AYe  10d. Inside  1AYe  10d. Inside  1AYe  10d. Inside  1AYe  10d. Inside  1AYe  10d. Inside  1AYe  10d. Inside  1AYe  10d. Inside  1AYe  10d. Inside  1AYe  10d. Inside  1AYe  10d. Inside  1AYe  10d. Inside  1AYe  10d. Inside  1AYe  10d. Inside  1AYe  10d. Inside  1AYe  10d. Inside  1AYe  10d. Inside  1AYe  10d. Inside  10d. Ins	
Funeral Director		5. Social Sacurity Number 6. S			lest birthdey) 89 Yrs.	If Under 1 Y	ANDREWS /aer   ff Undar 24 H ays   Hours   Mi	rs. 8. Deta of Bir n. (Month, Da		9. Birthplaca (Country)	State or Foreign
how		10a. Stete 10b. County		10c. Cit	ty, Town or Lo	cation					ide City Limits
72 hours effer death with the Manyland 72 hours effer death with the Manyland natural; or items 23s or 28s-f show sidel Examiner must be notified at	al Director	Maryland Prince 10e. Street and Number 136 Cree Drive	George's		Forest	Height 10f. Zip Co 2074	da		10g. Citizen of USA		Yes 2□No
n 72 hours effer dea "netural", or flems	by Funeral	11. Merital Status  1 ☐ Never Merried 2 ☐ Married  3 ☑ Widowed 4 ☐ Divorced	12. Was Deceden Armed Forcas 1  Yes 2 If Yas, Giva Yeer or Datas	? No		Ves Decedent Yes, specify	t of Hispenic Origin? Cuban, Maxican, Put No <i>Specity:</i>	(Specify Yes or No erto Rican, etc.)		ck, Whita, atc.	ian,
VIZI Jiena. r then	Сотріете	15. Decedant's Ed (Specify only highest gra Elementery/Secondary (0-12)	lucation da completed) Collaga (1-4or	5+)	(Giva I lifa. D		ccupation lona during most of w etired) Volunteer		Saint 1	Elizabet	h's
Araryland 2 2 should be filled and Mental Hygid Is marked other raumatic event, I	9	17. Fathar's Name (First, Middla, Last) Andrew		Niemi			Mi	ama <i>(First, Middl</i> a, 1ja	La	assila	
		19a. Informant's Name/Ralationship (1) Ruth G. Michalak			5502	Huntla	and Road	Temple H	ills, Man	ryland 2	0748
permit. Pages 1 an Deperment of Heel Important: if Itam 2 any Injury or other once.		20e. Mathod of Disposition 1   Buriel 2 □ Cramation 3 □ 4 □ Donation 5 □ Other (Specify	1)		Piece of Dispos cematary, crem lingtor	atory or otha	r plece)	Deta -5-96			
permit Depen Import any in		21. Signature of Funeral Service Licen	100		Ge	eorge I	ddrass of Fecility P. Kalas F on Hill Rd			20745	
Physician /Medical Examiner		23a. Part1. Entar tha disaasa, or compensor, or haart failure. List only of Immediata Causa (Final disaasa or condition rasulting in daath)		D ABI		AORTI	C ANEURYSI			intary	al Batween t end Daath
antificate be assecuted ing physician end es the bunet-transit											
2 5 5 6 5	3	rasulting in daeth) Last	d	201010							
T.C. at the de datached datached		Part II. Other eignificant conditions co	ontributing to death	but not res	sulting in the un	darlying caus	a given In Pert i.		lobacco use co Yes 2 No		ause of death'
aw requires to been sign 2 ahould be									an autopsy rmed?	available	prior to on of cause
F # a C	2	25. Was casa refarred to medical axaminar?	Hoorital.				_	1 □ 1	Yas X No	1 □ Yas	2 No
Attending Physical death. ector: After this by the funeral di	-  -	1 Yas 2 No  27. Mannar of Deeth 1 Naturei 5 Panding 2 Accidant Invastigation 3 Suicida 6 Could not be 4 Homicida detarmined	28a. Piace of in	ury a <i>y Year)</i>		28c.	Injury at Work? 1 Yes 2 No		how Injury occur	rred	a Number,
Hospit 24 hour Funer riely fill		29a. Cartifier (Check only 2 Medical Exam	valcian: To the best	of my kno	wledga, daath	occurred at the	na tima, data and pie my opinion, death oc	ca, and dua to tha	causa(s) and m	annar as stated.	usa(s)
To the within		29b. Signature and titla of certifiar	end mennar's	tated.			cense number		29d. Date signe	ed (Month, Dey, Y	
(25)		30. Nema and addrass of person who co			n 23a) (Type, F	Print) 105	O WEST PE	RIMETER R	OAD		10

State Registrar

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of Maryland / Department of Health and Mental Hygiene	96	7	6	9	
Cartificate of Death					

111 Penn Street, Baltimore, Maryland 21201

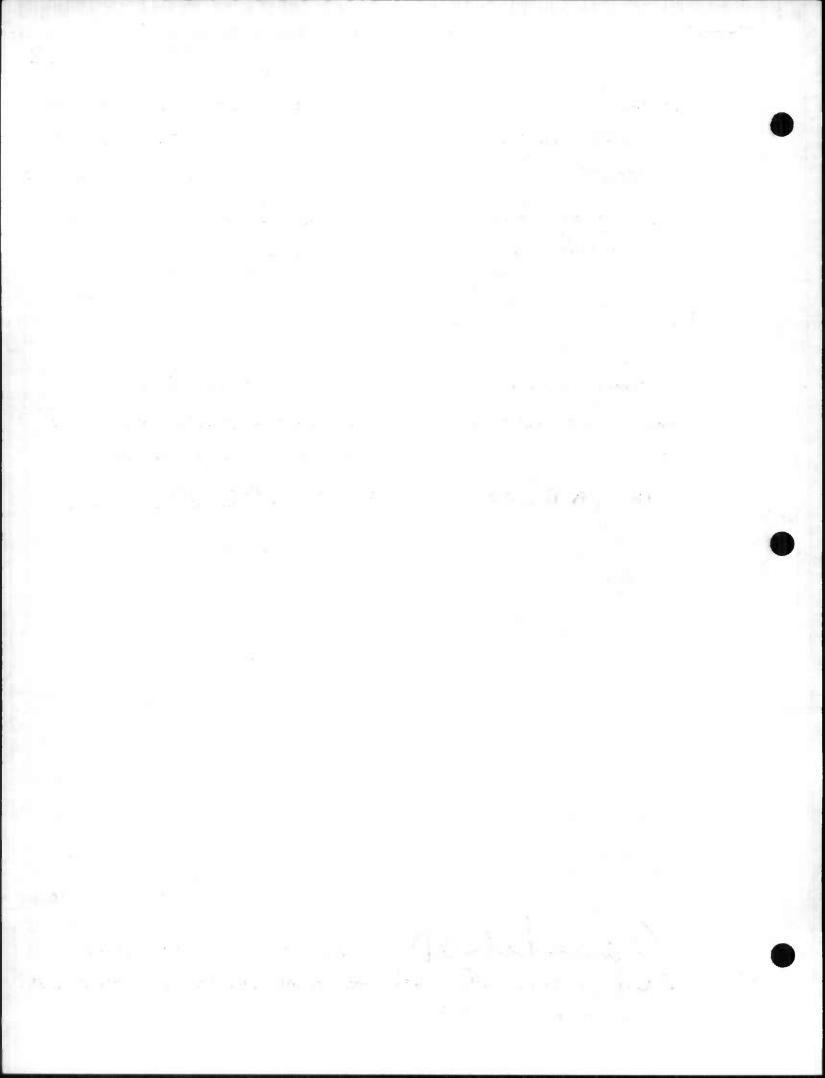
					mar y larr		tificate		Death	· · · · · · · · · · · · · · · · · · ·	Reg. No.	0	11052
	Physic /Medi		Decedant's Nama (First, Middla, Las     ADRIAN	t)				Н	OLT	2. Data of D Month MAY	eath Day 24	1996	3. Time of Death 6:36P.M
	Exami	-	4a. Facility Nama (If not institution, give 3422 DODGE PAR)		ber)				b. City, Town, or LANDOVE			nty of Death	EORGES
	Funeral Director		370-90-0239	x	. Aga (In yrs. I		If Under 1 Months	Yeer Deys	If Under 24 Hrs Hours Min.	8. Data of Bi (Month, D	irth lay, Year) 22–62	9. Birthp Cour Wash	olaca (Stata or Foraign otry) ington DC
	the Maryland 28a-f show notified at	ctor	Usual Rasidance of Decedent  10a. Stata 10b. County  Maryland Prince Ge	eorge's	10c. City	, Town or Lo	cation	U	pper Mar	lboro		1	0d. Insida City Limits  DOYas 2 □ No
	th with th 23a or 28 ast be no	Funeral Director	13016 Cloverly	Drive			10f. Zip C	ode	20772		10g. Citizan d	of What Cour USA	ntry?
020	within 72 hours after death with the Maryland ene. than "natural", or Nema 23a or 28a-1 show he Medical Exerting must be notified at	by	11. Marital Status  1 Navar Married 2 Married  3 Widowad 4 Divorced	12. Was Deced Armed Ford 1 Yes 2 If Yas, Giva Yeer or Det	as? (XINo		Vas Decedar Yes, specify		ispanic Origin? (S an, Maxican, Puan Specify:	pecify Yes or N to Rican, etc.)	0- 14. F	lace - Americ leck, Whita, city: B1	
21215-0020	DEL	Completed	15. Decedant's Edi (Specify only highast grad Elementary/Secondary (0-12) 12th	ucation da co <i>mpleted)</i> Collega (1-4	or 5+)	16e. Deced (Giva lifa. L	lant's Usuai ( kind of work DO NOT use		ation during most of wo d) ockman			Businass/Ind	
Maryland	should be filed and Mentel Hygin marked other martic event, to	To Be	17. Father's Name (First, Middla, Last)  Joseph E. Holt	t, Jr.					18. Mothar's Nam Bar	ma (First, Middle bara J.			
	nd 2		Joseph E. Holt, J			13016	Clove	erl	and Number or Ri y Drive,		-		
altimore,	Peges 1 en nent of Heal		20a. Mathod of Disposition		ata Ha	ace of Dispos ometary, cran rmony	sition (Nama natory or other Memor:	of ar place ial	Park	Data 5/30/96	20c. Location	n - City or To dover,	
Balt	permit. Peges Department of important: If It any Injury or once.		21. Signature of Funerei Sarvice Licens Namay A. Pe			22	J. B	. J	ss of Facility enkins F ndover R			MD 2	0785
	Physician /Medical Examiner	er	23a. Pert1. Enter tha disease, or comp shock, or haart failura. List only of Immediate Cause (Final disease or condition resulting in death)	lications that cause on aac	ursh	Do not ente	or the mode	of dylr	ig, such es cardle	c or raspiretory	errest,		Approximeta Intarvai Batween Onset and Deeth
(68760,	rtificate be axecuted ng physician end a as the burial-transit	Medical Examiner	Sequantially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disaasa or Injury that initiated avents resulting in death) Last	b		as a consequal as e consequ							
, P.O. Box	that the death cert led by the attendin detached for use	y Physician/N	Pert II. Other significant conditions co	dntributing to deal	th but not rasu	iting in tha ur	ndarlying cau	se giv	an in Part f.		Yee 2 N		o the cause of death?
Records,	e law requires that has been signed t ge 2 should be det	Completed by				-					s an autopsy formed?	av	ara autopsy findings allable prior to mplation of cause death?
Vital F	E 5 8	Be Cor	25. Was casa rafarred to medical examinar?						28. Place of De	eth (Check only	Yes 2□No	D	Yas 2□ No
of V	Physiclan: this certific ral director,	10	1 XYas 2 □ No	Hospitai: 1 ☐ Inp	T	ER/Outpatien			4 LI Nursing F	loma 5 XRas			y)
Division	P 5 5	Certification:	27. Mannar of Death  1 Netural 5 Pending 2 Accidant Invastigation 3 Suicida 6 Could not be	UN	Day Year)	28b. Tima of Injury	М		yat k? Yas 210 No	Sub	how injury occ	5Lot	10-4-14-1-
Div	To the Hospital or Attendit within 24 hours efter death. To the Funeral Director: Al completely filled in by the fu		flomicida determined	building	f fnjury - At ho , atc. (Specify	Home	3	111.00		3422	walse	wk	I Routa Number,
	the Hosphin 24 hc the Fund	Medicai	29a. Certifiar 1 Certifying Phy (Check one) 2 Medical Exami	efcian: To the be ner: On the bas and manna	is of axaminati	nedga, daath on and/or Inv	estigation, In	n my o	pinion, death occu	o, and dua to the urred at the tima	, date and plac	e, and dua to	tha cause(s)
	5 to 8		29b. Signisture/and title of certifier	Cost	egh	$\bigcirc$			e number		29d. Dete sig		

ass of person who complated causa of the (Itam 23a) (Type, Print)

32. Registrar's Signature

31. Dete filed (Month, Day, Year)

MAY 2 9 1996



Piease Type or Print in Black Indelibie ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene El. Sn. 5/30/96 P.CoC. Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath 3. Tima of Death Month Day Physician Yaar We maell Harris Ricardo 21=28 90 /Medical 4b. City, Town, or Location of Death 4a. Facility Neme (If not institution, giva street end number) 4c. County of Deeth Examiner SILVER SPRING MONTGOMERY HOLY CROSS HOSPITAL 7. Aga (In yrs. last birthday) If Under 1 Yeer If Undar 24 Hrs. Hours Min. 5. Social Security Number 6. Sex 8. Deta of Birth (Month, Day, Year) Birthpiace (Stete or Foraign Country) **Funeral** 1 M 2□ F Days 58 243-56-5602 Yrs. Director WASHINGTON, DC 9/15/37 Usual Rasidance of Decedant the Marylend 10a. State 10b. County 10c. City. Town or Location 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examiner must be notified at 10d. Insida City Limits 1 X Yas 2 No Director N/A WASHINGTON 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 1622 JUNIPER STREET NW 20012 USA Funerai death Was Decedant of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 12. Was Dacedent Ever in U,S. Armad Forcas? Race - American Indian, Bleck, Whita, etc. 11. Maritel Stetus filed within 72 hours efter 1 ☐ Nevar Married 2 ☐ Married 1 ☐ Yas 2 No If Yes, Giva Yaar or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: Specify: BLACK þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education 16b. Kind of Businass/Industry permit. Pages 1 and 2 should be filed within 7: Department of Health and Mental Hygiene. Important: If item 27 is marked other than "na any Injury or other traumatic event, The Media 2005. (Specify only highast grade completed) 12 YEARS Collaga (1-4or 5+) ENGINEERING ENGINEER /Electrical 5t 17. Fether's Nema (First, Middla, Last) 18. Mothar's Name (First, Middla, Malden Surname) NEAL HARRIS SR. ANNIE MAE DAVIS 19a. Informact's Name/Raiationship (Type, Print) ANSONIA ANSONIA (TARRIS 19b. Mailing Addrass (Street end Number or Rural Route Number, City or Town, Stata, Zip Code) SAME AS 10A,B,C,D,E,&F 20a. Method of Disposition

1 □ Burial 2 □ Cramation 3 □ Removel from Stete 20b. Place of Disposition (Name of 20c. Location - City or Town, State cometery, crametory or other place)
ROCK CREEK CEMETERY 5/28/96 WASHINGTON, DC 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensi 22. Nema and Address of Facility 7 JOHN T. RHINES CO., INC. 3030 12th STREET NE, DC 20017 entar tha disease, or complications that caused the or heart failura. List only one ceusa on each lina. Do not antar the moda of dylng, such as cardiac or respiratory arrast, Approximata intarval Between Onset and Deeth **Physician** /Medical Immediata Cause (Final ihr-0 here disaasa or condition rasulting in death) Examiner Dua to (or as a consequence of) physician and the burial-transit that the death certificate be executed Sequentially list conditions, if eny, laading to immadiata causa. Entar Underlying Cause (Disaase or injury that initiated events resulting in daath) Last Due to (or es a consequance of): Box 68760 Physician/Medicai Due to (or es e consequança of): signed by the atte Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 3 Unkne Records, þ should ! 24b. Wara autopsy findings available prior to complation of causa of deeth? 24e. Was an autopsy performed? Completed certificate has 1 Yas 2 No 1 ☐ Yas 2 ☐ No Division of Vital Be 25. Was casa raferred to medical 26. Placa of Death (Check only one) examinar? 1 Yas 2 No Other: 4 Nursing Homa 5 Rasidence 8 Other (Specify) 20 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Manner of Death 28a. Data of Injury (Month, Day Year) To the Hospital or Attending PI within 24 hours efter deeth.
To the Funeral Director: After the completely filled in by the funera 28b. Time of 28c. Injury at Work? 28d. Dascribe how Injury occurred Certification: 5 Panding invastigation 1 Natural 1 ☐ Yas 2 ☐ No 2 Accidant 3 Suicide 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 28a. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 D Homicida edicai 1 Certifying Physician: To tha best of my knowladga, daath occurred at tha time, deta end place, and due to tha causa(s) and mannar as stated.

Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, daath occurred at tha tima, data end place, end due to tha cause(s) end mannar stated. 29a. Cartifiar 29b. Signatura end titla of certifiër 29c. Licanse number 29d. Dete signed (Month, Dey, Year) D08546 - Wes 30. Nama and addrass of person who completed cause of death (Itam 23a) (Type, Print) solo Dohns 8218 wis cms1 ber an 31. Data filed (Month, Day, Year) 32. Registrar's Signatura State all Dwilson Re 2 9 1996 Registrar **DHMH 16 Rev 6/95** 

A. Sura .

TO THE HOSPITAL OR ATTENDANCE PHYSICIAN. The law impuries that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

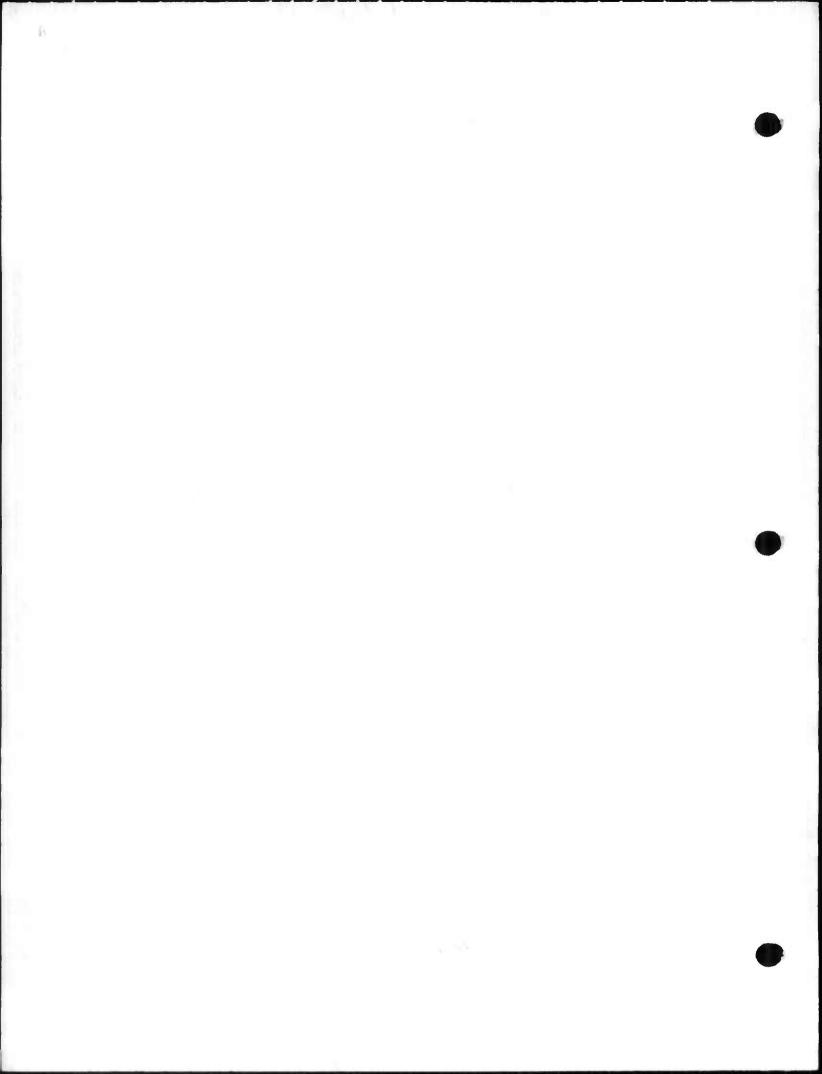
TO THE PUREBLE DIRECTOR After the sense that the death certificate be executed within 24 hours after death. Pages 1, 2, 3 should be funded for use as the burial-transit permit. Pages 1, 2, 3 should be married for use as the burial-transit permit. Pages 1, 2, 3 should be married or team 28 in marriad, or team 28 in marriad, or team 28 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE C	F DEATH	REG. NO	D.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY	3. TIME OF DEATH			
	JOSEPH	E. HOHE	EN BERG	ER		MAY Z	46 6:30 AM				
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)		R IF UNDER 24 HRS.	7. DATE OF BIRTH	Í	8. BIRTHPLACE (State or Foreign			
	213-10-4830	1 TM 2 F 8	7 YRS.	MONTHS DAY		(Month, Day, Year)		Country)			
	9a. FACILITY NAME (If not Institution, give st	11		Oh CITY TOW	N OR LOCATION OF D			MARYLAND			
œ	NATIONAL LUTE				TCOMEDY CO						
2	NATIONAL LUTHERAN HOME ROCKVILLE MONTGOMERY CO.										
E C	An OTATE										
DIRECTOR	MD. BALT	IMORE CO.		BALTI				10d, INSIDE CITY LIMITS?			
	10e. STREET AND NUMBER				10f. ZIP CODE			1 X YES 2 □ NO			
RA	8309- LOCH	DAVEN DIV	'D		21214			ZEN OF WHAT COUNTRY?			
FUNERAL								.S.A.			
5	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	13, WAS I	ECENDENT OF HISPA specify Cuban, Maxic	NIC ORIGIN? (Specify Ye	s or No-	14. RACE — American Indian, Black, White, atc.			
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	UNAVAILAB			ES 2 NO Speci		- 1	Specify:WHITE			
								AALLT I D			
回	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S (Give kind of	work done during	ATION most of working	16b. KIND OF BU	JSINESS/IND	USTRY			
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	III. Do NOT u	se retired.)							
₽	12		ELE	CTRIC	AL WORKE	R EL	ECTR	ICAL			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maide					
BE (	HENRY EDWA		MA	RGARET E	. DE	CKMAN					
	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre	et and Number or Flural	Floute Number, City or To	wn, State, Zip	Code)			
2	REV.DR. REICHA	ARD	970	)1- VE	IRS DRIV	E, ROCKV	ILLE	,MD.20850			
	20a. METHOD OF DISPOSITION	20	b. PLACE AND DATE	OF DISPOSITION	(Name of	DATE 20c, L	OCATION —	City or Town, State			
	the Surial 2 □ Cremetion 3 □ Removal from State   cemetery, cremetory or other place)										
	21. SIGNATURE OF FUNESAL SERVICE LEASE IMMANUEL LUTH. CEM 5/29 BALT., MD.										
	HYSONG CO., INC.										
	00.000	moore		13	00- N ST	REET, N.W	. W	ASH.,DC			
	23. PART I. Enter the diseases, or shock, or heart fellure. )	omplications that cause	d the deeth. Do	not enter the	mode of dying, suc	h as cardiec or year	iratory arre	est, Approximata			
	IMMEDIATE CAUSE (Final	sist only one cause on	each line	1	1	1.11		Interval Between Onset and Daath			
	disease or condition										
	resulting in death)	DUE TO (OF AS	A CONSEQUENCE O	FI:A	-000/	200	-	) 44 )			
_	_	1) 00 01	1 00000	a	. //			ZEIVC			
ō	Sequentially list conditions,    Due to (or As A consequence of ):										
¥	Cause Entry UNDERLYING										
ᇤ	CALLEE Missass of Information C. (4) Company C. (4)										
CERTIFICATION	that initiated events pue to (or as a consequence of):  The initiated events for the puer to (or as a consequence of):  The in										
8											
# 1	PART II. Other significant conditions	contributing to death	but not resulting	in the inder	ing cause given in			24b. WERE AUTOPSY FINDINGS			
DICAL	_ Canc	2		RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE						
MED	1 YES 2X NO OF DEATH?										
Σ.	DID TORACCO LISE CONTR	IDITE TO CALISE O	DE DEATH V	ON EL 23	- UNICEDIAL			1 TYES 2 NO			
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 28. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)										
$\overline{c}$	EXAMINER?	HOSPITAL:		OTHER:	NO)						
≥	1 YES 2 XNO  27. MANNER OF DEATH	1   Inpetient 2   ER/Out			ome 5 Rasidenca						
	Netural 5 Pending	(Month, Day, Year)	28b. TIR	JURY	NJURY AT WORK?	28d. OEŞCRIBE HOW	INJURY OCC	CURED			
à l	2 Accident Investigation				YES 2 NO						
	3 Suicide 8 Could not be	28a. PLACE OF INJUR building, atc. (Spe	Y — At home, term, ecify)	street, factory, o	fice	28t. LOCATION (Street City or Yown, State	and Number	or Rural Route Number,			
	4   Homicide detarmined	4 Homicide determined City or Town, State)									
ا ۾	29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my know	viedge, death occurr	ed at the time, d	eta and place, and due	to the cause(s) and me	oner ee elete	4			
COMPLETED								s cause(s) and manner as stated.			
	206. SIGNATURE AND TITLE OF CERTIFIER	- /									
8	Carlos I	1 1/0	noel		29c LICENSE NUI	MBER /		SIGNED (Month, Day, Ybar)			
2	20 MANE AND ADDRESS OF STREET	v. jed	win	V	INAI	100	PM	1Ay 23, 1996			
- 1	DR. CHARLES W.				DD DOO	WWITTE N	TD.				
		KARESH-	3/UI- V	EIKS .	DK., KUC	VAITTE'W	ען.				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	NATURE								
	MAY 2 8 1996 Ja	w attender to	delle								
		140	A Print					OHMH-18 Rev 1/89			



		1.	. Decedent's Name (First, Middla, L	.ast)			rtificate				Dete of Deet	eg. No. th		3. Time of Deeth
Physic /Medi	cai	L	PATRICIA  4e. Fecility Name (If not institution, give street and number)			Н	ARRI	Ab. City, Town, or Loc		m,	Month A Y		96	8:45pm
Exami Funeral Director	ner	5.	PRINCE GEORGI Sociel Security Number 6. 578 70 4511		UNITY	HOSP] rs. last birthday; Yrs.	1 12 11	C	HEVER	LY, M		Year)	Geo R 9. Birthp Coun	26E'S lace (State or Foreightry) INGTOM, I
be new with 7 c hours after dean with the Maryland tial Hygiene. d diber than "naturel", or frems 23a or 28a-f show event, the Medical Examiner mant be notified at	tor	10		GEORGE	_	City, Town or Lo		TON					1	0d. inside City Limite
	al Director		0e. Street and Number 1805 WILLIAMSE	BURG CO	URT		10f. Zip Code 10g. Citizen of Wh 20744 usa			What Coun	itry?			
	by Funeral	1	Marital Status     Never Married	12. Wes Dece Armed Fo 1   Yes If Yes, Gh Year or D	rces? 25xNo /e			s, specify Cuban, Mexican, Puerto Rican, etc.)  Bleck, V			ck, White,	American Indien, White, atc. BLACK		
	Completed		15. Decedent's (Specify only highest g	rade completed)		(Give	dent's Usua kind of wor DO NOT us	rk done	dunina most o	of working		16b. Kind of B	usiness/Inc	dustry
		17	Elementery/Secondery (0-12)  7. Fether's Nema (First, Middle, Las	College (	1-4or 5+)	SECF	RETAR	Y	18. Mother	s Nema (Fil	rst. Middle, /	GOVER		Т
th and Mental 7 is marked o traumatic eve	To Be		JOSEPH D. BU	JTLER				18. Mother's Nema (First, Middle, Meiden Sume FLOSSIE BILLINGS				n, Stata, Zip Code)		
Important: I any injury o		2	4 Decetion 5 Other (Special Service Lie		. 1	INCOLN 2 F	MEM 2. Neme en RALPH	ORI d Addre	AL ss of Fecility LLIAM	MAY S FII		996 SU SVC	ITLA	ND,MD
edical miner	miner	d	A. Purt List on shock, or heen fallure. List on mmediete Ceuse (Finel disease or condition esulting in deeth)		Cardia Due to	l In En	oter the mode	1th	STREE g, such as c	T S.	E . spiretory arm			Approximate Intervel Between Onset end Deeth
Medical aminer pur purple supplemental suppl	an/Medical Examiner	OH GOT	mmediete Ceuse (Finel diseese or condition		Due to	eath. Do not en	oter the mode	1th	STREE g, such as c	T S.	E . spiretory arm			Onset end Deeth
been signed by the attending physician should be detached for use as the buria	edical	d re	mmediete Ceuse (Finel disease or condition esulting in deeth)  Sequentially list conditions, any, leading to immediete ause. Enter Underlying hause (Disease or injury heat initieted events	e. My o d	Due to  Due to	eath. Do not en	ter the mode extreme and extre	1th e of dyin	STREE g, such as co	TS.	E. spiretory arm	obacco usa co es 2□ No	ontributa to	hours Iday
certificate has been signed by the attending physician and rector, page 2 should be detached for use as the burst-transit.	Be Completed by Physician/Medical	Sili GC three	mmediete Ceuse (Finel disease or condition esulting in deeth)  Sequentially list conditions, any, leading to immediete ause. Enter Underlying ause. (Disease or injury heat initieted events asulting in deeth) Lest  ert II. Other significant conditions  Insulin - dependent  A MOXIC Encephologian.	b.  c.  contributing to do  Disbeles M  DaThy,	Due to  Due to  Due to	l In Error of or es e consector or es e consector of or es e consector of or es e consector o	quence of):  underlying ca	1th ie of dyin a, ku	STREE g, such as confidence of the confidence of	ardlec or res	23b. Did to 1 Y  24e. Was a perior	obacco usa co es 2□ No in autopsy med? as 2□ No	3 Prot	o the cause of death bably 4 Unknow ere eutopsy findings eliable prior to mpletion of cause death?  Yes 2 No
Medical has been signed by the attending physician and common to a strongly be detached for use as the burial-transit.	To Be Completed by Physician/Medical	Siff CCC three	mmediete Ceuse (Finel disease or condition esulting in deeth)  Sequentially list conditions, any, leading to immediete ause. Enter Underlying ause. Enter Underlying ause (Disease or injury net initieted events assulting in deeth) Lest  ert II. Other significant conditions  Insulin - dependent  A MOXIC ENCEPHOLOGIE.	e. My o o  b.  c.  contributing to do  Dibbeles M  ATRY,  Hospitel: 150	Due to  Due to  Due to  Due to  Pulliture  Iven. F	eath. Do not en  Lings  O (or es e conse	quence of):  quence of):  quence of):	ause giv	en in Pert I.  L Faul  26. Piece car: 4   Nurs	ardlec or res	23b. Did to 1 Y 24e. Was a perion 1 Ye heck only on	obacco usa co es 2□ No en autopsy med?	ontribute to 3 Prot  24b. We over of of	o the cause of death bably 4 Unknow ere eutopsy findings eliable prior to mpletion of cause death?  Yes 2 No
ther death.  Newton: After this cartificate has been signed by the attending physician and in polymeral director, page 2 should be detached for use as the burish-transit.	To Be Completed by Physician/Medical	Siff CCC three	mmediete Ceuse (Finel disease or condition esulting in deeth)  Sequentially list conditions, any, leading to immediete ause. Enter Underlying ause. (Disease or injury het initieted events assulting in deeth) Lest  PSWIN - dependent  A NOXIC ENCEPHOLOGIES.  Wes case referred to medical exeminer?  1   Yas 2   No  7. Manner of Deeth 1   Netural 5   Pending	e. My o ( b. c. c. contributing to do  Dibbeles M  All Hospitel: 128e. Dete (Monon on bed) 28e. Place	Due to  Due to  Due to  Due to  Due to  Path but not r  Aclitud  iven. F	l In From tended to the conservation of the co	anderlying carries of the second of the seco	ause giv	en in Pert I.  L Faul  26. Piece car. 4   Nurse	ardlec or rest	23b. Did to 1 Y  24e. Was a perform 1 Y  beck only on 5 Reside	obacco usa co es 2 No in autopsy med?  as 2 No ine) ence 6 Ott ow injury occur treet and Numit	24b. We ave conditions of financial states of the states o	o the cause of death bably 4 Unknow ere eutopsy findings eliable prior to mpletion of cause death?  Yes 2 No
mastr.  Our After this certificate has been signed by the attending physician and improve the funeral director, page 2 should be detached for use as the burish-transit:	Be Completed by Physician/Medical	Siff CC Ctriff re	issesse or condition esulting in deeth)  Sequentially list conditions, any, leading to immediate ause. Enter Underlying ause. (Disease or injury het initieted events asulting in deeth) Lest  In thirtieted events asulting in deeth) Lest  A noxic Enceph Leg  5. Wes case referred to medical exeminer?  1) Yas 2 No  7. Manner of Deeth 1 Netural 5 Pending Invastigati 3 Sulcide 6 Could not determine  9e. Certifler 1 Certifying P	e. My of  b.  c.  d.  contributing to de  Dibbeles M  Dibbeles M  28e. Dete (Mon.  28e. Place buildi  Physicien: To the buildir: On the buildire.	Due to  Due to  Due to  Due to  Due to  Due to  Pulliture  Iver. F  Inpatient 2  of Injury - At  ng, etc. (Spe	Part Do not en la part Do not	quence of):  quence of):  quence of):  quence of):  quence of):  quence of):  quence of):  quence of):  quence of):  quence of):  quence of):	ause giv	en in Pert I.  26. Plece car: 4 Nurseyet  Yes 2 N	ardlec or rest	23b. Did to 1 Ye 24e. Was a perform 5 Reside Describe he Location (St. City or Town	obacco usa co es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 3 Otto es 3 Otto es 4 No es 4 No es 5 Otto es 5 Otto es 6 Otto es	ontributa to 3 Prot 24b. We avecome of the second of the s	o the cause of death bably 4 Winkness ellable prior to mpletion of cause deeth?  Yas 2 No

State Registrar 31. Deta filed (Month, Dey, Year)
MAY 2 8 1996

32. Registrar's Signeture

to. the world to be the second of the second of

State of Maryland / Department of Health and Mental Hygiene 9 b Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Data of Deeth 3. Time of Dieth Month Dey **Physician** 1996 EDWARD HALL 23 DONALD 6:30 AM MAY /Medical 4e. Facility Name (If not institution, giva street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** PRINCE GEORGE HYATTSVILLE HYATTSVILLE HEALTH CARE CENTER If Under 24 Hrs. 8. Data of Birth Month, Dey, Year)
JUNE 10, 1946 5. Social Security Numbar If Undar 1 Yaar 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** Days Months Hours 219-42-4087 Yrs. 49 **Director** WASH., D. C. Usuel Residence of Decedent death with the Meryland 10e. State 10c. City, Town or Location ir than "natural", or frame 23a or 28a-f show the Medical Examiner must be notified at 10d. Insida City Limits WASHINGTON 1 Yes 2 No D. C. Direct 10f. Zip Coda 20019 10e. Street end Number 10g. Citizan of Whet Country? 3209 DUBOIS PL., S. E. #4 S. A. и. Funeral 12. Was Decedant Ever in U.S.

Amed Forcas?

Vol Yas 2 □ No 3 - 8 - 67

it Yas, Giva
Yeer or Detes: 3 - 7 - 73 13. Wes Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - American Indian, Biack, Whita, atc. 11. Maritai Status filed within 72 hours after Hyglene. 1 Nevar Married 2 Marriad Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No BLACK þ Specify: 3 ☐ Widowad 4 ☒ Divorced Completed 15. Decedent's Education (Specify only highast grada completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working iffe. DO NOT use ratired) 16b. Kind of Business/Industry Elamantery/Secondery (0-12) 11TH GRADE other than Coilege (1-4or 5+) MAINTENANCE SIDWELL FRIENDS SCHOOL 17. Fethar's Name (First, Middle, Last) permit. Peges 1 and 2 should be file Department of Health end Mental Hy Important: if Item 27 is marked oth any liquy or other traumatic svent soids. 18. Mothar's Nama (First, Middle, Melden Sumeme) Be CONSUELLA HALL CHARLES EDWARD ROSS 2 19e. Informant's Neme/Ralationship (Type, Print) 19b. Melling Addrass (Street end Number or Rural Route Number, City or Town, State, Zip Code) CONSUELLA 3691 JAY ST., N. E. #102 WASH., D. C. 20019 LUMPKIN - MOTHER 20b. Piece of Disposition (Nema of cemetery, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 X Burial 2 ☐ Cremetion 3 ☐ Ramovel from Stete 4 ☐ Donetion 5 ☐ Othar (Specify) 5/29/96 BRENTWOOD, MD FT. LINCOLN CEMETERY 21. Signature of Funeral Service Ligen PINCKNEY-SPANGLER FUNERAL HOME 524 - 8TH ST., N. E. WASH., D. C. 20002 11 23a. Pert1. Enter tha disease, or complications that caused the shock, or heart teilure. List only one cause on each line. Do not antar the mode of dying, such es cardiec or respiretory arre-Physician Immediete Ceuse (Finel diseese or condition resulting in deeth) /Medical 5 yrs 4105 Examiner Dua to (or as a consequence of): Examiner physician end the burial-transit The law requires that the deeth certificeta be axecuted Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events Dua to (or as e consequence of): P.O. Box 68760. Physician/Medical Due to (or as e consequanca of): resulting in deeth) Last signed by the ed Pert if. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown Division of Vital Records, ð 24b. Were autopsy tindings aveilable prior to completion of causa of death? Completed 24e. Wes an autopsy performed? Deed hes 1 Yes 2 No certificate 1 □ Yas 2 □ No or Attending Physician: after death. 25. Was case reterred to medical axaminar? Be 28. Place of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 10 1 Yes 2 No After this 27. Manner of Deeth 28e. Deta of Injury (Month, Dey Year) 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred Certification: 5 Pending Investigation 1 Naturel 1 ☐ Yas 2 ☐ No 2 Accident Director: 3 Suicide 6 Could not be 28t. Location (Street end Number or Rural Routa Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, streat, fectory, office building, etc. (Specify) 4 Homicide 24 hours a the Hospital 29a. Certifier 1 🗜 Cartifying Physician: To the best ot my knowledge, deeth occurred et the time, deta and place, and dua to the causa(s) and manner as steted. Medical (Check only one) 2 Medical Examiner: On the besis of examinetion end/or investigetion, in my opinion, death occurred at the time, date end piece, end due to the cause(s) end menner stated. 9 within 7 29b. Signeture end title of certifiar 29d. Data signad (Month, Day, Year) 1)-20062 30. Neme end address of person who complated cause of deeth (Item 23e) (Typa, Print)

Registrar

31. Dete filed (Month, Day, Year) 32. Registrer's Signeture MAY 28 1996

TONY P. KANNARKAT, M. D. 8201 - 16TH ST.

SILVER SPRING, MD 20910

n. . 

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

	t.	4					9	6	7697	
	1 - STATE OF MARYLA REGISTRAR			F HEALTH AND	MENT	AL HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last) EDITH JANE			2	MON	TE OF DEATH	3 19	YEAR 196	3. TIME OF GEATH	м
TOR	4. SOCIAL SECURITY NUMBER  216-28-1464  9a. FACILITY NAME (If not institution, give street and number)  6. AGE (In 65)	yrs. last birthday) YRS.	YRS. MONTHS DAYS HOURS			e OF BIRTN (th, Day, Year) 22, 1	929 West Virginia  I se COUNTY OF OPENTH			
	108 South Main Street RESIDENCE OF DECEDENT		96. CITY, TOWN OR LOCATION OF DEATN  Bel Air						rford	
DIRECTOR	10s. STATE 10b. COUNTY  Maryland Harford	10c. C/1	TY, TOWN OR L		el A	ir			10d. INSIDE CITY LIMITS?	
BY FUNERAL	100. STREET AND NUMBER  108 South Main Street		10f. ZIP CODE	21014		10g. CIT		VHAT COUNTRY?		
	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U. FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- 14. RACE				— American Indian, White, atc.			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5+)	16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Homemaker			Sb. KINO OF BUS	usiness/industry  Home				
BE CON	17. FATNER'S NAME (First, Middle, Last)  Norman Price Waugh  18. Mother's NAME (First, Middle, Malden Surname)  Susie Carolyn Boggs									
10	19e. INFORMANT'S NAME (Type/Print)  A. Henry Johnson		195. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code)  135 Weber Street, Havre de Grace, Maryland 210						78	
	1 X Burist 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	DATE Coc. LOCATION — City of Town, State 5/27/96 Darlington, Md						d.		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  A Hughy	How 131	Howard K. McComas III Funeral Home, P.A. 1317 Cokesbury Road, Abingdon, Md. 21009							
	23. PART I. Enter the diseases, or complice on a thet caused to shock, or heert fallure. List only one ceuse on eec IMMEDIATE CAUSE (Final disease or condition	th line.							Approximata interval Betw Onset and D	veen
NOI	disease or condition reculting in death)  a. A CUTE CORO NARY ARTERY DISEASE  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									

Sequentially list conditione, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST

3 Suicida

4 Nomicide

DUE TO (OR AS A CONSEQUENCE OF):
----------------------------------

PART II. Other algorificent condition	s contributing to deeth but not	resulting in the u	inderlying ceuse given in	1 Part I. 24e, WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AWARLABLE PRIOR TO CDMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	heck only one)	
EXAMINER?	HOSPITAL: 1   Inpatient   2   ER/Outpatient	OTHE	ER: ursing Nome 5 KRasidenca	6 Other (Specify)	
27. MANNER OF DEATN  1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE NOW INJURY OCCU	RED

4 Nomicid	e determined	NA	~ A
29a. CERTIFIER (Check only	1 CERTIFYING PHYSICIA	IN: To the best of my knowledge, death occurred at the time, date and place, and du	us to the cause(s) and manner as stated
one)	2 MEDICAL EVAMINED.	On the healt of constant and the terminates	

26s. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify)

death occured at the time, data and place, and due to the cause(s) and manner as stated SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

OLME

WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

4-5. PLA GHU
31. DATE FILED (MONTH, Day, Year)
MAY 24 1996 1810 BELAIR ND FALLSTON M.0 no 21047.

DME

1996

6 Could not be

32/REGISTHAR'S SIGNATURO

23 1996

28f. LOCATION (Street and Number or Rural Route Number City or Town, State)

MAY

State of Maryland / Department of Health and Mental Hygiene 96

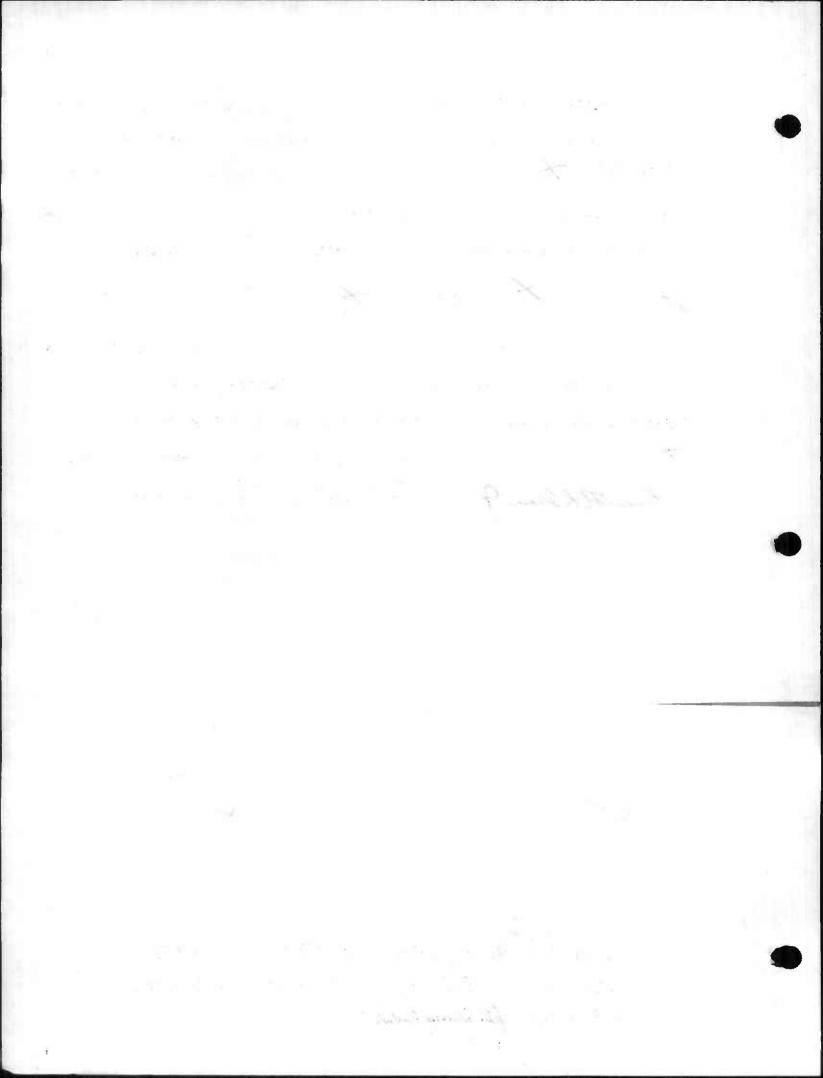
Certificate of Death 1. Decedent's Neme (First, Middla, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** 02<sup>Dey</sup> 1996 WILLIAM NAVY JONES June 6:00 pm /Medical 4a. Facility Neme (If not institution, giva street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Cambridge Dorchester 5608 Daniels Choice Road If Under 1 Year If Under 24 Hrs. 8. Data of Birth (Month, Dey, 9. Birthplece (Stete or Foreign Country) Maryland 5. Social Security Number 7. Aga (In yrs. last birthday) **Funeral** M 2DF Days 50 217-44-0970 Yrs. Director Aug. 8 Usuei Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene.
Important: If flem 27 is marked other than "natural" or the set yillury or other traumatic average. 10e Stata 10b. Count 10c. City, Town or Location 10d. fnside City Limits Dorchester Cambridge 1 Yes 20 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? U.S.A. 5608 Daniels Choice Road 21613 by Funeral 12. Wes Decedant Ever in U,S. Armed Forces?

DEVes 2 □ No
If Yes, Give
Yaer or Detes: Was Decedent of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puerto Rican, etc.) Raca - American indian, Biack, Whita, atc. 11. Marital Status 1 Nevar Married 2 Merried 1 Yes No Specify specify: white Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grada completed) 16a. Decedent's Usuei Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) U.S. Postal Service 17. Fethar's Nama (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumama) Be James Radcliffe Jones, Jr. Emeline S1acum P 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Routa Number, City or Town, Stete, Zip Code) 113 Buena Vista Ave., Cambridge, MD 21613 William D. Jones / Son 20b. Pieca of Disposition (Neme of cematary, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 12 Buriai 2 ☐ Cremetion 3 ☐ Ramoval from Stata 6/5 Cambridge Maryland Jones Family Cemetery 21. Signature of Funaral Service Licensee 22. Name and Address of Facility.
Thomas Funeral Home PA 700 Locust St. Cambridge, MD 21613 used the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate intervai Between Onsat and Death Physician /Medical Immediete Cause (Finei disease or condition resulting in death) **Examiner** Examiner he attending physician and led for use as the burial-transit death certificate be axecuted Sequentially fist conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseasa or injury that initiated events resulting in death) Last Due to (or es a consequence of): Box 68760. sician/Medical Dua to (or es e consequenca of): Part fl. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert f. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown ate has been signed by page 2 should be detact 0 To the Mospital or Attending Physician: The law requires that it within 24 hours after death.

Within 24 hours after death.

To the Funeral Director, After this certificate has been signed by completely filled in by the funeral director, page 2 should be detailed. Division of Vital Records, Be Completed by 24b. Were autopsy findings aveilable prior to 24e. Wes an autopsy performed? completion of cause 1 Yes 1 ☐ Yes 2 ☐ No 25. Was case referred to medical 26. Pleca of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 70 1 Yes 2 1 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Beeth 28a. Dete of injury (Month, Dey Year) Medicai Certification: 28b. Tima of 28c. Injury at Work? 28d. Describe how injury occurred 5 Panding investigation 1 Naturel 1 Yas 2 No 2 Accident 3 Suicide 6 Could not be 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of fnjury - At home, ferm, streat, fectory, office building, etc. (Specify) 4 Homicide 1 Certifying Physicien: To the best of my knowledge, deeth occurred at the time, dete end plece, end due to the cause(s) end manner as steled.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, dete and piece, and due to the cause(s) end menner steled. 29a. Certifier 29b. Signature and title of gertifier 29c. License number 29d. Date signed (Month, Day, Year) se of death (Item 23a) (Type, Print) 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture State whi Studen Radal Registrar 1996



REPLACEMENT Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middia, Last) 2. Data of Death Day 1996 Year Month **Physician** 21, 4:36 am Joseph Casey Jones May /Medical 4e. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner FREDERICK MEMORIAL HOSPITAL FREDERICK FREDERICK If Under 1 Yeer | If Under 24 Hrs. 5. Social Sacurity Number 7. Age (In yrs. lest birthdey) 8. Date of Birth (Month, Day, Year) Birthplaca (Stete or Foreign Country) **Funeral** Days Hours 1 KIM 2 TF 230-24-7327 Yrs. Director 69 MARCH 2, 1927 VIRGINIA Usuai Rasidanca of Dacedant filed within 72 hours efter death with the Meryland 10a. State 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "naturel", or leans 23s or 28s-f show treumstic event, the Medical Examiner must be notified at 1XXYas 2□No Directo MARYLAND FREDERICK FREDERICK 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 7807 RIVER RUN COURT 21701 **AMERICAN** Funeral 12. Was Decedant Evar In U,S.
Armed Forces?
1 MWas 2 □ No
If Yas, Giva
Yaar or Datas: WORLD WAR Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuben, Maxican, Puarto Rican, etc.) 14. Rece - Amarican Indian, Biack, White, atc. 1 Never Merried 2 Married 1 ☐ Yas 2XXNo Specify: WHITE Specify: à 3XXWidowed 4 □ Divorced Completed Decedent's Usual Occupation (Giva kind of work dona during most of working iifa. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry permit. Peges 1 and 2 should be filed within 7. Department of Health end Mental Hygiene. Important: If Item 27 is marked other than "na enty injury or other treumstic event, me Media once. (Specify only highast grada completed) Elamantary/Secondary (0-12) Coilaga (1-4or 5+) HOME & BUILDING 10 PAINTER 17. Fether's Neme (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maldan Sumema) Be 2 OSCAR FI. JONE'S MARY ELIZABETH 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) TRACY L. HOWARD-DAUGHTER 504 SAGE HEN WAY, FREDERICK, MARYLAND 21703 20b. Place of Disposition (Nama of cemetary, crematory or other placa) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata XX Buriel 2 ☐ Cramation 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Othar (Specify) HYATTSTOWN METH. CEMETERY CLARKSBURG, MARYLAND 5/24 21. Signeture of Funaral Service Licensae 22. Nama and Addrass of Facility PER DVR OLIN L. MOLESWORTH, P.A. FUNERAL HOME ROBERT L. WILLIAMS 26401 RIDGE ROAD, DAMASCUS, MARYLAND 20872 23a. Part1. Enter the disaesa, or complicatione that causad tha death. Do not antar tha mode of dying, such as cardiac or respiratory arrast, shock, or haert tailura. List only one cause on each line. Onset end Death **Physician** /Medical immediata Causa (Finai disaasa or condition rasulting in death) Examiner attending physician and for use as the buriel-transit The law requires that the deeth certificate be executed Sequentially list conditions, if any, laading to Immadiata causa. Entar Undarlying Causa (Disaese or Injury thet initieted evants rasulting in death) Last Physician/Medical Due to (or es e consequanca of): Part II. Other significant conditions contributing to death but not resulting in the underlying causa givan in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? the signed by t 1 Yee 2 No 3 Probably 4 Unknown ģ 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed peen hes 1 Yas 2□No certificate 1 Yas 2 No or Attanding Physician: after death. Director: After this certifica director, 25. Was casa referred to medical Be 26. Placa of Death (Check only ona) Hospitai: Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA After this funeral di 27. Mannar of Death Certification: 28a. Data of Injury (Month, Day Year) 28b. Time of 28d. Dascribe how injury occurred 1 Natural 5 Panding 1 ☐ Yes 2 ☐ No Invastigation 2 Accidant 6 Could not be datarmined 3 ☐ Sulcide 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 28a. Place of Injury - At homa, farm, streat, fectory, office building, atc. (Specify) 2 4 Homicida n 24 hours af e Funeral Di etely filled in 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the bests of examinetion and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stetad. 29a. Cartifiar Medical (Check only one) within 2 29b. Signature end title of eartifier udundden MD

State Registrar

M.M. MOHIUDDIN MD 31. Data filed (Month, Day, Year)

801 Tollhouse Ave, FREDERICK, MD. 21701

30. Nama and addrass of person who complated causa of daath (Itam 23a) (Type, Print)

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Date of Death 3. Tima of Death **Physician** Month Yaer ACKSON MAL 21-1996 'OS An JANIE /Medical 4a. Facility Nama (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner HDS PITAC LANGE AND A LANGE AN CLINTON MATYLAND MINCE Gumbe 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplaca (State or Foreign Country) **Funeral** 1 M 2 KF 579-48-8036 **Director** Maryland Usuel Residence of Decedant the Maryland 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Medical Examinar must be notified at YYas 2 No Director Washington, D.C. 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? death with 3024 7th Street S.E. 20032 United States of America Funerai 12. Wes Decedent Ever in U,S. Armed Forces? 1 △ Yes 2 □ No If Yas, Give Yaer or Datas: 14. Rece - American Indian, Black, White, etc. Was Decedent of Hispenic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puerto Rican, etc.) permit. Pages 1 and 2 should be filled within 72 hours effer of Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural", or item any injury or other traumatic event, the Medical Examinations. 1 ☐ Navar Marriad 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: Black Specify: Š 3 Widowed 4 □ Divorced Completed 16a. Decedant's Usual Occupetion (Give kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highest grada complated) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) 8th Grade Home Maker Private Industry 17. Fethar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maiden Surnama) Robert Dent Annie Ward 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code) Jacqueline Howard (Daughter) 3024 7th ST S.E. Washington, DC 20032 20b. Place of Disposition (Name of cematary, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 14 Burial 2 Cremetion 3 Removal from State Harmony Memorial Park May 25 96 Landover, Maryland 4 ☐ Dopation 5 ☐ Other (Specify) 22. Name and Addrass of Facility 21. Signature of Funeral Service Lightsee Johnson & Jenkins Funeral Home 716 Kennedy ST NW Washington DC Inter the disaera, or complication, that caused the daath. Do not enter the mode of dying, such as cardiac or respiratory arrest, or heart failure. List only one carrie on each line. Approximate Intarval Between Onset end Deeth Physician /Medical immediata Causa (Final diseese or condition rasulting in daath) Examiner Examiner certificata be axecuted Sequentially ilst conditions, if eny, laading to Immediata cause. Entar Undarlying Cause (Diseesa or injury that Initiated evants rasulting In daath) Last attending physician end for use as the burial-tran P.O. Box 68760. Physician/Medical Due to (or es e consequance of): signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 XNo 3 Probably 4 Unknown ERTENSION Records, þ 24b. Wara autopsy findings availabla prior to completion of cause of deeth? Completed 24a. Was an autopsy certificate has 1 ☐ Yes 2 No 1 ☐ Yas 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours after death. To the Funeral Director: After this certifica Be 25. Was casa refarred to medical 26. Placa of Death (Check only ona) axaminer? Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA lilled in by the funeral 28c. Injury at Work? Certification: 27. Mannar of Death 28b. Tima of 28d. Dascribe how injury occurred 1 Natural 2 Accidant 5 Panding Investigation 1 ☐ Yas 2 ☐ No 6 Could not be determined 3 ☐ Suicida 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 28f. Location (Streat and Number or Rural Routa Number, City or Town, State) 4 Homleida 1 Certifying Physician: To the best of my knowledga, daath occurred at tha tima, data and place, and dua to tha ceusa(s) and menner as steted.

2 Medical Examiner: On the basis of axamination end/or invastigation, in my opinion, death occurred at the tima, data and place, and dua to the causa(s) and mannar stated. Medicai 29a. Cartifian (Check only one) 29b. Signature end title of certifian 29c. License number 29d. Data signed (Month, Day, Year) 30. Nama and addrass of person who completed causa of daath (Itam 23a) (Type, Print) LEONARD TOWN ROAD 3600 31. Data filed (Month, Day, Year) 32. Ragistrar's Signetura MAY 28 1996 Registrar

DHMH 16 Rev 6/95

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State of Maryland / Department of Health and Mental Hygiene 96

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4 □ Donation	5 ☐ Other (Spe	cify)	Emmi	tsbur	g Memori	al Ce	m.   5/	26	Emmitsb	urg,	Md.
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Sequentially list of if any, leading to	onditlons, immedlete	b	0	,							
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	th 5 Pending	28a. Date (Mon	of Injury 2		28c. Inju	iry et ork?	280		_		,
2 Accident 3 Sulcide	6☐ Could not	be 28e. Piece	of Injury - At hon	ne, ferm, stre				Location (S	Streat and Numb	per or Rural	Route Number,
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	1 Certifying I	aminer: On the bi	asis of examinetic	ledge, deeth on end/or inv	occurred et tha trestigetion, in my	ime, data an opinion, dea	d place, and th occurred	dua to the dat the time, d	causa(s) and me dete end piece,	enner as ste and due to	ated. the cause(s)
	Title of certifier	1	A		29c. Lican	sa number			29d. Date sinne	d (Moeth, C	Jay, Year)
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Certifier (Check only one)  1 Certifying Physician: To the best of my know (Check only one)  1 Certifying Physician: To the best of my know (Check only one)	25. Was case referred to medical examiner?  25. Was case referred to medical examiner?  27. Menner of Death 1 Year 2 Note 1 Year 2 Note 1 Year 3 Suicide 4 Homicide 4 Medical Examiner?  29a. Certifier (Check only one)  21. Medical Examiner? On the basis of examinetion end/or invended and mannar stated.	Immediate Ceuse (Finel disaase or condition resulting in death)   Due to (or es a consequence of):    Sequentielly list condition resulting in death)   Due to (or es a consequence of):    Sequentielly list condition resulting in death)   Due to (or es a consequence of):    Sequentielly list conditions if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest	### Part II. 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Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  28c. Place of Death (Check only of the conditions):  28c. Place	Part ii. Other significant conditions contributing to death-but-not resulting in the underlying cause given in Part i.	shock, or heart feiture. List only one ceuse or each line.  Immediate Ceuse (Finel disease or condition resulting in death)  Due to (or as a consequence of):  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying cause given to the fine in the interest of the conditions of the cause contribution of the cause contribute to the cause contribute cause contribute to the cause contribute to the cause contribute

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 | 7703

					Ce	rtificate of	Death	Re	eg. No.		
	Dharata		1. Decedent's Nema (First, Middle, La	est)				2. Date of Deet Month	-	Year	3. Tima of Death
J	Physic /Medi		RALPH PAYT	ON KEFFER	, JR.			5	28	96	1845
	Exami		4a. Facility Neme (If not institution, given				4b. City, Town, or L	ocation of Death	4c. County		
		,	Atlantic Gener			Il Under 1 Vee	Berlin	T		ceste	
	Funeral Director			DAL OF E	68 Yrs.	Months Deys		8. Dete of Birth (Month, Dey, 2/23/28	Year)	9. Birthp Coun	elece (Stete or Foreign htry) MD
	death with the Maryland ms 23s or 28s-f show mant be notified at	tor	MD 10b. County Word	ester	Oc. City, Town or L Bisho	opville				1	0d. Inside City Limits  1 Yes 2 Kio
	h with the 23a or 28	al Director	10e. Street end Number 12327 Point V	iew RD		10f. Zip Code 2181	3	10	0g. Citizen of V	Vhet Coun	try?
5-0020	or he	by Funeral	11. Merital Status  1 Never Merried 204 Married  3 Widowed 4 Divorced	12. Wes Decedent Eve Armed Forces? 1 🛣 Yas 2 □ No II Yes, Give Yaer or Detes:		Was Decedent of II Yes, specify Cut 1 ☐ Yes 2504\lo	Hispanic Origin? (Spoen, Mexican, Puarto Specify:	pecify Yas or No- Rican, atc.)		k, White,	
5-0		Completed	15. Decedent's E (Specify only highest gre		16e. Dece	dent's Usual Occu	pation during most of work	dna	16b. Kind of Bu	sinass/Inc	dustry
2121	withln ene. then	mple	Elementery/Secondary (0-12)	College (1-4or 5+)			during most of work				
	Hygier ther the		10 17. Fethar's Nema (First, Middla, Last	3	Ba	aker	10 14-0-4-14-	e (First, Middle, N	Bakeı		
Maryland	should be filed within and Mental Hygiene. I marked other than umatic event, the Mental Hygiene.	To Be	Ralph P. Keffe					Lee Pier		9)	
			19e. Inlormant's Neme/Reletionship ( Joan S. Keffer	** '		-	View RD			. ,	Code) 1813
Baltimore,	permit. Pages 1 and 2 Department of Heelth s important: If Item 27 is any injury or other tra once.		20e. Method of Disposition 1 12 Surial 2 □ Cremation 3 □ 4 □ Donetion 5 □ Other (Specia	Traniove non State	20b. Piace of Dispo cemetery, cre Sunset	osition (Neme of metory or other pla Memorial	Park 6		Berlin,		wn, State
Balt	permit. Departminporta any inju		21. Signature of Financial Service Licer	Butt	2	2. Neme end Addr	ess of Fecility ams St. B	irbage F	uneral	Hom	e
			23a. Part1. Enter the disease, of com	pilcations thet crusad the	a death. Do not an						Approximate
đ	Physician		shock, or heart failure. List only	one ceuse of rech line.						i	onset and Death
П	/Medical		Immediate Cause (Finel diseesa or condition	Head	And	Necle	1 Car	ha			1 4 FAX
ı	Examiner		resulting in deeth)	Du	e to (or as a conse						
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	and and Il-tran	хал	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury	Du	e to (or es a conse						
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	death certificate be executed e attending physician and of for use as the burial-transit	/Medical Examiner	resulting in death) Lest	d	e to (or es e consec	quence of):					
Box	atten for u	ciar									
, P.O.	requires that the death cer seen signed by the attendis hould be datached for use	by Physician/A	Pert II. Other significant conditions of	ontributing to death but n	ot resulting in the u	inderlying cause g	iven in Pert I.		es 2 No		bably 4 Unknown
Records,	been shoul	Completed b						24a. Wes er perform	n eutopsy ned?	ave	ara autopsy lindings allable prior to mpiation of cause deeth?
	The law ata has page 2	mo;						1 □ Ya	s 20 No	10	□Yas 2□ No
Vital	ician: The cartificate rector, pag	Be	25. Wes case referred to medical axaminer?				26. Plece of Dea	th (Check only on	ө)		
× V	Physician: this cartific ral director,	2	1 Yes 2 No	Hospitei:	2 ER/Outpetie	nt 3 DOA	ther: 4 Nursing Ho	oma 5 🗆 Rasida	inca 6 □Oth	ar (Specify	r)
Division of	far far	ation:	27. Manner of Deeth 1  Neturel 5  □ Pending 2  □ Accident		ear) 28b. Time o	Wo	ork? Yes 2 No	28d. Describe ho	w Injury occurr	red	
Divis	or At after of Direct in by	Certification:	3 Suicida 6 Could not b 4 Homicide determined	e 28e. Piece of Injury building, etc. (5	- At home, lerm, st Specify)	reet, factory, office		28f. Location (St. City or Town		er or Rura	l Route Number,
	To the Hospital or within 24 hours effe To the Funeral Dir completely filled in	edical	29a. Certifier 1 Certifying Ph	ysician: To the best of m niner: On the basis of ex end manner steted	amineti <i>on</i> end/or in	h occurred at the to vestigation, in my	irne, dete end pleca, opinion, death occur	and due to the ca red et the time, de	ause(s) and me ete end place, i	nner as st and due to	ated. the cause(s)
	To the To the Comp	M	29b. Signature and title of certilier	Jam &		29c. Lican	se number	29	9d. Date signed $5/25$	(Month.	Day, Year)
		12	30. Name and address of person who				, 0 - 0			/	
	<u> </u>		Bsher A. Tou			althway	Dr. Berli	n, MD	21811		
	Sta Registr		31. Data filed (Month, Dey, Yeer)  MAY 3 0 199	32. Registrer's	Signeture Revolution	4					

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1, Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Deeth Month Vaer **Physician** CECELIA J. KONDRAK MAY 25 1996 07:15 A.M. /Medical 4a. Facility Name (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Washington Adventist Hospital Takoma Park Montgomery If Under 1 Year | If Under 24 Hrs. 8. Data of Birth (Month, Dey, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** Months 1 ☐ M 2 🖾 F Yrs 578-28-2201 Director 79 March 5. Pennsylvania Usual Residence of Decedent deeth with the Marylend 10a. Steta 10c. City, Town or Location 10d. inside City Limits ehow r 28a-f show 1 X Yes 2 ☐ No Directo Prince George's Hyattsville 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? 7 is marked other than "natural", or flems 23s or traumatic event, ms Medical Examiner must be 5805 42nd Avenue #206 20781 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cubsn, Mexicen, Puerto Ricen, etc.) 14. Rece - Amarican Indien, 11. Marital Status Bleck, White, etc. filed within 72 hours after 1 Never Married 2 ☐ Merried ☐ Yes 2 No f Yes, Give Baltimore, Maryland 21215-0020 1□ Yes 2N No þ Specify: White 3 Widowad 4 Divorced Yaar or Datas Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Hygiena. 11 Office Administrator Private Firm 17. Fether's Neme (First, Middle, Last) permit. Peges 1 and 2 should be file Department of Health and Mental Hy Important: If them 27 Is marked other any injury or other traumatic event once. 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Mary D. Zelinsky John F. Kondrak 2 19a. Informant's Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 64 Superior Road, Box 215, Russellton, PA 15076 Patricia Kondrak - Sister 20b. Placa of Disposition (Neme of cemetery, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 X Burial 2 ☐ Crametion 3 ☐ Ramovai from State Cedar Hill Cemetery 05/29/96 Suitland, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 21 Signature of Futieral Service-Licensee 22. Nama and Address of Facility Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue, Hyattsville, MD 20781 Paul ease, or complications that cause the deth. Do not entar the mode of dying, such as cardiac or respiratory errest, List only one cause on each line. Part L Enter the disea shock, or heert failure Approximate interval Between Onset and Death **Physician** Immediate Cause (Finel disease or condition resulting in deeth) /Medical Examiner Due to (or es a consequence of): Physician/Medical Examiner attending physicien end for use es the burial-transit that the death certificate be axecuted Sequentially list conditions, if eny, leeding to immediata cause. Enter Underlying Cause (Disease or Injury Dust to for es e consequenc Box 68760, thet initieted events resulting in death) Lest Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Dld tobacco use contribute to the cause of death? o the 3 1 Yes 2 No 3 Probably 4 Unknown ے Records, þ 24b. Were eutopsy findings evelleble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed The law page 2 s has 1 🗆 Yes 1 ☐ Yes 2 ☐ No Division of Vital Physician: Be 25. Was case referred to medical exeminer? 26. Piece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Tes 2N No Certification: To 1 Xinpatient 2 ER/Outpetient 3 DOA After this funeral 27. Menner of Death 28s. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred or Attending 1 Neturel 2 Accident 5 Pending 1 ☐ Yes 2 ☐ No death. investigation the within 24 hours after deal To the Funeral Director: 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rurel Routa Number, City or Town, State) Piece of injury - At home, farm, street, factory, office building, etc. (Specify) filled in by 4 Homicide Hospital Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and manner as stated. 29a. Certifier edicai Medical Examiner: On the basis of examinetion end/or invastigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. (Check only one) the 29b. Signature and title of certified 29c. Licansa number 29d. Dete signed (Month, Dey, Year) 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) Abraham

Registrar

31. Dete filed (Month, Dey, Year)

MAY 2 9 1996

32. Registrer's Signeture

La la Roman (1994) — La Maria de la Francia de la composición de la Composición del Composición de la Composición de la Composición de la Composición de la Composición de la Composición de la Composición de la Composición de la Composición de la Composición de la Composición de la Composición de la Composición de la Composición de la Composición de la Composición de la Composición de la and the second second THE RESERVE WITH THE PARTY WITH - 197 · · · Application of the second state of the second secon Maria Balancia de Arganisa de la Sala de La Calendaria de Marin Strange and the 1 the first hands from a side

State of Maryland / Department of Health and Mental Hygiene

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						Ce	rtificate	of i	Death		Re	g. No.		
	Physic /Medi		Decedent's Neme (First, Middle, I		s A. Lo	oller,	Sr.				2. Dete of Deet	Dey 3/	Year 1996	3. Time of Death
	Exami		4a. Facility Neme (If not institution, g Union Hospital			7		4	b. City, To E1kt		ocation of Ceath	4c. Count		
	Funeral Director		5. Sociel Security Number 219-01-0298 Usuel Residence of Decedent	Sex 1⊠M 2□F	7. Age (in yrs		If Under 1 Months		If Under Hours	Min	8. Dete of Birth (Month, Day, Oct. 31,	Year) 1911	9. Birthpi County Mary	lace (Stete or Foreign try) land
	Maryland	ctor	10e. Stete 10b. County Maryland Cecil			ity, Town or L Lkton	ocation						10	0d. Inside City Limits 1 ☐ Yes 2 🖾 No
	h with th	al Directo	10e. Street end Number 416 Hutton Road				10f. Zip C 219				10	U.S.A		try?
020	s 1 and 2 should be filed within 72 hours after death with the Maryland f Health and Mental Hygiene. Item 27 is marked other than "naturel", or Items 23s or 23s-f show other treumstic event, the Medical Examines must be notified as	by Funeral	11. Meritel Stetus  1 ☐ Never Merried 2 ☐ Merried  3 ☑ Widowed 4 ☐ Divorced	Armed Fo	2 X No	J,S. 13.	Was Decede If Yes, specif 1 ☐ Yes 2		Ispanic Ori on, Mexicar Specify:		ecify Yes or No- Rican, etc.)		ce - America ck, White, o	etc.
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	1 and 2 sho Health and 1 om 27 is ma Ather treums		19e. informent'e Neme/Reletionship Charles A. Lolle	. ,	- Son						al Route Number, ton, MD	City or Town	, Stete, Zip	Code)
Baitimore,	permit. Pages 1 an Department of Heal Important: If Item 2 any Injury or other otics.		20e. Method of Disposition 1		Stete St.	Plece of Disp cemptery fro netery			es t	1	6-3	Johns t		wn, Stete Maryland
Bait	Departic Importing any Inj		21. Signeture of Funerel Service Lic	s. H	ub.	l P					erals, P		2192	1-5521
	Physician /Medical Examiner	er	23e. Pert1. Enter the disease, or co shock, or heart felliure. List on immediate Cause (Finel disease or condition resulting in deeth)	e	M Econo Due to (	or es a conse					or respiratory arre	st,		Approximate interval Between Onset end Deeth Zulcs
	eath certificate be executed attending physician and for use as the burial-transit	n/Medical Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Last	b	Due to (	or es e conse con es a conse		12-e-	untia					17.
<b>m</b>	0 0 2	Physician	Pert ii. Other algnificant conditions	contributing to d	eath but not re	sulting in the	underfying cau	ise giv	en in Pert I	1.	23b. Did to	1	ontribute to	the cause of death?
Records,	aw requires t is been sign 2 should be	Completed by									24a. Wes ar perform		ava	ere autopsy findings allable prior to impletion of cause death?
			25. Wes case referred to medical						OC Plant	d D d	1 ☐ Ye	,	10	Yes 2□ No
Vital	Physicien: this certific ral director,	o Be	examiner?	Hospitel: 1	Inpatient 2	ER/Outpatie	nt 3□ DOA	Oth	er:		h (Check only one me 5 ☐ Reside		ner (Specifi	<i>(</i> )
	E ig	atlon: T	27. Menner of Death   Description   5 Pending   Pending	28a. Dete (Mon		28b. Time of injury		injur Wor			28d. Describe ho			
	Depital or Attendi hours after death. Ineral Director: A iy filled in by the fi	Certification:	3 Sulcide 6 Could not determine	d 286. Piece	of Injury - At I ing, etc. (Spec	nome, ferm, si	reet, fectory,	office			28f. Location (St. City or Town		ber or Rure	l Route Number,
	美工工品	edical	29e. Certifier 1 Cartifying F (Check only one) 1 Madicei Exp	aminer: On the b	best of my kneasls of examination steted.	owledge, deel etion end/or in	h occurred et	the tin	ne, dete en pinion, dee	d plece, oth occurr	end due to the cared et the time, de	use(s) and m ete end piece,	anner as st end due to	ated. the cause(s)
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	5		30. Neme and address of person wh	QVsu	m.7	>	, Print)							
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State of Maryland / Department of Health and Mental Hygiene 96 17707 Certificate of Death

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/Medi		DIANA			HARBE	L			ARY	MAY		1996	0740	MA 0
Examir	ner	4a, Facility Name	(If not institution, g						4b. City, Town, or			unty of Death		
,	_		SUN RO			GHWAY			RISING			CIL		
uneral		5. Social Security I	4.50000	Sex 1□M 2⊟F	7. Age (In)	yra. last birthda Yrs.		offis Days	If Under 24 Hrs. Hours Min.	(Month, Dr	th ly, Year)	9. Birthp	place (State	or Foreign
rector		213-64-9 Usual Residence of	- 10		74-6	1100				Aug 30	1953	Mary	land	
A ==		10a. State	10b. County		10a	City, Town or	Location	n				1	Od. Inside (	City Limits
4 4	ò	MD	Cecil		F	ising	Sun						1 ☐ Ye	250 No
288	Director	10e. Street and Nu	mber			0	-	M. Zip Code			10a Citizan	of What Cour	ntry?	
2 2	ā	327 Cor	nelly Rd	60			1,355	21911			USA			
"natural", or items 23s or 28s-f show idical Examinar must be notified at	Funeral	11. Marital Status	merry no	12. Was De	cedent Ever i	n U.S.   12			fispanic Origin? (S	pecify Yes or No		Page - Americ	an Indian,	
9	Ē	1 Never Man	ried 250Married	Armed F	Forces?				lispanio Origin? (S an, Mexican, Puert	o Rican, etc.)		Black, White,	etc.	
- 1	b	3 ☐ Widowed	4 Divorced	If Yes, G Year or			1 DY	es 200No	Speally:		Spe	wh	ite	
cal	Completed		15. Decedent's B	Education		16a, Dec	edent's	Usual Occup	etion	***	16b. Kind o	f Business/In	dustry	
Med	ple	Elementary/Sec	offy only highest g ondary (0-12)		(1-4or 5+)	ille	DO N	OT use retired	vation during most of wor d)	sing	1147 Ziebe Amizene			
4	, E	12	and to red	- Same	(1. 10. 01)	Hor	nema	aker			Hom	e		
Veri	Be	17. Father's Name	(First, Middle, Las	et)					18. Mother's Nan			name)		
ıtic e	2	William	Harbel						Alice	E. Thom	as			
numatic e		19a, Informant's N	lame/Relationship	(Type, Print)					and Number or Ru				Code)	
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or of		20a. Method of Dis 1 ☐ Burial 2	position Gremation 3	□Bamoval from		<ul> <li>Place of Dis cemetery, c.</li> </ul>	position rematory	y or other place	00)	Date	20c. Locati	on - City or To	wn, State	
Injury		4 ☐ Donation	5 ☐ Other (Spec	ify)		A Fer	ris	Jur	ne 3 1996		West	Cheste	r PA	
		21. Signature of F	onated Service Lice	ensee /	0	4 4		ne and Addre						-
a d		K/	hard	1 4	0/_	20	R. 1	. Foar	d Funera	1 Home,	PA	011		
6	П	23a. Part1. Enter	the disease, or con art failure. List only	mplications that	mused the d	legith. Do not e	inter the	mode of dylr	n St Ris	or respiratory	mest,	911	Approxima Interval Be	ste
sician	Н	11000	art manufact. Const Oring	7	1	/							Onset and	
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niner		disease of condition (in death)		1 / 100	1	o (or as a cons	equeno	e of):						
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5		Sequentially list or if any, leading to ir cause. Enter Und Cause (Disease or	erlying J											
s the burial-transit	edical	that initiated event resulting in death)	Last		Due to	o (or as a cons	equence	e of):						
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ped	Physicia	Part II. Other signi	ficant conditions	contributing to	death but not	resulting in the	underly	ying cause giv	en in Part I.	23b. Did	tobacco use	contribute to	o the cause	of death?
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certificate ha		<u> </u>								107	Yes 2□N	0 1	Yas 2	] No
actor,	Be	25. Was case refe examiner?		Hospital:				Otto	26. Place of Dec					
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5	ion	1 DNatural	5 Pending investigation	(Mo	nth, Day Yea	) Injury		28c. Injur Wor	Yes 2 ZWo	28d. Describe	TRUC		iver,	CAIC
In by the	loat	2 Suicident 3 Suicide	6 ☐ Could not	be on Di-	29-96	074	0		165 2 (2)210				el Bouto Nu	mbor
in by	Certification:	4 Homicide	determine	build	ding, etc. (Sp	-		естогу, опісв		28f. Location City or To	wn, Stete)	ising S	un Roa	of as
completely filled in		29a. Certifler	1□ Certifying P	hyelden: To th	a hast of my	KOADL		wood at the time	no data and place	Tome high				MD
atoly	edical	(Check only one)		miner: On tha I					me, dete and piece pinion, daeth occu					(s)
g m o	Me	29b. Signature and	title of certifier	and ma	THIOT OLULOG.			29c. Licens	e number		29d. Data si	gned (Month,	Day, Year)	
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		F /\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\							C.FI.E.		LIUI -	,0,1)		
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Sta	ite	AA AA A	in, Day, I vai	32.	Registrar's Si	Austring								

JUN 03 1996



State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** DAUID -AMBERT HOMAS MAY 1996 1803 23 /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner 468 Elk Mills Road E1kton Cecil If Under 24 Hrs. Hours Min. 5. Social Security Number If Under 1 Year 7. Age (In yrs. lest birthdey) 8. Date of Birth (Month, Dev. Year) Birthplace (State or Foreign Country) **Funeral** Months Deys 1**X** M 2□ F Yrs 236-54-7216 59 **Director** May 7, 1937 West Virginia Usual Residence of Decedent with the Marylend 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits ir than "natural", or items 23e or 28a-f ehow The Medical Examiner must be notified at 1 ☐ Yes 2 🛛 No Director Maryland Cecil E1kton 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? 468 Elk Mills Road 21921 U.S.A. Spermit. Pages 1 end 2 should be filed within 72 hours after deeth v. Department of Heelth and Mental Hygiene.

Important: If item 27 is marked other than "natural", or items 23a bay hijury or other treumatic event, the Medical Examines mast ands. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 Ø No If Yes, Give Year or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-It Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Maritel Stetus 14. Rece - American Indian, Black, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: White þ 3 ☐ Widowed 4 💆 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coilege (1-4or 5+) 12 Meat Cutter Acme Markets 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) Oscar Lambert Helen Jones 19a. Intormant's Name/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Darrell T. Lambert 608 Delaware Avenue - Elkton, MD 20b. Place of Disposition (Neme of 20e. Method of Disposition 20c. Location - Cify or Town, State 5-28 1 X Burlai 2 ☐ Cremation 3 ☐ Removel from State Immaculate Conception 4 ☐ Donation 5 ☐ Other (Specify) 1996 Cherry Hill, Maryland Cemetery 21. Signature of Funeral Service Licenses 22. Neme end Address of Facility Hicks Home for Funerals, P.A. 103 W. Stockton St., Elkton, MD 21921-5521 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arreat shock, or heart failure. List only one ceuse on each line. Approximate Interval Between Onaet and Death Physician /Medical Immediate Ceuse (Finel disease or condition resulting in death) CU 2015 Examiner Due to (or es a consequence of): Examiner ettending physician and for use as the buriel-transit Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury lew requires that the deeth certificate be exec Division of Vital Records, P.O. Box 68760, Physician/Medical thet initieted events reaulting in death) Last Due to (or es e consequence of) e detached Part ti. Other significant conditions contributing to death but not resulting in the underlying cause given in Part t. 23b. Did tobacco use contribute to the cause of death? signed by to 1 X Yes 2 No 3 Probably 4 Unknown þ 24a. Wes an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? Completed peen hes 1 ☐ Yes 2 ☐ No 1 □ Yes 2 □ No director, 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) examiner? 1/2 Yes 2 ☐ No Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA After this 28a. Dete of Injury (Month, Dey Year) funeral 27. Manner of Deeth 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? Certification: or Attending Fafter deeth. 1/2 Natural 5 Pending Investigation 1 Yes 2 No 2 Accident the 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) à 4 Homicide Hospital 24 hours a 24 hours 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner stated. 29a. Certifier (Check only one) To the F within 2 To the F 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) lay 23, 1996 10 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Elkton, no 21921 Hospital 1-arkas lujon 31. Date filed (Month, Day, Year) 32. Registrar's Signature

Registrar **DHMH 16 Rev 6/95** 

State

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Julia Striden Bandalle

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Deeth **Physician** Month Yeer Margaret Dyer Lynch 1996 June 02. 9:30 /Medical 4a. Facility Neme (if not institution, give street and number) 4b. City, Town, or Location of Death Examiner-4c. County of Deeth Physicians Memorial Hospital La Plata Charles 5. Sociel Security Number If Under 1 Year if Under 24 Hrs. 6. Sex 7. Age (In yrs. lest birthdey) 8. Date of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) **Funeral** 1□ M 214F Months Deys 215-38-6345 Director 85 May 28, 1911 Maryland Usuei Residence of Deceden the Manyland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show r than "natural", or items 23s or 28s-f show 1 Yes 2 No Director Maryland Charles Faulkner 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? filed within 72 hours after death with Hygiena. P. O. Box 233 20632 USA Funeral 11. Meritei Stetus 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Rece - American Indien. Bieck, White, etc. 1 Yes 2 No
If Yes, Give
Year or Detes: 1 ☐ Never Merried 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: þ 3⊠Widowed 4□Divorced White Completed 16a. Decedent's Usuel Occupation (Give kind of work done duning most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Homemaker Own Home permit. Pages 1 and 2 should be filed Department of Health and Mental Hygis Important: If Item 27 is marked other eny injury or other traumatic event. 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Julian Dyer Beatrice Gardiner P 19a. Informant's Neme/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Julian Dyer Brother 10555 S. Faulkner Road, Faulkner, MD 20632 20b. Piece of Disposition (Name of cometery, cremetory or other piece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1X Buriai 2 ☐ Cremetion 3 ☐ Removei from State St. Mary's Cemetery 6-6-96 4 ☐ Donation 5 ☐ Other (Specify) Bryantown, MD 21 Signature of Famelal Se 22. Name end Address of Facility eny le Huntt Funeral Home, Inc. njamin M. 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Matthews Approximate tnterval Between Onset and Death **Physician** Immediate Cause (Finel disease or condition resulting in death) /Medical Examiner Examiner physician and s the burial-transit The law requires that the death certificate be executed Sequentieily list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of): attending p signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part II. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ should s 24b. Were autopsy findings available prior to completion of ceuse of deeth? Completed 24a. Was en autopsy s certificata has b 1 ☐ Yes 2 ☐ No To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director; completely filled in by the funeral director; 25. Was case referred to medical Be 26. Place of Death (Check only one) axaminer' 1 Yes 22 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) P 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 27. Manger of Death 28d. Describe how Injury occurred Certification: 28b. Time of Naturai 2 Accident 5 Pending investigation 1 Yes 2 No 3 Suicide 6 Could not be 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 | Homicide edicai Cartifying Physician: To the best of my knowledge, death occurred et the time, dete end piece, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, deeth occurred et the time, dete end piece, and due to the cause(s) end menner stated. 29a. Certifier 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Qey, Year) 30. Name and addi ess of person who completed cause of death (Item 23a) (Typa, Fint) George Wathen, MD 1345 Pembrooke Square, Suite 104, Waldorf, Maryland 20603 31. Date filed (Month, Dey, Year) JUN 0 4 1996 32. Registrar's Signature. State

**DHMH 16 Rev 6/95** 

Registrar

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State of Maryland / Department of Health and Mental Hygiene

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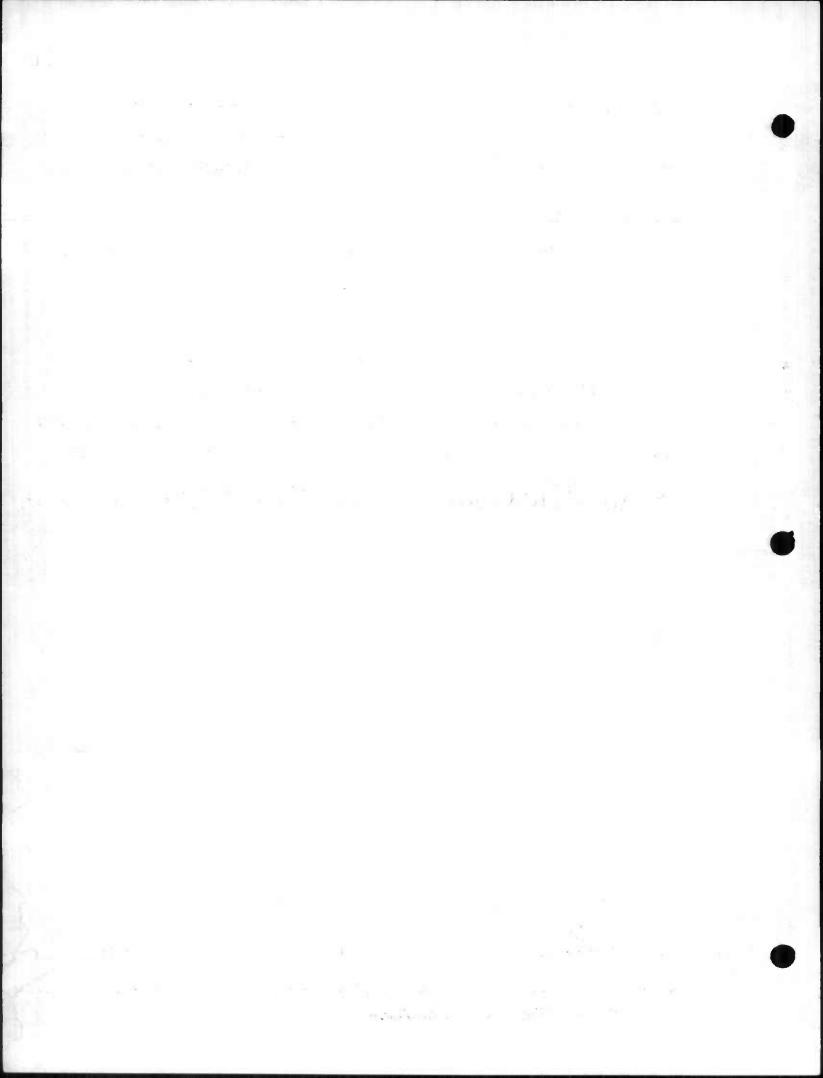
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Examiner	4	a. Facility Neme (If not institution, g	pive street and nu Edmonds (		ue			4b. City, To CATON		ation of Deet _E	th 4c. County BALT		5
uneral irector	L	217-52-1211	.Sex 1√2 M 2□ F	7. Age (In yrs 3 2	last birthday) Yrs.	If Unde Months	Deys	If Under:	Min. D	B. Dete of Bit ECEMBE	R 24, 19	9. Birth	plece (Stete or Foreign
3	-	Jsuel Residence of Decedent  Oa. Stete 10b. County		10c C	ity, Town or Lo	cation						Ι,	Od. Inside City Limits
ad at		MARYLAND BALTIMO	DF		ONSVILL								1 ☐ Yes 2 ☐ No
be notified Director	1	0e. Street and Number		CAT	NSVILL	10f. Z	ip Code				10g. Citizen of V		ntry?
23a		6014 EDMONDSON	AVENUE			2	1228				UNITE	D STA	ATES
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2	-	MARY KATHERIN	E LAKKII					N AVE	NUE,		-		AND 21228
eny Injury or other	2	0a. Method of Disposition  1 ☐ Burial 2 ☐ Cremetion 3 4 ☐ Donetion 5 ☐ Other (Spe		Stete NE(	Plece of Dispo cemetery cran V CATHE	DRAL	other pla	ÊTERY	5/	22/96	BALTIMO		MARYLAND
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Jean M. Colandrea, M.D., St. Agnes Hospital, 900 S. Caton Ave., Balto., Md. 21229

DHMH 16 Rev 6/95

State Registrar



State of Maryland / Department of Health and Mental Hygiene

96

							Cenn	ficate	e of	Death			Reg. No.		
	Observator	·	Decedent's Name (First, Middle,	Last)								2. Dete of De Month	eath Day	Yeer	3. Time of Death
	Physic		Carlyle	J. Lan	caste	r						May		996	2:04 P.M
	/Medi Exami		4a. Facility Name (If not institution,							4b. City, To	wn, or L	ocation of Dea		-	
*	LAGITI	ici	Doctors' Commu	nity Woo	nita					Lor	ham		Dring	o Co	orge's
_	Pinner and			6. Sex		L In yrs. last birt	hday) I	f Under	1 Yeer			8. Dete of Bi			
	Funeral Director		216 16 0123	<b>X</b> IX M 2□ F			Yrs. M	Months	Deys	Hours	Min.	8. Dete of Bi (Month, D May 22	1020		place (State or Foreign intry) 'Land
	Director		Usual Residence of Decedent			0					l	riay 22	1920	rial y	Land
and	ž ==		10a. State 10b. County		1	0c. City, Towr	or Locati	ion							10d. Inside City Limits
Aary	a p	ō	W 1 1 D 1	0	,	D .									★WYes 2□No
- Pe	28	Director	Maryland Princ	e George	S	Bowie	1.	10f. Zip	Codo				10a. Citizen of	Albert Cou	
with	0 8												1 2 2 2 2		
death with the Maryland	23	Funeral	8306 Laurel-Bo			1 110	T 10 111		715				United		
ar de	E d	nu	11. Marital Status	12. Wes Dec Armed F	orces?	er in U,S.	13. Wes	s Decede es, speci	ent of I	Hispanic Or en, Mexicai	igin? (Sp n, Puerto	ecify Yes or N Rican, etc.)	0- 14. Het Bie	ck, White	ican Indien, , etc.
20 sah	O E	by F	1 ☐ Never Married 2 ☐ Marrie 3 ☐ Widowed 4 ☐ Divorced	If Yes, G	2 □ No live		10	Yes 2	₩ No	Specify:			Specif	v: Whi	te
5-0020 72 hours after	le di			Year or l	Dates:	WWII	Di uni fili	41 41					100 100 4 400		
15	P S	Completed	15. Decedent's (Specify only highest	grade completed	)	188.	Decedent (Give kind life. DO	d of worl	k done	during mos	t of work	cing	16b. Kind of B	usiness/ir	idustry
2121 within	then a	m m	Eiamentary/Secondary (0-12)		(1-4or 5+)				9 19(116	ru)				_	
d 2	other vent, th		17. Father's Neme (First, Middle, L	5+		At	torn	ey_		10 Moth	orlo Mom	o (Cient Middle	Private , Maiden Sumar		ctice
200	d of	Be												ne)	
aryla	Mental arked o	2	George E. Lanca									ry Jew			
- 01	45 THE		19a. Informant's Neme/Relationsh	lp (Type, Print)		19b.	Mailing A	Addrass	(Street	t and Numb	er or Rui	ral Route Numi	per, City or Town	State, Zi	p Code)
and and	Health em 27 I		Jean M. Lancast	er Wi	fe	8	306_1	Laur	e1-	Bowie	Roa	d Bow	ie Maryl	and	20715
ore es 1	T T T		20a. Method of Disposition	2 Pamoval from		20b. Place of cemeter	Disposition y, cremate	on (Nam ory or oti	e of her pla	ica)		Dete	20c. Location	- City or T	own, Stete
Baltimore,	Department of Heal Important: If item 2 any Injury or other once.		4 Donation 5 Other (Sp.		Stote	St.Ig	nati	us C	eme	tery	6/3	1/96	Port Ta	bocc	o Maryland
alt.	partr Ports		21. Signature of Funerel Service L	censee			22. N	ame enc	Addre	ess of Facili	ty				
go à	Depa impo any ir		Kalionte	( )	71	Kno							Home, P.		0715
			23a. Part1. Enter the disease, or o shock, or heart failure. List o	ompilcations that	caused th	e deeth. Do n	not enter t	he mode	Ann of dyl	lapoll Inc. such as	S Kd	or respiratory	Maryla	nd 20	Approximate
DI	elelen		shock, or heart failure. List o	nly one cause on	each line.				,						Interval Between Onset and Death
	nysician Medical		Immediata Cause (Finai	0	leng	a.l				0					
E:	xaminer		disease or condition resulting in death)	a	2	. 40	me	m		roge	-				5 days
	. 23	6		1	Du	a to (or aa a o	consequer	nce of):		\				į	
2	nsit	듄		b	MALL	wellens	10	9						<u> </u>	13 years
), executed	ding physician end se as the burial-transit	Examine	Sequentially list conditione, if eny, leading to immediate cause. Enter Underlying		Du	e to (or as e c	onsequer	nce of):						į	
	buri		Ceuse (Diseese or injury	C											
X 68760,	phys the	edical	that initiated events resulting in death) Lest		Du	e to (or es a c	onsequen	nca of):						- 1	
×	ding Se as	3		d										1	
Bo death of	for u	Physician												į	
O §	igned by the atten be detached for u	ysic	Part II. Other significant condition				the unde	irtying ca	iuse gi	ven in Pert	l.	23b. Did	tobacco use co	ntribute 1	to the cause of death?
P. D.	d by	P	Islami	hear	as.	-						1	Yes 2□ No	3 Pro	obably 4 Unknown
S,	8 8	by						-							
Division of Vital Records, P.O or Attending Physician: The lew requires that the	peen si should	Completed											s an autopsy ormed?	a	Vere autopsy findings vallable prior to
e C W	2 0	Pe													ompletion of cause f death?
<u>a</u>		ГО										10	Yes 2 No	1	☐ Yes 2☐ No
ita	certificata rector, pag	Bec	25. Was case referred to medical		-					26. Place	a of Deal	th (Check only	one)	1	
of Vita Physician:	direc	ToE	axaminar? 1 ☐ Yes 2 ☑ No	Hospital:	Inpatient	2 ER/Out	toatient	3 DO	A Ot	her: 4 🗆 Nı	ursino Ho	ome 5□Res	Idence 6 Ott	er (Speci	i(v)
9 E	or this		27. Manger of Death	28a, Date	of Injury	28b. T	ime of	-	Bc. Inju Wo				how injury occur		.,,
O Silp	th. After fune	to	1 ☑Natural 5 ☐ Pending 2 ☐ Accident investiga		nth, Day Y	ear) ir	njury	м		nk? ]Yes 2	No				
Vision	after death.  Director: A	fica	3 ☐ Suicide 6 ☐ Could no		e of Injury	- At home, fer	rm, street,	, factory.	office					ber or Rui	ral Route Number,
5	Direction of the brings	Certification:	4 Homicida Caternii	build	ding, etc. (	Specify)						City or To	iwn, State)		
Introspital	within 24 hours after death.  To the Funeral Director: After this completely filled in by the funeral		29a, Certifier 17 Certifying	Physician: To the	a best of n	ny knowledoe	death on	curred a	it the ti	me, date er	nd place	and due to the	cause(s) and m	anner se	stated.
	Fun Fun etely	edical		xaminer: On the b	basis of ex	amination and	/or Invest	tigation,	in my	opinion, das	th occur	red at tha tima	, data and place,	and dua	to tha causa(s)
4	offin Mpk	Me	29b. Signature end title of certifier	CHO INDI				29c.	Licens	se number			29d. Dete signe	d (Month	, Day, Year)
5	300		<b>\</b>	De					0		2		-1 .		,
1	5)		00	1/2	2	_			UU	219	5		5 311	16	
C	IVA		30. Name and addrass of person w	- 1		h (Itam 23a) (	Type, Prin	nt)							
	100		MELSON a	6000	MA	~ 3.	L 51	206	FR	1002	LAN	و د	owle, v	02	.0713
	Sta		31. Date filed (Month, Day, Year) MAY 31	1996	Hogistrer's	Signature	0 .								
	Registi	rar	וועון סד	1330	eva a	anartor.	what	ξ							

State of Maryland / Department of Health and Mental Hygiene

						Ce	rtificate of	Death		Re	g. No.		
			1. Decedent's Neme (First, Middle, Li	est)						2. Data of Death			3. Time of Death
	Physic /Medi		BETTY L	OPES						Month 05	29 I	Yeer L 996	6:15 AM
	Exami		4a. Facility Neme (if not institution, gir	ve street and num	ber)			4b. City, Tow	n, or Loc	ation of Deeth	4c. County		
			11402 Dunlor	ing Pla	ace			Upper	Marl	lboro	Princ	ce Ge	orge's
Г	Funeral		5. Social Sacurity Number 6.	Sex	7. Aga (in yrs. las	st birthday)	If Undar 1 Yaa Months Devs		4 Hrs.	8. Dete of Birth (Month, Dey,	Voorl	9. Birthp	leca (State or Foreign
	Director		579-40-5285	1□ M 2004F	64	Yrs.	Worth S Day	Trouta	143111.	12 01	31	Virg	inia
	pu		Usuei Residence of Decedant  10a. State 10b. County		10c. City,	Town or Le	nantian						04.1-14-09-11-9
	eho eho	2	Maryland Prince	George ! s		TOWN OF EC		r Marl	horo			1	0d. Insida City Limits  1X Yes 2 □ No
	the M	Director	10e. Street end Number	ocorge 5				I IMI	0010		- 0W 4		
	with with			D1			10f. Zip Code	20772		10	g. Citizen of		ntry?
	eath m 23	Funeral	11402 Dunlor		e dent Evar in U.S.	12	Wes Decedent of		in? (Enga	ifu Van or No	14 Pa	USA ce - Amaric	en Indian
	Herri	5	1 Never Merried 2 Married	Armed For	cas?	13.	If Yas, specify Cu	ban, Mexican,	Puerto R	ican, etc.)		ck, White,	etc.
20	irs at	by	3 □ Widowed 4 □ Divorced	If Yas, Give	9		1 ☐ Yes 2 ☐ Wo	Specify:			Specif	y: Bla	ck
0-0	a within 72 hours after death with the Maryland jiene. Than "naturel", or items 23s or 28s-f show the Medical Examiner must be notified at		15. Decedent's E			18e. Dece	dent's Usual Occu	petion		1	6b. Kind of B	usiness/inc	dustry
215	hin 7	Completed	(Specify only highest gr Elementery/Secondery (0-12)	ade com <i>pleted)</i> College (1-	4or 5+)	(Give life.	kind of work done DO NOT usa retir	ed) ed)	of working	9			
7	THE PERSON NAMED IN COLUMN 1	TO.	12th				Homema	ker			P	rivat	e
pu	al Hygi I other	Be (	17. Father's Neme (First, Middle, Last							(First, Middle, M		ne)	
yla	should be and Mental	10	Nimrod Bridge	ewater				S	isie	Robers	on		
Maryland 21215-0020			19a, Informant's Neme/Reletionship				ng Address (Stree						
	1 and 2 Health em 27 I		Manuel Lopes/Hu	Spand	001 71		Walton	Street	, Pe				
0	Pages I nent of H ant: If Ne		20a. Method of Disposition 1XI Buriai 2 Crametion 3	Removel from S	cerr	netery, cre	osition (Neme of metory or other pl		· /		Oc. Location		
tim	tmen tamt:		4 ☐ Donation 5 ☐ Other (Speci	**	Hari		Memorial			1/96	Landov	er, M	laryland
Baltimore,	Depar Impor Impor eny Ir		21. Signeture of Funaral Service Lice	nsee			2. Nama and Addi J. B. JE			RAT. HOM	F		
	40200		Nancy A. F	ercent	٩		7474 Lan	dover 1	Road	, Lando	ver, Ma	aryla	nd 20785
П			23a. Part1. Entar the diseasa, or com shock, or heert fellure. List only	picetions thet ca	used tha daath. ch line.	Do not en	er tha moda of dy	ring, such as c	ardiac or	respiratory arre	st.		Approximata Intervel Between
	Physician /Medical			ο.									Onset and Death
П	Examiner		Immediate Ceuse (Finel diseasa or condition resulting in death)	a. 13/	east Ca	ance	1			_		1	4/zyears
		- a			Due to (or e	s a conse	quance of):						
	nsit	Examiner		b			,						
~	and n and la la la la la la la la la la la la la	Exa	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying		Due to (or e	s e conse	quence of):					i	
68760,	that the death certificate be executed of by the attending physician and detached for use as the burlar-transit	edicai	thet Initieted events	C	Due to (or a	0 0 000000	uunnan of):						
68	g phy as th	Pe	resulting in deeth) Last		Due to (or a	s a consec	juence or).					1	
XO	andin use	M/us		d								i	
0	death e atter	Physician	Pert II. Other eignificant conditions	contributing to dea	ith but not resulti	ng in the u	ndarfylng cause g	iven in Pert I.		23b. Dld tol	bacco ues co	entribute to	the cause of death?
P.0	requires that the been signed by the hould be detache	2hy								1 □ Ye	2 No	3 Proi	bably 4 Unknown
Ś	signed d be del	by											
Vital Record	been si should	ted								24a. Was an		av	are autopsy findings aliable prior to
ecc	2 SS BW	pie										of	mpletion of cause death?
œ	The law ate has to page 2 s	Completed								1□ Ye	s 2 No	10	Yas 2 No
ita	ysicien: The s certificate director, pag	Be	25. Was case referred to medical examiner?					26. Place	of Death	(Check only one	)		
	Q 00 Z	2	1 ☐ Yas 2 No	Hospitel: 1 ☐ In	patiant 2 EF	VOutpatier	nt 3 DOA	ther: 4 🗆 Nurs	sing Hom	e 5 Raside	nce 6 🗆 Ott	ner (Specif	y)
Division of	fier th	ü	27. Manner of Deeth 1 ANetural 5 ☐ Pending	28a. Dete of (Month	Injury 21 , Dey Year)	8b. Time o Injury	f 28c. tnj	ury at ork?	28	8d. Describe ho	w Injury occur	тес	
Sio	leath.	cati	2 Accident investigation 3 Sulcide 6 Could not be				M 1[	]Yes 2□N					
<u>&gt;</u>	or Attendation of Director:	Certification:	4 Homicide determined	Zoe. Place	of Injury - At hom- g, etc. (Specify)	e, ferm, str	reet, factory, office		- 28	Bf. Location (Str City or Town	eet and Numi , Stete)	ber or Rura	Il Route Number,
	pital peral filled		29e. Certifier 1 Certifying Pt	untales. To the h									
	To the Hospital or Attending Philip 24 hours after death.  To the Funeral Director: After the completely filled in by the funeral	edical	29e, Certifier (Check only one)	ninar: On the bas and menne	sis of examinetion	edge, deet n end/or in	vestigetion, in my	opinion, deeth	plece, ar occurred	nd due to the ce d at the tima, da	use(s) end m ita and place,	enner as si and due to	the cause(s)
	ithin b the empk	Me	29b. Signatura and titla of certifiar	and monne	51 51 <del>0</del> 100.		29c. Licer	nsa number		29	d. Data signe	ed (Month.	Day, Year)
	700		15/04	to.		. 0			1/				
	(4)		30. Neme and addrass of person who	completed course	of death (Ham ?	711),	Print)	18620	5 17	W)	3/27	170	
			894 Madis A	Spinati	ma Sal	A Brada	Print)  An	don	A	FR . M	() -1	033	1-1100
	Sta	te	31. Date filed (Month, Day, Year)  MAY 3 0	32 Ra	nieltara Skafatur			w w w s	. , , , ,	1-/11		200	6000
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State of Maryland / Department of Health and Mental Hygiene 96 | 77 | 3

						Certifi	cate o	f Death		Reg. No.		. / / / 0
	Dt.		1. Decedent's Neme (First, Middle, La:	st)			ΛΛ		2. Dete of De	eeth	Vaca	3. Time of Deeth
	Physic /Medi			BENSON	W		INA	THEWS	Month	28 1	996	11:30 P. I
	Exami		4e. Fecility Neme (If not institution, give	street end number)				4b. City, Town, or	Location of Deet			
			PENINSULA REGION	IAL MEDICA	L CENT	ER		SAL	ISBURY	W	COMI	CO
	Funeral Director		215-16-3350	MM alle	e (In yrs. last 74		Inder 1 Yes			th ay, Year) 19, 192	9. Birthp Cour 1. Ma	plece (Stete or Foreign try) ryland
	pu .	1	Usuai Residence of Decedent  10a. Stete 10b. County		10c City To	own or Location	2					04 1-14-01-11-11-
	sho	5	Maryland Somer	cot	Too. Only, 11		on St	ation				1 ☐ Yes 2 ☑ No
	the Marylar 28a-f show	Director	10e. Street and Number	500			f. Zip Code			40a Chinan el l	Affron Cour	
	s 23a or	eral Dir	5769 Charles Canr					21838			.S.A.	
020	be filed within 72 hours effer deeth with the Maryland itel Hyglene. d other than "naturel", or items 23a or 28a-f show event, the Modical Examiner must be notified at	by Funeral	11. Maritel Stetus  1 ☐ Never Merried 2 ☑ Merried  3 ☐ Widowed 4 ☐ Divorced	12. Wes Decedent Armed Forces? 1 Tyes 2 If If Yes, Give Yeer or Detes:	No	1 U Y		f Hispenic Origin? (Suben, Mexican, Puer Specify:	specify Yes or Ne to Rican, etc.)	Specify	ck, White,	ean Indien, etc. iite
21215-0020	within ena. than	Completed	15. Decedent's Ed (Specify only highest gra	ucation	10	6a. Decedent's (Give kind life. DO N	of work don OT use rati	upation e during most of wo red)	rking	16b. Kind of B		dustry
	Hygie Hygie		H.S. Graduate  17. Fether's Neme (First, Middle, Last)			FUSUIIA	ster	18. Mother's Ne	me (First, Middle	, Malden Suman		ar bervice
Maryland	should be filed nd Mentel Hygi marked other	o Be	John L. Matthews						ie Willi		,,,,	
Z	s 1 and 2 should be f Health and Mentel item 27 is marked o other traumatic ev	2	19e. informant's Neme/Relationship (	vpe. Print)	1	9b. Melling Ad	dress (Stre	et end Number or Ri			State 7ir	Codel
	and 2 sealth ar		Frances M. Matthe									, MD 21838
Baltimore,	Peges 1 and 2 ent of Health It: If item 27 i ry or other tri		20e. Method of Disposition  1 ☑ Buriai 2 ☐ Cremetion 3 ☐  4 ☐ Donetlon 5 ☐ Other (Specify		ceme	of Disposition of Disposition Day, cremator	or other p	- 4	Dete	20c. Location		own, Stete
Balti	permit. Peges 1 Department of H Important: if its eny Injury or ot once.		21. Signeture of Juneral Service Lipera	Beach	lous	22. Nar Brad	ne end Add Shaw	ress of Fecility & Sons Fu				
	_		Robert H. Brac 23e. Part1. Enter the disease, or comp shock, or heart failure. List only	lshaw, Jr.				in St C			1817	Approximete
68760,	by the attending physician and the attending physician and the attending physician and the attending physician and the attending	al Examiner	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	B. PEMPR	Due to (or as	a consequence	e of):	n Disays	i c			
Box 687	certificate nding phy: use as the	n/Medical	resulting in death) Lest	d	Due to (or es	a consequence	of):				1	
ă	seath ce attendir d lor use	Physician/	Pert II. Other significant conditions co	entributing to death h	ué ané annultina	n in the condech		show to Dant t	non Die	***********	-0-10-10-0	the series of death 0
0	res that the deligned by the a be detached I	hys			ut not resulting	g in the underly	ang cause (	given in Pert t.				the cause of death?
S, D	the det	by P	RENAL FAIL	unt.						140 20100	0_110	out, all olivations
of Vital Records	v requi	Completed								en eutopsy ormed?	ev	ere autopsy findings eileble prior to mpletion of causa deeth?
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ta	ician: The certificate rector, pag	BeC	25. Wes case referred to medical					28 Place of De	eth (Check only			2100 2010
>	Physician: r this certific and director,	To B	exeminer?	Hospitel:	ent 2 ER/	Outpatient 3	DOA C	Where		Idenca 6 Oth	er /Snecit	iv)
	y Phy er this		27. Menner of Deeth	28e. Dete of Inju (Month, De		. Time of	28c. inj			how Injury occur		,,
0	Attending Fir death.  octor: After by the funer	atio	1 Neturel 5 ☐ Pending 2 ☐ Accident investigation	(Month, De)	y Year)	injury M		ork? ☐ Yes 2 ☐ No				
Division		Certification:	3 Sulcide 6 Could not be 4 Homicide determined	28e. Plece of Injuding, at	ury - At home, c. (Specify)	farm, street, fe	ectory, office	a		Street and Numb wn, State)	er or Rura	I Route Number,
	To the Hospital or At within 24 hours aftar of To the Funeral Direct completely lilled in by	edical C	29a. Certifier (Check only one) 1 Certifying Phy 2 Medicat Example 1 Medicat Exampl	raician: To the best of iner: On the basis of end menner ste	examinetion.	iga, death occu and/or investig	rred et the etion, in my	tima, data end place opinion, daeth occu	o, and dua to tha erred at the tima,	causa(s) and ma date end place,	annar as s and due to	tated. the ceuse(s)
	To the within 2 To the comple	M	29b. Signeture end title of certifler		×			nse number		29d. Date signe		
			March				13	8353		MAY .	39	1996
			30. Neme end eddress of person who o	ompleted cause of d	eeth (item 23e	) (Type, Print)				,	- 1-	. , ,
			RENE DESMARA		560	RIVER-	SDE.	8353 DR. B101	SAH	5BU14, 1	ns	21801
	Sta	to	31. Deta tiled (Month, Day, Year)	32. Registr						1-1-		

Registrar

· 100 II Mariana a series of the con-

Amended item # 10e, 19b 5/28/96 Certificate of Death 1rd

1. Decedant's Neme (First, Middla, Last)

State of Maryland / Department of Health and Mental Hygiene 96

2. Dete of Deeth

Physic /Medi		CHARLES	S Ower	$_{n}$ $/\gamma/$	FTI	IIN		MAY	20	1996	15:55
Exami		4a. Facility Neme (If not institution, give	street end number)				4b. City, Town,	or Location of daa	th 4c. Count	y of Death	
		PENINSULA REGIO						SBURY		ICOMICO	
Funeral Director		220-26-3611	7. Aga	(In yrs. last b	Yrs.	Months Deys		in. (Month, D	irth ley, <i>Year</i> ) : 13, 1932	9. Birthplaca Country) Maryl	(Steta or Foreign and
pue *		Usuel Residence of Decedent  10a. State 10b. County		10c. City, Tox	wn or Loca	tion				10d I	nside City Limits
Aaryl	5	EALERS I	-:								TYas 2 No
288-1	ect	Maryland Wico  10e. Street and Number	omico	FIU	iitla	10f. Zip Code			10g. Citizen of		
with with	ō	103 Walden Dr.								What Country?	
Pa 23	era	11. Marital Stetus	12. Wes Decedent E	var in U.S.	13 W	2 1820		(Specify Yas or N	USA 14 Ba	ce - American Ir	ndian
72 hours after death with the Maryland netural", or Neme 23s or 28s-f show deat Exeminet must be notified at		1 Never Merried 2 Married 3 Widowed 4 Divorced	Armed Forces? 1 √Yes 2 N If Yas, Giva Yeer or Detes: A	0	117	as, specify Cub Yes 2 kNo	an, Mexican, Pu	erto Rican, etc.)	Bla Specii	ick, White, etc.	
nd 2 should be filed within 72 hours aft ith and Mental Hygiene. 27 is marked other than "netural", or traumatic event, the Medical Exercity	8	15. Decedent's Edi			a. Decede	nt's Usuai Occu	petion		16b. Kind of B	Jusinass/Industr	
within 72 ane. than "ne	mplet	(Specify only highast grad	de completed) Coilega (1-4or 5-	+)	(Give kii life. DC	nd of work dona NOT use retire	during most of a	working			
Hyging H	S	12 17. Fether's Nema (First, Middle, Last)	3		Farme	er	18 Mother's N	Name (First, Middle		culture	
od o	Be	Owen M. Melvin					Elizab		Mart		
d Me	F	19e. informent's Neme/Relationship (7	ima Print)	10	h Mallina	Address /Cres		Rural Route Numi			(a)
d2s than 7 la t		Betty H. Melvin/		13	4.			itland,			9)
Heal Am 2		20e. Method of Disposition	spouse	20b. Plece		ion (Name of	JI., FIC	Dete Dete		- City or Town,	State
nt of nt of or or or or		1 ☑ Buriai 2 ☐ Cremetion 3 ☐ I		cemete	ery, creme	tory or other pla	•				
ritme ritami		4 □Donation 5 □ Other (Specify, 21. Signature of Funeral Service Licen		Wicom		morial Pa Name end Addr		5/23/96	Salis	oury, MI	)
pemit. Peges 1 er Department of Hea Important: If Itam 2 any Injury or other once.		V. Signature of Familian Service Closing	60/2.	,			Funeral	Home			
		JOSTI KR	Mount	7	50	Ol Snow	Hill Rd	.,Salisb	ury,MD		
Physician		Pf1. Entar tha diseese, or comp nock, or heert feilure. List only o	ona cause on each in	ihe deeth. Do	not enter	tha mode of dy	ng, such es card	llac or raspiratory	arrest,	inte	oroximate orval Between set and Death
/ /Medical Examiner		immediata Ceuse (Finel disaesa or condition resulting in deeth)	a.	MYOC	ARDI	AL IN	PARCTIC	ON		a	t once
	Usuel F  10a. State  10a. Stat	resulting in deeth)		Due to (or as e	conseque						
p ii	al le		SEV	ERE D	IFFU	JSE COL	RONARY	ARTERY	DISEAS	SE   1!	5 yrs
death certificete be executed e attending physician and ed for use es the bunel-transit	I Exam	Sequentlally list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or trijury		Oue to (or es e						1	5+ yrs.
to death certificate be exite a second of the exite of th	dica	that initiated events resulting in death) Last	C	Dua to (or es a	conseque	nce of):					
ling p	Me		DIA	BETES	MEI	LITUS				1.	5+ yrs
ath co	lan		d								
the a	-	Pert ii. Other significant conditions co	ntributing to death but	t not resulting	In the und	arlying cause gi	ven in Pert I.	23b. Dio	tobacco use co	ontribute to the	cause of death?
d by		OBESITY						10	Yes 2 No	3 Probably	√ 4∭ Unknown
v requir	pleted								s en eutopsy formed?	avallab	utopsy findings ia prior to tion of cause 1?
The levite hes	mo;							10	Yas 210 No	1 □ Ya	s 2 No
		25. Wes case referred to medical					26. Plece of I	Deeth (Check only			
Physician: rthis certific		exeminar? 1X Yes 2 No	Hospitei: 1 ☐ inpatien	t 2 ER/O	Outpatient	3 DOA ON	oc.	Homa 5□Res		her (Specify)	
Attending Ph or deeth. octor: After thi by the funeral		27. Menner of Deeth 1 Naturel 5 ☐ Panding 2 ☐ Accidant Investigation	28a. Deta of injury (Month, Dey	(Year) 28b.	Time of injury	28c. tnju Wo			how injury occu		
	Sertific	3 Suicide 6 Could not be 4 Homicide datermined	28e. Place of injurbuilding, etc.	ry - At home, f (Specify)	ferm, stree	t, fectory, office			(Streat and Num own, Stete)	ber or Rural Ro	ita Number,
To the Hospital or within 24 hours afte To the Funeral Dir completely filled In	edicai (	29e. Certifier 1 Certifying Phy (Check only one) 2 Medicat Exami	sician: To the best of iner: On the basis of and menner stet	examinetion e	ja, daath o nd/or inves	ccurred at the ti stigetion, in my	me, date end pie opinion, deeth oc	ce, end dua to the curred et the time	a causa(s) and m , dete end place,	enner es stated and due to the	cause(s)
Vithir To the	Me	29b. Signeture end title of certifies	1	0		29c. Licens	se number		29d. Data signe	ed (Month, Dey,	Year)
1 VP		- (f Mi	13/1	1615.			1126		5-	-22-9	6
18		30. Nema and address of person who co	m.D. 5	eth (item 23e)	(Type, Pr	int)	SUITE 8	SA 4/38	vy, mo	2180,	1

State Registrar OSHALD BURTON, M.D.

should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 1 to 1.2, 3 to 1.2, 3 to 1.2, 3 to 1.2 t
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	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			MENTA	L HYGIENE BEG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)				02/1111		OF DEATH			E OF DEAT	Н
	DAVID WAYNE	MEILHAMMER				May	25, 1996	YEA		25	Ам
1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	8. BI	RTHPLACE	(State or Fo	
	218-48-6308  9a. FACILITY NAME (If not institution, give stre	1 M 2 F 47	YRS.	BL CITY TOWN	OR LOCATION OF D	Sept	ember 12, 1			yland	i
DIRECTOR	10203 Henry Rd.			Berli				lorces			
EC	10a. STATE 10b. COUNTY		10c, CITY,	TOWN OR LOCA	TION				10d. J	NSIDE CITY	
	Maryland Word	cester	Ве	erlin						YES 2 [X]	NO
AL	10e. STREET AND NUMBER			80	H. ZIP CODE		10-9	. CITIZEN C	F WHAT C	OUNTRY?	
E	10203 Henry Rd.				21811			US	SA		
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN I FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 X NO	If yes, s	CENDENT OF HISPA pecify Cuben, Mexico S 2 NO Specif	en, Puerlo		8	lack, White pecify:		nn,
	15. DECEDENT'S EDUCA	TION	16a. DECEDENT'S U	PIJAL OCCUPAT	ION	1 40	. KIND OF BUSINES	C //NOLICE	Whi	te	
	(Specify only highest grade co	ompleted)		rk done during m		100	, KIND OF BUSINES	S/INDUSTR	T		
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	Roofe	r			Roofing				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		110020		18. MOTHER'S NA	AME (First,	Middle, Maiden Surna	me)			
	Carl Meil	nammer			Iona		Coc	per			
BE	19a. INFORMANT'S NAME (Type/Print)		196. MAILING A	DDRESS (Street	and Number or Rural	Route Num		_	)		
2	Donald Meilhammer	/brother	30264	Holly	Lane, De	lmar,	MD 2187	5			
=1	20a. METHOD OF DISPOSITION 1 Burlet ACCremation 3 Remov		LACE AND DATE OF		lame of	DAT	E 20c. LOCATIO	N — City o	r Town, St	nta	
	4 Donation 3 Other (Specify)		ery, cramatory or other (		ry	5/2	26 Sali	sbury	y, MD	)	
	21. SIGNATURE OF FURENAL CONCE LICE	NSEE			ND ADDRESS OF FA	MOILITY					
	The land	hommon	1		loway Fur Snow Hi			<b>.</b>	MD 0	1904	111
	23. PART I. Enter the diseases/or co	mplications that caused	the death. Do no	t enter the m	oda of dylng, suc	ch as car	diac or respirator	y arrest.		Approxim	eta
	shock, or heert fellure. Li iMMEDIATE CAUSE (Final disease or condition resulting in desth)	et only one cause on ee	ch line.		mpl					Interval B	
	s.	QUE TO (OR AS A	ON MOUENCE OF)		71111						
Z	b.		9								
E	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF)								
CERTIFICATION	CAUSE (Disease or injury c.					.,					
Ë	that initiated events resulting in deeth) LAST	DUE TO (OR AS A C	ONSEQUENCE OF).								
5	d.								-		
AL C	PART II. Other aignificent conditions	contributing to death but	t not resulting in	the underlyi	ng cause given in	Part i.	24s. WAS AN AUTO			AUTOPSY F	
							PERFORMED		COMP	LETION OF	
PHYSICIAN: MEDIC									OF 0E	YES 2 🗌 I	NO
ż	DID TOBACCO USE CONTRI	BUTE TO CAUSE OF	DEATH YES	□ NO	UNCERTAI	N 🗆					
X	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		8. PLACE OF DEATH		)						
SIC		HOSPITAL: 1   Inpatient   2   ER/Outpat		OTHER: 1  Nursing Ho	me 5 Realdence	6 🗆 Oth	er (Specify)				
E	27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME		JURY AT	26d. DE	SCRIBE HOW INJUR	Y OCCURE	)		
ВУ	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO						
a l	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY - building, atc. (Specif	- At home, farm, at	reet, factory, off	ca		CATION (Street and N or Town, State)	umber or Ru	rel Floute N	umber,	
COMPLET	Annal Company	IAN: To the best of my knowle							se(a) and r	nenner ea s	tated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU		1	I. DATE SIG			
BE	1/4 Verros				1020	50	7	5/	25/	91	
2		COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type, 1	Print)	CHERO	LL	B C	HAC	13.7/12	10	MM
	31. DATE FILED (MINAY 2") 8 1996	32. PRISISTRANS SIGNA	TURE O	-	101000	-		1013	1 , 41 %	1	7
	3.1. 2 0 1550	Janes in many	- Turbant								

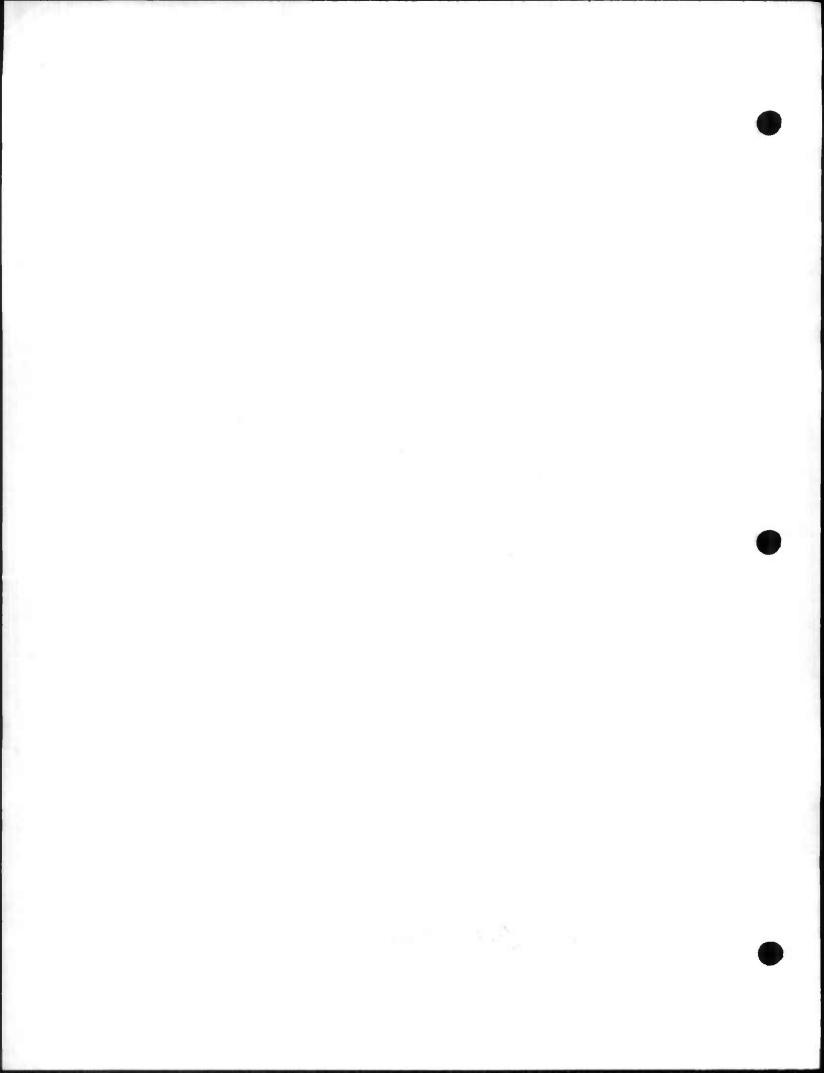
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 75 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68769

FOR STATE REGISTRAR

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	ricalorran				>LITTE	ICALL	_ OF	DEAL	П	REG	NO.			
	1. DECEDENT'S NAME (First, Middle,	Lest)								2. DATE OF DEA	TH		3. TIME OF DEATH	
	WILLIAM FREDERICK				McCA	McCABE			MAY 2			1 Q Q A	0630 A M	
	4. SOCIAL SECURITY NUMBER				last birthday)		IF UNDER 1 YEAR   IF UNDER 2		4 HRS.	IRS. 7. DATE OF BIRTH		, 1996 0630  8. BIRTHPLACE (State or Fore)		
	213-16-8560	1 🔀 N			YRS.	MONTHS	DAY8	HOURS	MIN.	(Month, Day, Ye MARCH 26	1918	Country)	Country) MARYLAND	
	213-16-8560 1 N 2 L F 78				82.11	SP CITY TOWN OR LOCATION								
Œ											OUNTY OF DEATH			
DIRECTOR	10212 SHINGLE LANDING ROAD					BISHOPVILLE WORCESTER						LK		
8	10a. STATE 10b. COUNTY					CITY, TOWN OR LOCATION							IOd. INSIDE CITY	
뜻	MARYLAND WORCESTER					BISHOPVILLE							LIMITS?	
	10e. STREET AND NUMBER					10f. ZIP CODE						YES 2 NO		
FUNERAL									21813			10g. CITIZEN OF WHAT COUNTRY?		
H	10212 SHINGLE LANDING ROAD											SA		
교	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 X Married					RMED 13, WAS D			DECENDENT OF HISPANIC ORIGIN? (Spec , specify Cuban, Maxican, Puerto Rican, e			Yes or No— 14. RACE — American Indian, Black, White, etc.		
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES					1 TES 2 NO Specify:					Specify:			
												1	WHITE	
	(Specify only highest grade completed) (C					ECEDENT'S USUAL OCCUPATION  Bive kind of work done during most of working					BUSINESS/I	PRISUDI		
١٣	College (1-4 of 5+)					We. Do NOT use retired.)					DOM MDA			
COMPLETED					OULTR	ULTRY SUPERVISOR				POULTRY				
	17. FATHER'S NAME (First, Middle, Last)										E (First, Middle, Malden Surname)			
BE	HARRY F. MCCABE					MARY E. QI					UILLEN			
0	19a. INFORMANT'S NAME (Type/Print) 19b.					AlLING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, 2								
F	MARGARET D. MCC	10212	SHINGLE LANDING ROAD, BISHOPVILLE, MD. 21							MD. 21813				
8	20a. METHOD OF DISPOSITION	Dame: 11			EANDDATE				-	DATE 20	LOCATION -	- City or Town	n, State	
	1 Buriel 2 X Cremetton 3 Removal Irom State competen, crem					SBURY CREMATORY				5/25/96 SALISBURY, MARYLAND				
	21. SIGNATURE OF BUILDRAL SERVI	CE LICENSEE	- //					D ADDRESS	OF FAC					
	HASTINGS FUNERAL HOME, SELBYVILLE, DE.													
	23. PART I. Enter the disease:	, or complica	tions that c	aused tha	death. Do r	ot enter	the mo	de of dying	g, suci	h as cardiac or r	eapiratory a	rreat.	Approximate	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart feliure. List only one ceuse on each line.										Intervel Batween			
	iMMEDIATE CAUSE (Final disease or condition	D. 1.	Onset and Dast											
	resulting in death)	WW	Mary World IMMEDIATE											
CERTIFICATION	OUE TO (OR AS A CONSECUENCE OF):													
	Sequentially list conditions,	Sequentially list conditions, 6. Annual Limits of the constitution of the constitution of the constitution of the constitution of the c												
	if any, leading to immediate cause. Enter UNDERLYING	in airly, reading to minimorate												
윤	CAUSE (Disease or Injury that initiated events	c	DUE TO (O	R AS A CONS	FOLIENCE OF	D.							-	
E	resulting in death) LAST					,							i	
8		d											<u> </u>	
											PERE AUTOPSY FINDINGS			
EDICAL										PERFORMED?			MAILABLE PRIOR TO OMPLETION OF CAUSE	
										¹ □ YE	1 ☐ YES 2 0 NO		F DEATH?	
≥	DID TORACCO HEE CO	AITDIDLITE	TO CALL	CE OF BE	ATIL ME	C [] :	in F	1 11110	DT 4 10			1	YES 2 NO	
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)													
	EXAMINER?	HOSP	PITAL:	26. PL	AUE OF DEAT	OTHER								
	1 TYES 2 NO	1 🗆 Inp	etient 2 🗆 E		3 DOA			5 X Resid	dence	6 C Other (Specify)				
H	27. MANNER OF DEATH	(Month Day Year)					OF 28c. INJURY AT WORK?			28d. DEŞCRIBE HOW INJURY OCCURED				
B	1 Natural 5 Pending 2 Accident Investige					M 1 🗆 YE								
	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At hom building, etc. (Specify)					treet, lacto	ory, office	ffice 2		281. LOCATION (Street and Number or Rural Route Number, City or Town State)				
2	4 Homicide determined										City or Town, State)			
ا ټ	29a. CERTIFIER	PHYSICIAN: To	the best of my	knowledge	death occur-	d at the st	me dete	and alace	nd do-	to the cause(s) and				
COMPLETED													ad manage or stated	
	and converse and an arrangement, in the opinion, dee													
H	29b. SIGNATURE AND TITLE OF CONTINUE						29c. LICENSE NUME			BER 29d. DATE SIGNED (Mo			fonth, Day, Year)	
2	Thuy: ha							1078798				5-23-96		
- 1	30. NAME AND ADDRESS OF PERSO	₩НО СОМРЁ	ETED CAUSE		EM 27) (Type,	Print)					.0.			
	31. DATE FILED (Month, Day, Year)	1. DATE FILED (MONTH), Day, Year)  32. BYGISTRAY'S SIGNATURED  32. BYGISTRAY'S SIGNATURED  MAY 2. 8 1996  33. BYGISTRAY'S SIGNATURED  MAY 2. 8 1996												
	MAY 281	1996	falia de	untion	Cardall								/	



State of Maryland / Department of Health and Mental Hygiene 6

			1. Decedent's Neme (First, Mide			Certific			2. Dete of Dec		Ven	3. Time of Death
	Physici /Medic		Harriett	Dorothy	Manuel				May	28. 1º	996	14:52
	Examir		4e. Facility Neme (If not Instituti	on, give street end numbe	er)			4b. City, Town, or			of Deeth	
			Atlantic Gene					Berlin		Worce	ester	
	Funeral Director		5. Sociel Security Number 221-30-2993	8. Sex 1 □ M 2 1 F	Age (In yrs. lest b	Yrs. If Ur Mont	hs Deys		8. Dete of Birth	929	9. Birthp Penn	plece (State or Foreignty) USYLvania
	pue ≱ _		Usuel Residence of Decedent 10e. Stete 10b. Count	v	10c. City. To	wn or Location					1	0d. Inside City Limits
	with the Marylend or 28a-f show be notified at	ctor	Delaware Suss	•	Frank							1 ☐ Yes 2 ☐ No
1	04.28	Director	10e. Street and Number			10f.	Zlp Code			10g. Citizen of	Whet Cour	ntry?
	23a		17 Knox Stree				1994			USA		
מאס	n 72 hours after death with the Marylend "naturel", or kems 23e or 28e-f show ad cal Ensiriner mast be nouted at	by Funeral	11. Meritel Status  1 Never Merried 2 Ma  3 Widowed 4 Divorce	11 V Ot A	s? Delo		pecify Cul	Hispanic Origin? (S ben, Mexican, Puerl Specify:	pecify Yes or No- o Rican, etc.)	Specify	ck, White,	
5	vature nature	pet	15. Decede	nt's Education	166	e. Decedent's L	Isuel Occu	ipation	rt in a	16b. Kind of B	usiness/Ind	dustry
0700-61717	9	Completed	Elementary/Secondary (0-12)	est grade completed)  Collage (1-4o	or 5+)			during most of wo	King			
	C) 50 Ar		8		no	omemake	r		50	own h		
anc	0 E 0 >	Be	17. Fether's Name (First, Middle					1000	ne (First, Middle,		10)	
2	should be nd Mental marked c	2	Robert Showel			No. 8 de illine. A stat	(Ст	France 2 et and Number or Ri	Thornto		01.1. 70	0.40
= 0	Tie Tree		Monica M. Manue			•		PO Box 55				
υ.	is 1 and if Heelth Item 27 other to		20e. Method of Disposition		20b. Plece	of Disposition (	Neme of		Dete	20c. Location		
Dalumore,	rages nent of mt: If its iry or o		1 ABunel 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (		10	ery, cremetory		1	(11/0)	p:./		
	1565		21. Signeture of Funerel Service	·	20ar	Golden 22. Neme		ress of Fecility	6/1/96	bishop	ulle	, Ma.
	eny pen		1 files	T. 1/-	ton	Wats	on Fu	ineral Hor	no Will	shara i	Dol	19966
			23a. Pert1. Enter the disease, of shock, or heart feilure. Lis	or complications that caus	ed the deeth. Do	not enter the r	node of dy	ing, such es cardie	or respiratory er	rast,		Approximate Intervel Between
,	Physician /Medical Examiner	- L	Immedieta Ceuse (Finel diseese or condition resulting In deeth)	· Cor	Due to (or es a	Am	1 \& 1		- 1.	41		
3	nsit	ulu ulu		b. Con		1	-	art	-ailu			
	meate be executed g physician and as the bunal-transit	Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Undarlying		Due to (or es e	consequence	of):				į	
00100	sicia e bur	edical	thet initiated events	С	Due to /or as e	consequence	wf).				1	
	0 6		rasuiting in death) Lest		500 10 (01 00 0	- Contraction					1	
YOU .	attendin for use	an		d							1	
. 1	the at	Physician/M	Pert II. Other significant condit	ons contributing to death	but not resulting	in the underlylr	g ceuse g	iven in Pert I.	23b. Dld t	obacco use co	ntribute to	the cause of death
L 3	8 4								101	108 2 No	3 Pro	bebly 4 Unknow
necords, r	ed phould be	Completed by							24e. Was a	an eutopsy med?	av	ere autopsy findings allable prior to mpletion of ceuse
	2 - 2	d L										death?
t 1	certificate rector, pag		25. Wes case referred to medic	al .				00 01 (D-	1 U Y		11.	Yes 2 No
Physician:	s certific director,	To Be	examiner?	Hospital: 1 ☐ Inpa	tient 2 ER/C	hutnetient 3	DOA O	than	oth <i>(Check</i> on <i>ly</i> or lome 5 ☐ Resid		ar (Spacif	izl
Attending Phys	등 등 등		27. Menner of Deeth 1 ☑Netural 5 ☑ Pendi	28e. Dete of In	jury 28b.	Time of Injury M	28c. Inje		28d. Describe h			77
	5455	Certification:	3 ☐ Suicide 6 ☐ Could	nined 286. Piece of I	njury - At home, f etc. (Specify)	ferm, street, fed	tory, office		28f. Location (S City or Tow	itreet end Numb n, Stete)	per or Rura	I Route Number,
To the Hondrel or	within 24 hours are formal to the Funeral Completely filled	edical (	29a. Certifier 1 Certifyi (Check only one) 2 Medica	ng Physician: To the best Examiner: On the basis end menner:	of exeminetion a	e, daeth occurr nd/or invastigat	ed at tha t ion, in my	ime, dete end plece opinion, death occu	, end due to tha o rred at tha tima, o	cause(s) and modeta end piece,	anner as si end due to	teted. the cause(s)
100	Vithin Somp	Me	29b. Signeture and title of certific		0	1	29c. Lican	se number	2	29d. Dete signe	d (Month,	Day, Year)
ſ	24.0		) Howi	Bolon	uhi,	MO		1853		5/2	9/1	196
,			30. Name end addrass of person	who complated causa of	death (Item 23a)	) (Type, Print)		0~2			, (	
			Habib Bolowich	i. M.D. 450	03 Highw	ay I, R	ehob	oth Beach	, Delawa	re 199	71	
			31. Dete filed (Month, Pay, Year MAY 3		trer's Signature	_						

DHMH 16 Rev 6/95

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State of Maryland / Department of Health and Mental Hygiene 96

_						Cei	tificate c	of Deat	h		Reg. No.		
	Physici /Medi		1. Decedant's Nama (First, Middla, La Reda (AKA I		rene	MORE	RIS			2. Data of De Month May 2.	Day	Yaar	3. Tima of Death 3:45 AM
	Exami		4a. Facility Nama (If not institution, gi Northampton			Home			Town, or L deric		Fred	of Death	K
	Funeral Director		217-80-4396	Sax 1□M 2∏xF	7. Aga (In yrs. I	last birthday) Yrs.	If Undar 1 Ya Months Da		ar 24 Hrs. Min.	8. Data of Bir Month, Da July 8	1927	9. Birthp Coun Mary	iace (State or Foreign itm) YLand
	r 28a-f show	tor	Usual Rasidance of Decedant  10a. Stata 10b. County  Maryland Frederic	ek		, Town or Lo derick						1	0d. Insida City Limits
	th with the 23a or 28a	al Director	10e. Street and Number 431 South Mari	ket Stre	eet		10f. Zip Cod 2170				10g. Citizen of V U.S.A.	What Coun	try?
020	or items	by Funeral	11. Marital Status  1 Nevar Married 2 Married  3 Widowed 4 Divorced	12. Was Deci Armed Fo 1  Yas If Yas, Gir Yaar or D	/8		Was Decedant of Yas, specify C			pecify Yas or No Rican, atc.)		e - Amaric ck, White,	atc.
Maryland 21215-0020	d within piena. r than	Completed	15. Decedant's E (Specify only highest gr Elamantary/Secondary (0-12)	ducation ada complated) Collaga (	1-4or 5+)	(Giva lifa. L	lant's Usual Oc kind of work do OO NOT usa rai omemake:	na during m lired)	ost of work	sing	16b. Kind of B		lustry
/land	d 2 should be filed th and Mental Hygi 7 Is marked other traumetic event, II	To Be C	17. Father's Nama (First, Middla, Last Roy	)	DU	TROW		18. Mot	har's Nam Anna	a (First, Middla	Maiden Suman	na)	11/6
			19a. Informant's Name/Ralationship Mrs. JoAnn M. Morris		r-in-law						er, City or Town, erick, M		code) and 21703
Baltimore,	it of He if item or oth		20a. Mathod of Disposition  12 Burlal 2 Cramation 3 C  4 Donation 5 Other (Speci		CE	amatary, cren	sition (Nama of natory or other) et Cemete	place)	May :	Data 29, 1996	20c. Location - Freder		wn, State Maryland
Balt	permit. Pa Departmen Important: any injury once.		21. Signature of Funarai Sarvice Lice	Fral	MOO2	Ke		nd Bas	ford		neral H		1701
68760,	Physician /Medical personner /Medical Examiner   Physician and physician and physician as the pnull-transit	/Medical Examiner	shock, or heart failure. List only immediate Ceusa (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated evants	a	Dua to (or	as a conseq	uance of):	510	= 14	eart	Dizen	56	Intarval Batween Onsat and Death
X	h certificata ending phys r usa as the	an/Medic	rasulting in death) Last	d	Dua to (or	as a consequ	uance of):						
, P.O. B	v requires that tha death cert been signed by the attendin should be datached for usa	y Physician	Part II. Other significant conditions (	ontributing to de	eath but not rasu	ilting in tha ur	ndarlying causa	givan in Pa	† I.	23b. Dld		ntribute to	the cause of death?
of Vital Records,	2 S CA	Completed by								24a. Was	an autopsy ormed?	ava	ara autopsy findings allable prior to mpletion of cause daath?
tal R	E ag		25. Was casa rafarred 6 medical					00 81-	15	10		10	Yas 2□ No
>	Physician: this cartific ral director,	o Be	axaminar?	Hospital:	Inpatiant 2	ER/Outpatien	t 3D DOA	Other		th (Check only o	dance 6 Oth	or /Snacih	v)
ion of	ling Ph. After thi funeral	-	27. Manner of Death   Natural 5 Panding   Pand	28a. Data (Mon		28b. Tima of Injury	28c. lr	njury at Work?			how injury occur		,
Division	P 를 를 근	Certification:	3 ☐ Suicida 6 ☐ Could not be datarmined	Zoa. Placa	of Injury - At ho ng, atc. (Specify		eat, factory, offi	Ce		28f. Location ( City or To	Street and Numb wn, Stata)	er or Rura	l Routa Number,
	To the Hospital within 24 hours: To the Funeral completely filled	Medical	29a. Certifiar (Check only one)	niner: On the be	best of my know asis of axaminati par stated.	vledga, daath Ion and/or inv	occurred at the rastigation, in m	a tima, data y opinion, d	and place, aath occur	and dua to tha red at tha tima,	data and placa,	and dua to	tha cause(s)
	To t To t	×	29b. Signature and title of certifier  30. Name and address olyperson who	complated caus	a of death (Mm)	23a) (Type,	D	16428	r		May 2	1	Day, Year) 996
			Dr. Casper E. C 31. Data liled (Month, Day, Year)	line II	I MD 300	West	Ninth	Street	, Fr	ederick	, Maryla	and 2	1701
	Sta Registr	_	MAY 2 8	1996	agistrar's Signat	welson &	erletty					12	

State of Maryland / Department of Health and Mental Hygiene

96

29d. Data signed (Month, Day, Year)

May 28, 1996

17719

	_				001	rtificate	UI	Dealii		Reg. No.			
Physicia	an	Decedent's Name (First, Middle, L.						3D T 37	2. Data of D Month May		○ Xeer		ne of Death
/Medic	_	Minnie		Louise		1		ERLY	-		996		45 pm
Examin	er	4a. Facility Name (If not institution, go Homewood Retire					4	b. City, Town, or Frederi			ty of Death deric		
Funeral Director			Sax 1□ M 2 F	7. Age (In yrs.	fast birthday)	If Under 1 Months [	Yaar Days	if Undar 24 Hrs Hours Min.	8. Data of Bi	irth Year 895	9. Birth Cou Ma	place (Si intry) ry1a	ata or Foreig
		Usual Residence of Decedent											
le-f show	ctor	Maryland Freder	ick		ty, Town or Lo Freder:								de City Limits Yes 2 No
23e or 28	al Director	10e. Street and Number 512 Fairview Av	enue			10f. Zip C	170	)1		10g. Citizen of U.S.		intry?	
and Mental Hygiene. Is marked other than "natural", or Items 23a or 28a-f show reumatic event, the Medical Examiner must be notified at	by Funeral	11. Marital Status  1 Nevar Married 2 Married  3 🕮 Widowed 4 Divorced	12. Was Dec Armed Fo 1  Yes If Yes, Gi Yaar or D	2 ANo		Was Decedar f Yes, specity		ispanic Origin? (S an, Mexican, Puar Specify:	pecity Yes or N to Rican, atc.)	o- 14. Re Bi	ace - Ameri ack, Whita ify:		
netur lical l	Be Completed	15. Decedent's E	Education		16a. Deced	ient's Usual (	Occup	ation during most of wo	delna	18b. Kind of	Business/ir	ndustry	
ital hyglene. Id other than "nature event, tre Medical	mple	Elementary/Secondary (0-12)	College (	1-4or 5+)				d)	King	0	TT		
n tr	3	17. Father's Name (First, Middle, Las	2		П	omemak	er	18. Mother's Na	no (Final Adidal)		Home	3	
arked or	To Be	Jacob		BODME	R			Carrie		lissa		VILES	5
27 is m		19a. Informant's Name/Relationship Mrs. Pearl Lodg		e)				and Number or Ri Leaf Lane					21702
Important: if flem 27 la marked any injury or other traumatic ev once.		20a. Method of Disposition  1 Burial 2 ☐ Cremation 3 I  4 ☐ Donation 5 ☐ Othar (Spec		State	Placa of Dispo	natory or other	e <i>r pl</i> ac	May 29,	Date 1996	20c. Location Beall			
2259		Webl. V.	7	*****		Keen	lev	& Basfor	CO P.A.	runeral	HOME	3	
edical aminer		23a. Part. Enter the disease, or conshock, or have failura. List only Immediata Cause (Final diseasa or condition resulting in daath)	mplications that of yone cause on e	4	th. Do not ante	06 Eas or the mode of	of dyln	Church St	Frede	erick, Marrest,	Maryla	Approx Interva Onset	dmate Il Between and Death
dical niner	xaminer	Immediata Cause (Final disease or condition resulting in death)	a	caused the deat each lina.  Due to (c	th. Do not anti	06 Eas er the mode of ten of:	of dyln	Church St	Frede	erick, Marrest,	Maryla	Approx Interva Onset	dmate Il Between and Death
physician and mile transit and sthe burial-transit	Medical Examiner	Immediata Cause (Final disease or condition	a	Due to (c	or as a consag	O6 Eas er the mode of the mode of the mode of the mode of the mode of	of dyln	Church St	Frede	erick, Marrest,	Maryla	Approx Interva Onset	dmate Il Between and Death
by the ettending physician and model for use as the burial-transit and action and action and action and action and action and action and action and action action and action acti	Physician/Medical	Immediata Cause (Final diseasa or condition resulting in daath)  Sequentially list conditions, if any, leading to Immediate cause. Entar Underlying Cause (Disease or Injury that initiated events	a	Due to (c	or as a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a con	Of Easer the mode of the mode	of dyln	Church St	c, Fredecorrespiratory	erick, Marrest,	ontribute	Appropriately and Conset	clmate il Between and Death
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rector, page 2 should be detached for use as the burial-transit and rector, page 2 should be detached for use as the burial-transit and rector.	Be Completed by Physician/Medical	Immediata Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or Injury that infliated events rasulting in death) Last  Part II. Other significant conditions  25. Was case referred to medical examiner?	a	Due to (c	or as a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a con	Of Easer the mode of the mode	t (Ch	an in Part I.	23b. Dic 124a. Wa perl	d tobacco use of yes 2 No	ontribute 3 Pro	Approximately and a conset of the capabely were autovallable prompletion of death?	uee of death Unknow psy findings rior to n of causa
bis cartificate has been signed by the ettending physician and Linector, page 2 should be detached for use as the burial-transit and injury to the contract of	e Completed by Physician/Medical	Immediata Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or Injury that inflated events rasulting in death) Last  Part II. Other significant conditions	a  c  d  contributing to define the definition of the definition	Due to (c	or as a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a con	Of Easer the mode of the mode	S/V	an in Part I.  28. Place of De ar: 44 Nursing H	23b. Dice 1 24a. Wa performent (Check only)	d tobacco use of yes 2 No	ontribute 3 Pro	Approximately and a conset of the capabely were autovallable prompletion of death?	uee of death Unknow psy findings rior to n of causa

29c. Licensa number D16428

Casper E. Cline, III, M.D., 300 West Ninth Street, Frederick, Maryland 21701

State Registrar 29b, Signature gnd title of certifier

31. Date filed (Month, Day, Year)

30. Name and address of person who completed cause of death (item 23a) (None, Print

MAY 2 8 1996

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Dete of Death Month **Physician** MORRIS James Ambrose 26, 1996 11:45 pm May /Medical 4a. Facility Nama (If not Institution, giva street and number) 4b. Cify, Town, or Location of Death 4c. County of Death **Examiner** 3433 Buckeystown Pike Buckeystown Frederick If Under 1 Yaer If Under 24 Hrs. Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** Months Days 1 M 2 □ F Yrs 578-62-8954 48 Director Jan 18, 1948 Washington, DC Usuel Residence of Decedent with the Merylenc 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits ir than "natural", or items 23a or 28a-f show the Wedical Examiner must be notified at 1 ☐ Yas 2 X No Maryland Frederick Buckeystown Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21717 U.S.A. 3433 Buckeystown Pike Funeral death 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yas 2 ☑ No If Yes, Give Yaar or Detes: 14. Race - American Indien, Bleck, White, etc. Wes Decedent of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status permit. Peges 1 end 2 should be filed within 72 hours after to Department of Heelth and Mental Hygiena. Instural, or itel Important: If item 27 is marked other than "natural, or itel any injury or other traumatic event, the Medical Examines once. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2X No Specify: Specify: White þ 3 Widowed 4 Divorced Completed 16a. Decedant's Usuai Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada complated) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Retail Business Merchant 17. Father's Nema (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) MORRIS MOONEY Matthew Joseph Josephine Patricia 19e. tnforment's Neme/Reietlonship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 3433 Buckeystown Pike, Buckeystown, Maryland 21717 Mr. Edward M. Morris/Brother 20b. Plece of Disposition (Neme of cemetery, cremetary or other p 20a Mathod of Disposition Dete 20c. Location - City or Town, Stata Joseph's Cemetery May 30,1996 1 ☑ Burlel 2 ☐ Cramation 3 ☐ Removel from Stete Buckeystown, MD 4 ☐ Donetion 5 ☐ Other (Specify) 22. Nama and Addrass of Facility
Keeney & Basford P.A. Funeral Home 21. Signeture of Funarel Sarvice Licenses M00706 106 East Church St, Frederick, Maryland 21701 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximata toterval Between Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in deeth) /Medical 2 WEEKS a PULLIONARY CONPROMISE Examiner Due to (or as a consequence of): Examiner EXTENSIVE MEDIASTINAL 7 MONTHS requires that the death certificate be axecuted physician and the buriel-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or es e consequence of): Records, P.O. Box 68760, C. END STABL NON HOOGKIN'S 8 YEARS Physician/Medical Due to (or es e consequenca of): USB BS attending | for use as signed by the a Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown NONE p 24b. Were autopsy findings available prior to 24e. Wes an autopsy performed? Completed peed completion of cause of death? has page 2 No No certificate 1 ☐ Yes 2 No Division of Vital Hospital or Attending Physician:
 24 hours after deeth.
 Funeral Director: After this certific. funeral director, 25. Was case referred to medical examiner? Be 26. Piace of Deeth (Check only one) Hospitel: Other: 4 Nursing Homa 5 Residence 6 Othar (Specify) 1 Yes 2 No 1 Inpatiant 2 ER/Outpatient 3 DOA 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28d. Dascribe how Injury occurred Certification: 28c. tnjury at Work? 1 Neturel 5 Pending 1 ☐ Yes 2 ☐ No invastigation 2 Accident 6 Could not be determined 3 Sulcide 28e. Piece of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) filled in by 4 Homicide 1 Certifying Phystcian: To the bast of my knowledge, deeth occurred at the time, date and piace, and due to the cause(s) and mennar as stated.

2 Medical Examtner: On the basis of axamination end/or investigation, in my opinion, deeth occurred at the time, date and piace, and dua to the cause(s) and mennar stated. 29a. Certifier Medical To the To the To the I 29b. Signatura and title of certifiar 29c. Licansa number 29d, Data signed (Month, Day, Year) D47034 aysh Du 30. Name and address of person who completed cause of death (ham 230) (Type, Print)

JAYEL. VINEN, UD / NATIONAL INSTITUTE OF HEACTH: NATIONAL CANCEL INSTITUTE BUDG 10/12N20

31. Data filed (Month, Den Year) 1996

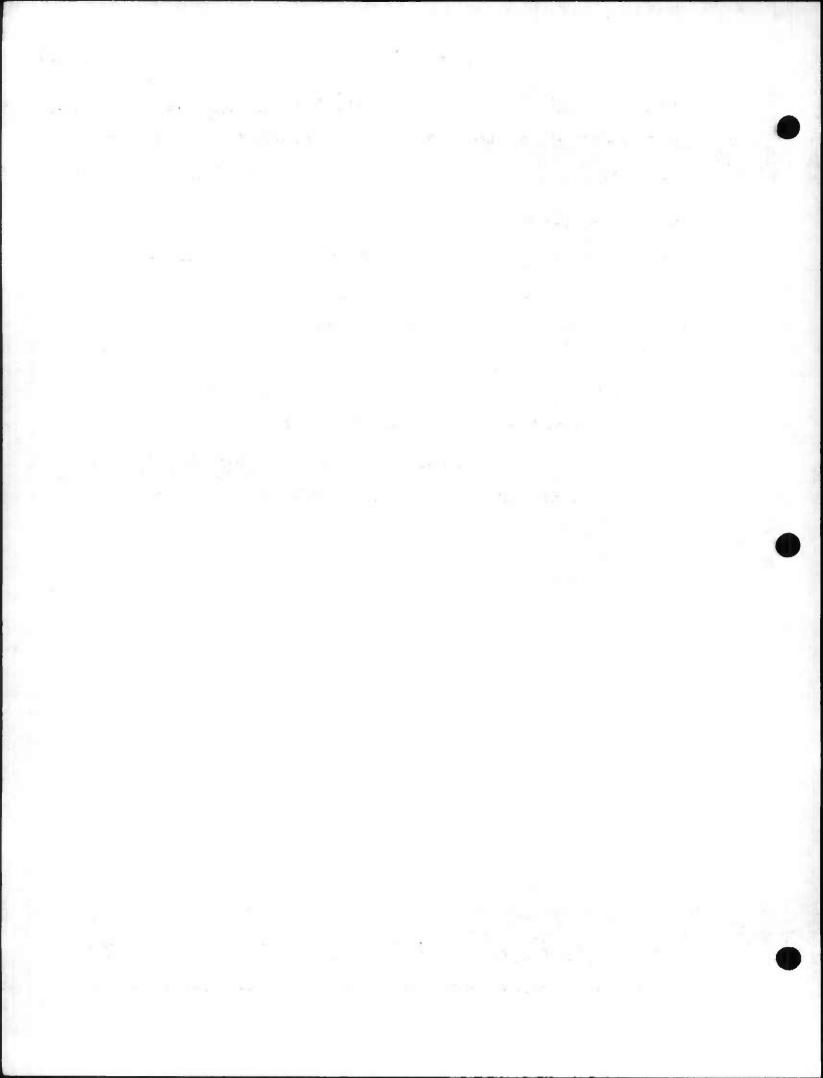
32. Redistrets Signature

MAY 3 17 1996

State Registrar

State of Maryland / Department of Health and Mental Hygiene 96

					•	Ce	ertificate o	f Death		Re	ig. No.			
Dhori		1. Decedent's Neme (First, Mide	dle, Last)				۸۸	1	2. D	ete of Deeth	Dev	Yeer		of Death
Physic /Med		Aubrey	L.				/ / /	1/45	, Sr /	154	23	96	19	30
Exam		4e. Fecility Neme (If not instituti PENINSULA REC				ITER			own, or Location	n of Deeth		y of Death	СО	
Funera Directo		5. Social Security Number  227-34-3110  Usual Residence of Decedant	6. Sex	M OFF	Age (In yrs. 68	last birthdey Yrs.	Months Dey		24 Hrs. 8. D Min. 2 –	ete of Birth Month, Dev. 27 – 28	Year)	9. Birth	plece (Stet ntry) VA	te or Foreign
land		10e. Stata 10b. Count	у		10c. City	, Town or L	ocation						10d. Inside	City Limits
Mary	ō	VA Acc	coma	ck		Saxi	S							es 2 No
root	Director	10e. Street end Number					10f. Zip Code			10	g. Citizen of	Whet Cou	ntry?	
th with	alD	20172 Saxis	Rd				2342	27		l t	U.S.A			
daa	Funeral	11. Maritel Stetus	1	2. Wes Deceder Armed Forces		S. 13.	. Wes Decedent of	Hispenic Orl	gin? (Specify )	Yes or No-		ce - Ameri	can Indien,	1
C 21215-0020 filed within 72 hours after death with the Manyland Hygiena. ther than "natural", or items 23a or 28a-f show ant, the Madical Examiner must be notified at ent, the Madical Examiner must be notified at	þ	1 ☐ Never Merried 2X Me 3 ☐ Widowed 4 ☐ Divorce		N☐ Yes 2 ☐ fi Yes, Give Yeer or Detes	□No		1□Yes 2ØN			,, 0.0.,	Speci	6	ite	
5-0 72 hc	Completed	15. Decede (Specify only high	nt's Educ	cetion completed)		16a. Dece	edent'a Usuel Occ e kind of work don	upation e during mos	t of working	1	6b. Kind of E	Business/in	dustry	
within ena.	Idm	Elementery/Secondary (0-12)		College (1-4o	r 5+)		e kind of work don DO NOT use ration	red)			c	eafo	50	
filed v Hygie ther t	ပိ	17. Fether's Neme (First, Middle	(ASt)			wate	I man	18 Moths	er's Neme (Firs	et Middle M				
	To Be	Aldon Miles	,,						uise R			no,		
Tarylan 2 should be and Mental Is merked of surmatic ev	F	19e. informant's Name/Reletion	ship (Typ	oe, Print)		19b. Mell	ling Addrass (Stre					, State, Zij	p Code)	
		Elena M. Mil	les/	Wife			is, VA				,			
E - 1 5 6		20e. Method of Disposition	. 5-			lece of Disp	osition (Neme of ematory or other p		Da	ite 2	Oc. Location	- City or T	own, Stete	
Peges nent of not: If he		1 XBurlel 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (		emovel from Stel	a	vning	s Cemet	ery	5-26	-96	Oak H	all,	VA	
Baltimo permit. Peges Department of Important: If It any Injury or once.		21. Signeture of Funeral Service	License	0			22. Neme end Add						PO	Box
n aaes		Jame	1 11	. 70	4	2	78, Ten	nperar	ncevil	le,	VA 23	442		
Physician		23 . Part1. Enter tha disease, of mock, or heert fellura. Lis	or complicationly on	cetions thet caus e ceuse on eech	ed the deeth line.	n. Do not er	nter the mode of d	/lng, such as	cerdiec or resp	piratory arre	at,		Approxim Intarval E Onset an	nate Between ad Deeth
/Medical Examiner	_	Immediate Causa (Final disease or condition			LAR	DIA	c AR	RESI	_			1	MIN	v
Examiner		resulting in deeth)	9			es e conse						1		
Do it	ale e		_ b		CH	4						i I	2/9	J
death certificate be axecuted the attending physician and of or use as the burial-transit of for use as the burial-transit.	Examiner	Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Disease or Injury					equence of):	ARD	10 M V	DAT	-ity		2/9	_
C OS / OU artificata be a ing physiciar a as the buri	edical	thet initiated events resulting in deeth) Last	· ·			es e conse						1	71	
BOX eath cert attending for usa	2		d											
deati deati	Physician/	Pert II. Other significant condit	lons cont	ributing to death	but not resu	iting In the	underlying ceuse (	given in Pert I		23b. Did tot	bacco use co	ontributa t	o the caus	e of death?
requires that the death or real signed by the attend hould be detached for us.										1 🗆 Ye	8 2 No	3 Pro	bably 4	Unknown
lres the signer of be d	1 by											0.4h 14	are autops	n, findings
D Pe Pe Pe Pe Pe Pe Pe Pe Pe Pe Pe Pe Pe	etec								1 2	24a. Wes an perform		av cc	relieble pric	or to
The law ete hes b paga 2 s	Completed										and		death?	
VICAL TICE Ilcian: The lav cartificete hes rector, paga 2		25. Wes cese referred to medic	al l					00 81	15 11 (0)	1 🗆 Ye	/ \	11	☐Yes 2	□ No
	To Be	examiner?		ospitel:	tiont 26	ER/Outpatie	ent 3 DOA	thor	of Death (Che ursing Home			har /Snaoi	40	
on or offing Phys. After this funeral di		27. Menner of Deeth 1/☑Naturel 5 ☐ Pend	ing igetion	28e. Date of In (Month, E	jury	28b. Time of Injury	of 28c. Inj		28d. [		w Injury occu		iy)	
UNISION To the Hospital or Attending I within 24 hours after death. To the Funerel Director: After completely filled in by the funer	Certification:	3 Suicide 6 Could		28e. Plece of I building,	njury - At ho etc. <i>(Specif</i> y	me, ferm, st	treet, fectory, office	137,000	28f. L	ocation (Str. City or Town,	eet and Num Stete)	ber or Run	al Route N	umber,
ortal or a series		00- 0Wi (57) 0Wi-												
To the Hospital of within 24 hours at To the Funeral D completely filled I	edical	29a. Certifier 18 Certifyi (Check only 2 Medica	ng Physi I Examin	er: On the basis end menner:	of examinet	viedge, deal ion end/or ir	th occurred at than nvestigetion, in my	tima, date an opinion, daa	d piece, end di th occurred et	ue to the ce tha tima, da	use(s) and m ita and place,	anner as a and due t	stated. o the cause	B(S)
To To Te	Σ	29b. Signeture end title of certifi	er	, /	/	01/	2	nse number			d. Dete sign			
	1	PNIC	well	nuch		17/	1 0	219	12		5/0	2 4/	96	
	٥	DENNIS J.	CHO.	DNICKI	MD	4	Print) 03 Qui	vcy S	12 Street	Si	AlisBi	wy.	MD	4
St Regist	ate rar	31. Dete filed (Month, Day, Year	199	6 32. Regis	trer's Signer	ure Ran	lath	,						



State of Maryland / Department of Health and Mental Hygiene 96 17722

	July					Ce	rtificate	of Dea	th	F	Reg. No.		
			1. Decedant's Name (First, Middl	a, Last)						2. Data of Das			3. Tima of Death
	Physici /Medi		Ruth L. M.	eehan						Month No. 14	2 % /9	Yaar 196	11:15 Pm
	Examir		4a. Facility Nama (If not Institution	n, giva straat and	number)			4b. City,	Town, or L	ocation of Deeth	4c. County		
			Holy Cross Hos	nital				Sil	ver S	pring	Mont	gomery	
	Funeral		5. Social Security Number	6. Sax	7. Age (In yrs	. last birthday,	If Under 1	Year If Und	dar 24 Hrs.	8. Data of Birth (Month, Day		-	e (State or Foraion
	Director		578-24-2877	1□M 2\ F	75	Yrs.	Months	Days Hou	rs Min.	July 3	, Year) 1920	Nebra:	e (State or Foreign ) Ska
	<b>D</b> .		Usuai Rasidance of Decadant										
	show	_	10a. Stata 10b. County			ity, Town or L						10d.	insida City Limits
	Sa-f	Director	Maryland Montg	omery	Sil	lver Sp	ring						1 ☐ Yas XX No
	or 2	Dire	10e. Street end Number				10f. Zip C	oda			log. Citizan of	What Country	?
	23a		1307 Leister				20	904			U.S.	.A.	
	r der	Funeral	11. Marital Status	Armed	ecedent Evar in U Forcas?	J,S. 13.	Was Deceder	t of Hispanic Cuben, Mexi	Origin? (Spicen, Puerto	ecify Yes or No- Ricen, atc.)	14. Rad	ce - American	
21215-0020	72 hours efter death with the Maryland natural, or items 23s or 28s-f show lical Examiner must be routled at	by	Married 2☐ Married 2☐ Married 3☐ Widowed 4☐ Divorced	If Yas,	es 2∕Q√No Giva r Datas:		1 □ Yas 2 □			,,		white	
5-0	"natural",	eted	15. Decedan (Specify only higha	t's Education	ad)	16a. Dece	dant's Usuai (	Occupation	nost of work	ina	16b. Kind of B	usinass/Indus	try
2	e	Completed	Elamantary/Secondary (0-12)	T	a (1-4or 5+)	lifa.	DO NOT usa	ratired)		"iy			
2	filed with Hygiene. ther then	Co		4		Medi	cal Tr	1					ngton Uni
Maryland	should be filed within nd Mentel Hygiene. marked other than imatic event, the M	Be	17. Fether's Nama (First, Middla,	Last)						a (First, Middla,		na)	
7/8	should be and Mentel s marked o	2	John Meehan							Lanahan			
Ma	2 8 99 6		19a. Intormant's Name/Ralations							al Routa Numbe			
	C # 81 -		Sophort Seng/Po	ersonal.		Place of Dispo			r Dr.				
altimore,			20a. Method of Disposition 1 ☐ Burial 2 【A Cramation	3 □Removel tro	om Ctoto	cemetery, cre	matory or other	r piece)	į	Dete	20c. Location		
Ē	Figure Pe		4 □ Donation 5 □ Other (S		Met					31,1996			
Ba	permit Peges Department of Important: If it any Injury or of		21: Signature of Funeral Service	Licensus		2:	2. Name end	Address of Fe	cility Tak	coma Fun	eral Ho	ome, Inc	· .
1.	20280		Suya	All	ulay	6 2	54 Car	roll S	t. NW	Washing	ton, D	20012	2
			23a. Part1. Entar tha salasa, or shock, or haart fill ra. List	complications ha	at caused tha daa n aach lina.	th. Dò not an	ter tha moda	t dying, such	as cardiac	or raspiratory are	rast,	Ar	oproximate tarval Batween
	Physician											Oi	nsat and Death
	/Medical Examiner		Immediata Causa (Final disaasa or condition	а.	Cardio Dua to (	D-185	pirato	15 /	Arres	-		9	tain
		<u>.</u>	resuiting in death)		Dua to (	or as a conse	quanca ot):						2 hrs
$\overline{}$	D ##	in a		b	Uro-	Sepsi	'5'		_			7	2 hrs
	certificate be executed ding physician and ise es the buriel-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury		Dua to (	or as a conse	quance ot):					i i	
68760,	be e iclan burie		cause. Entar Undarlying Causa (Disease or Injury	C									
587	phys s the	<b>VMedical</b>	that initiated events rasulting in daath) Last	1	Dua to (	or as a consec	quence ot):						
Box	ding p	3		d									
ă		Physician								1			
0.	y the	ys	Pert II. Other significant condition			sulting in tha u	ındariying cau	sa givan in Pa	art I.				e cause of death?
σ.	thet bed b		Parkinson's	Disea	11c					101	es 2 No	3 Probab	ly 4 ☐ Unknown
of Vital Records,	lew requires that the deeth les been signed by the atter s 2 should be deteched for u	d by								24a. Was a	n autopsv	24b. Wara	autopsy findings
2		lete								perfor	med?	compl	bla prior to lation of ceusa
8	0 - 0	Completed									. 179	of dea	
a	ilcien: Th certificate rector, par		25. Was casa ratarrad to medical								as 2 No	1 L Y	as 2 No
>	Physician: this certific ral director,	To Be	axaminar? 1 ☐ Yes 2 ☒ No	Hospital:	Inpatient 2	TER/Outrakia	nt 3 DOA	Other		h (Check only or		40 - 11 1	
ō	r this		27. Mannar of Death	28a. Da	ta of Injury	28b. Tima o		Injury at Work?		me 5 Resid			
6	ding F th.	Itio	1 Natural 5 ☐ Pandin 2 ☐ Accidant invastig	9	onth, Day Year)	Injury	M	Work? 1 ☐ Yas 2	□No				
Division	if or Attending effer death. Director: After d in by the fune	Iffice	3 ☐ Sulcide 6 ☐ Could r	Ined   28a. Pla	ice of Injury - At h	ome, ferm, st	raat, factory, o	ffice		28f. Location (S		ber or Rural R	outa Number,
á	of effe	Certification:	4 ☐ Homicida Gatarrii	bui	ilding, afc. (Speci	fy)				City or Tow	n, Stata)		
	To the Hospital or Attend within 24 hours effer death To the Funeral Director: Completely filled in by the	edicai C	29a, Cartifiar (Check only one)	g Physician: To t Examiner: On tha	tha best of my kno basis of axamina annar stated.	owledga, daat ation and/or in	h occurrad et vastigation, in	ha tima, data my opinion, c	and piaca, daeth occurr	and dua to tha c red at the tima, d	ausa(s) and maleta end piece,	annar as state and due to the	od. e cause(s)
	to the	M	29b. Signature and little of certifier	and the	otatou.		29c. L	icense numb	91	1 2	9d. Date signe	d (Month, Day	v. Year)
	0 = 0 8												
	To the lithin To the Comple		> 1/108-1	Hop				-223	209		5-29	-96	,,,
	4		30. Nama and addrass of person- Phillip W. Poz				Print)						

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State of Maryland / Department of Health and Mental Hygiene

				Otato or ivi	arylana	•	tificate of		wieniai riyg	eg. No.		
			1. Decedent's Neme (First, Middle, L	ast)					2. Dete of Dee	th	29	3. Tima of Death
	Physici /Medic		JOHN FRANCIS	MURPHY					Month May	28, 1	Year 996	6:20 am
	Examir		4a. Facility Name (If not Institution, gr	ve street end number)				4b. City, Town, or	Location of Death	4c. County	of Deeth	
		Ш	12111 Quick Fox	Lane				Bowie		Prin	ce Ge	eorge's
	Funeral Director		144-20-9163	Sax 7. Ag 1⊠M 2□F	e (In yrs. las	st birthday) Yrs.	If Under 1 Yaer Months Days	If Undar 24 Hrs Hours Min.	8. Dete of Birth (Month, Dey Aug. 3	Year) , 1927	9. Birthp Coun New	lace (State or Foreign try) Jersey
	and w		Usuei Residence of Decedent  10e. State  10b. County		10c. City,	Town or Loc	cation				10	Od. Inside City Limits
	r 28a-f show	ŏ	MD Prince	George's	Chex	verly						1 ∑Yes 2 □ No
	or 28a	8	10a. Street and Number				10f. Zip Code		1	0g. Citizen of W	/hat Coun	try?
	23a or	al D	5703 Greenleaf	Road			20785			U.S.A.		
Maryland 21215-0020	or items	by Funeral Director	11. Maritai Status  1 Naver Married 2 Married 3 Widowed 4 🖾 Divorced	12. Wes Decedent Armed Forcas? 1 X Yas 2 If Yas, Giva Year or Detes:			Vas Decedent of H Yes, specify Cube	lispenic Origin? (S an, Maxican, Puerl Specify:	pecify Yas or No- o Rican, atc.)		- Amarica k, White, d	etc.
2-0	72 hours	ted	15. Decedent's E (Specify only highest gi	Education		16a. Deced	ent's Usuel Occup	ation	tina	16b. Kind of Bu	siness/Ind	lustry
21	within 7	nple	Elementery/Secondery (0-12)	Coilege (1-4or :	5+)	life. D	OO NOT use retired	during most of word)	rking			
21		Completed		4	F	Advert	ising Pr	omotion		Publish		
and	7 5 5 0	Be	17. Fether's Neme (First, Middle, Las	t)					me (First, Middle, I	Meiden Sumemi	a)	
Z Z	2 should be and Mental is marked o	10	John W. Murphy	7 5 5 1 1		444 14 11		Kathryn			2.01 20	A 1315
Ma	d 2 should th and Mer 7 is merke traumatic		19e. Informent's Neme/Reletionship Matthew T. Murp						, Ridgef			
9	Heal Heal em 2	-	20a. Method of Disposition	ily (3011)	20b. Piec	ce of Dispos	sition (Neme of			20c. Location -		
Baltimore,	permit. Pages 1 end 2 Department of Health a Important: If item 27 it any injury or other tra		1 Buriei 2 Cremetion 3 [ 4 Donation 5 Other (Special	ify)	1	ropoli		atory 05				Virginia
Bal	Departimbor any ir		21. Signeture of Funerel Sarvice Lice	nsee		F		asch's S	ons Fune			
			23a. Pert1. Enter the disease, or con shock, or heert feilura. List only	npilcetions thet caused	tha death.						1	Approximata Intervsl Between
	Physician /Medical Examiner	ıer	Immediate Cause (Final disease or condition resulting in deeth)	. Che	La Due to (or e	MGH es a consequ	uenca of):		20.4			Onset and Deeth
Box 68760,	deeth certificate be executed e ettending physician and of for use as the burial-transit	Physician/Medical Examiner	Sequentielly list conditions, if eny, leeding to immediata cause. Enter Undarlying Causa (Disease or injury that initiated events resulting in death) Lsst	c. Par	Due to (or s	s a consequ	Co	MCI'V	10000	2.		
-	the ett	SICI	Pert II. Other significant conditions	contributing to death b	ut not resulti	ing in the un	derlying cause giv	en in Pert I.	23b. Did to	bacco use con	tribute to	the cause of death?
s, P.O.	requires that the deeth cert een signed by the ettendin hould be detached for use	by Phy							1 🗆 Y	es 2 No	30 Prot	ebly 4□Unknown
Records,	redu	Completed	***		_				24e. Wes e perfor	n eutopsy ned?	eva	ora autopsy findings hilable prior to impletion of cause death?
	The lew	Con							1 🗆 Y	es SENO	, 10	Yes ON No
/ita	ysician: The	Be	25. Wes case referred to medical examiner?	Marana					eth (Check only on	е)		
of	5 00	2	1 Yas (28 No.	Hospitei: 1 Inpatie		R/Outpetient		4 LI Nursing F	Ioma (52 Reside			1)
NO.	ing P	lo i	27. Menner of Deeth  S □ Pending	28a. Dete of Inju (Month, De	Year) 2	8b. Time of Injury	28c. Injur Wor		28d. Describe ho	ow injury occurr	ed	
Division of Vital	To the Hospital or Attending Phywithin 24 hours after death. To the Funeral Director: After thi completaly filled in by the funeral	Certification:	2 Accident investigation 3 Suicide 6 Could not I determined	00 00-01	ury - At home. (Specify)	e, ferm, stre	M 1□ et, fectory, office	Yes 2 □ No	28f. Location (Si City or Town	reet end Numbe n, State)	er or Rura	I Route Number,
	Hospital or 24 hours afte Funeral Dir staly filled in	edical C	29e. Certifier (Check only 2 Medical Exa	hysicisn: To the best of miner: On the basis of	of my knowle	edge, deeth	occurred at the tir	ne, dete end plece	, end due to the curred et the time. d	ause(s) and me	nner es st	sted.
	To the P within 2 To the F complet	Med	one) 29b. Signeture end title of cartifier	end manner sta	ated.		29c. Licans			9d. Dete signed		
	(F)	-	>V. 0'- CE	rando	N	MD	DI	638	0	5.30	96	r
-			<ol> <li>Name and address of person who</li> <li>V.P. Chandar, M</li> </ol>					verly. M	aryland	20785-1	143	
	Sta Registr		31. Deta filed (Month, Dey, Year)  MAY 31		ar's Signetur							

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ITEMS: 23 PART I, 27, 2Ba-f, PER

State of Maryland / Department of Health and Mental Hygiene 96 1772 L

•		Decedent's Ner	me (First, Middle, La	st)		Cer	uncale	011	Death		2. Dete of De	Reg. No.		3. Time of Death
Physicia /Medic		CHARLE			MARTI	N					MAY MAY	2 <sup>0</sup> 3 19	996	9:30 AM
Examin	-	4a. Facility Neme	(If not institution, giv 97TH • AV)		)			4	tb. City, To LAN		cation of Deeth		y of Deeth	GEORGES
Funeral Director		5. Social Security  579-54- Usuel Residence	9739	ex 7. A	ge (In yrs. lesi 53	Yrs.	If Under Months	1 Year Deys	if Under Hours	24 Hrs. Min.	8. Dete of Birt (Month, Da 09-0	y Year) 1-42	9. Birth Cou Wash	plece (State or Foreign ntry) ington DC
filed within 72 hours after death with the Maryland Appliene.  ther than "natural", or items 23s or 28s-f show int, the Medical Examiner must be notified at	tor	10a. Stete MD	10b. County Prince G	eorge's	10c. City, T		cation Seabr	ook						10d. inside City Limits 1 A Yes 2 □ No
or 28	Direc	10e. Street end N					10f. Zip					10g. Citizen of		ntry?
234	ral		7th Avenue						0706				USA	
al', or item	by Funeral Director		rried 2 Merried 4 Divorcad	12. Wes Decedent Armed Forces' 1 Tes 220 If Yes, Give Yeer or Dates:	?				lispanic Ori an, Mexicar Specify:		cify Yes or No- Rican, etc.)		ce - Ameri eck, White, ty: B1	
pornin. Fagas starts a should be med within 72 hours after death with the marylan pornin. Fagas start A Habith and Mental Hygione. Important: If item 27 is marked other than "natural", or items 23a or 28a-f ahow any injury or other traumatic event, the Medical Examiner must be notified at once.	Be Completed	(Spe Elementery/Sec 11		lucation de completed) College (1-4or	5+)	6e. Deced (Give life. L		Occup k done e retired	ation during mos t)	t of worki	ng	16b. Kind of E	Business/In	100
Mental Hyg arked other itic event,	To Be Co	17. Fether's Neme	e (First, Middle, Last) s Edward I		r.							Meiden Sume	me)	
alth and I			Neme/Relationship ( Martin/Wi:			3514	6th	Str	eet S			er, City or Town ngton ,		
ment of He ant: If Item ury or oth			sposition  Cremetion 3   5 Other (Specify				etion (Nemoratory or of		») Park	6,	Dete /1/96	20c. Location	-City or To	
Depart Import any inj		21. Signeture of F	Funerei Service Licen	Per centi	e	J	. B.	Jenl		Fune:	ral Hom	e over, MI	207	85
o Physician /Medical		23a. Part1. Enter shock, or he immediate Ceuse	the disease, or compert feilure. List only							cardiac o	r respiretory er	rrest,		Approximate interval Between Onset end Deeth
Examiner	je e	disease or conditi resulting in deeth	ion	e. ACUTE	Due to (or es			XICA	HION				1	
g physician and as the burial-transit	Examiner	Sequentially list c if eny, leading to it cause. Enter Und Cause (Disease of thet initiated even	conditions, immediate	b. ————————————————————————————————————	Due to (or es	e conseq	uence of):		. = 1				1	
nding physicis	/Medical	Cause (Disease of thet initiated even resulting in death)	or injury ts ) Lest	d	Due to (or es	a consequ	ience of):						i	
ned by the attendir	by Physician/N	Pert ii. Other sign	ificant conditions o	ontributing to death b	out not resultin	g in the ur	derlying ca	use glv	en in Pert i	•		tobacco use co Yes 2 \sum No		o the cause of death?
as been s 2 should	Completed b										24e. Wes perio	an autopsy med?	///////////////////////////////////////	fere eutopsy findings ralleble prior to impletion of cause death?
		25. Wes case refe	arred to medical						00 Di .	15.4		Yes 2□No	11	Yes 2 No
is certificata he director, page	To Be	examiner?		Hospitel: 1 🗆 inpati	ent 2 TFR	/Outpatien	3□ DO	A Oth	On.		ne X Resid	one) dence 6 □Ot	her (Speci	fv)
5 5 5		27. Menner of Dee 1 Neturei 2 Accident	5 Pending investigation	28a. Dete of inju (Month, Da UNKNOWN	lry Year) 28	b. Time of Injury UNKNOW	28	c. injun		1	28d. Describe h	now injury occu	irred	FUMES FROM C
ytal or Attending urs after death. ral Director: After illed in by the fune	Certification:	3 Suicide 4 Homicide	6XXCould not be determined	28e. Piece of in building, et FOUND	jury - At home ic. (Specify) IN CAR	AT CUI	et, fectory, RB AT F	office RESID	ENCE		28f. Location (S City or Tox PRINCE GI	Street and Num vn, Stete) 64 EORGE S C	PET OF FLYF COUNTY,	al Route Number. H AVE LANHAM, MD.

State Registrar

29b. Signet

A.KOWW MM111 Penn Street, Baltimore, Maryland 21201 Jahi Studior Revall

person who completed cause of death (item 23a) (Type, Print)

Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred at the time, dete and place, and due to the cause(s) end menner stetad.

29c. License number

O.C.M.E.

29d. Dete signed (Month, Dey, Year) MAY 23,1996

**DHMH 16 Rev 6/95** 

				State of Ma	aryland		artment of H				giene 9	6 1	772	5
	Physic		Decedent's Name (First, Middle, Last)     ANTONIO	D.	MA	LRY				Dete of Dea Month	ith Day	Year 1996	3. Time of	Death 9 PM
	/Medi Examir		4a. Facility Name (If not institution, give PRINCE GEORGES	and the same of th	AL C	ENTE		4b. City, Too CHEVE	wn, or Local	tion of Death	4c. County	y of Death	SEORG:	
	Funeral Director		5. Sociel Security Number 6. Sec. 578–98–7683		e (In yrs. Ia: 17					Date of Birth (Month, Day 03-10-	h ( Year)	9. Birthpl	ace (State on	r Foreign
	Sa-f ahow	ector	Usual Residence of Decedent  10a. State 10b. County  MD Prince Ge	eorge's	10c. City,	Town or Lo	Landove	er Hil	lls			10	0d. inside Ci 130 Yes	
	th with the	Funeral Director	10e. Street and Number 6702 Munsey Str	reet			10f. Zip Code	20784			10g. Citizen of	What Count USA	try?	
020	72 hours after death with the Maryler Insturet; or Items 23e or 28e-f show idical Exemples must be mortified at	by	11. Meritel Stetus  1 X Never Merried 2 Merried 3 Widowed 4 Divorcad	12. Wes Decedent I Armed Forces? 1 Yes 2 4 it Yes, Give Year or Dates:	·		Wes Decedent of Hif Yes, specify Cuba 1 ☐ Yes 2000	lispanic Orig an, Mexican Specify:	gin? (Specif n, Puerto Ric	y Yes or No- an, etc.)	14. Rac Ble Specif	ce - America ck, White, e by: B1		
d 21215-0020	filed within 72 hours after death with the Manyland Hygiene. ther than "netural", or Items 23a or 28a-f ahow ther, the Medical Exerciper must be incitited at	Completed	15. Decedent's Edu (Specify only highest grade Elementery/Secondary (0-12) 10th 17. Father'a Name (First, Middle, Last)	cation e <i>completed)</i> College (1-4or 5	+)	(Give	dent's Usual Occup kind of work done DO NOT use retire Studer	during most d) 1t		Firet Middle	16b. Kind of B	overn		
Maryland	Mentai Mentai arked o	To Be	Gil Turner					TO. WOULD		20.101	Malry			
	od 2 sh lith end 27 is m		19a. Informant's Name/Relationship (Ty) Andrea Turner/S				ng Address (Street Dodge						,	0 20
Baltimore,	permit. Peges 1 and 2 should be filed within Department of Heelth and Mantal Hygiene. Important: If item 27 is marked other than "any injury or other traumatic event, tha Maonce.		20a. Method of Disposition  1 Surial 2 Cremation 3 R  4 Donation 5 Other (Specify)		Cer	nee of Dispo	osition (Name of matory or other plan Memorial	ce)		Date 4/96	20c. Location	- City or To	wn, Stete	
Balt	Departi Departi Importi any inj		21. Signeture of Funeral Service License  23a. Part1. Enter the disease, or compil shock, or heart failure. List only or	Suscio			2. Name and Addre J. B. Jer 7474 Land ter the mode of dyir	kins lover	Funer Road,	Lando	over. M	D 207	Approximate	
	Physician /Medical Examiner	er	Carolina Car	Gun		- h	ound		Ba				Interval Bett Onset end I	
,092	ste be executed hysician and the buriel-transit	cai Examiner	Sequentially list conditions, it any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events		Due to (or a									
	ath certificet ttending phy or use as th	Physician/Medi	resulting in death) Last	1	Due (0 (0) e	33 6 001360	uenca orj.					1		
, P.O. I	that the death certifice hed by the attending phe detached for use as the	by Physic	Part ii. Other significant conditions con	tributing to death bu	ut not result	ing in the u	nderlying cause glv	ren in Pert I.		23b. Did t	obacc <i>o</i> use co /es 257No	3 Prob		of death? Unknown
Division of Vital Records, P.O. Box 68	The law requires that tha death certifice ate hes been signed by the attending phyage 2 should be detached for use as the	Completed b								24a. Was a perfor	an autopsy med?	ava	re autopsy f ilable prior to apletion of c leath?	0
a H	definer: The certificate h rector, page		OF West of the state of the sta							1584		4	Yas 2□	No
₹	yalciai is certi directo	To Be	25. Was case referred to medical examiner?	lospitai: 1 ☐ inpatle	n XXe	B/Outpatier	nt 3 DOA Oth	er		Sheck only o	ne) lence 6 □Oth	ner (Snecihi	)	
n o	ng Phy ther this		27. Manner of Death 1 ☐ Natural 5 ☐ Pending	28a. Date of injur (Month, Da)	Year) 2	8b. Time o	f 28c. injur Wor	y at k?	280	l. Describe h	ow injury occur	rred		
/islo	or Attending Physician: after death. Director: After this certific I in by the funaral director,	Certification:	2 Accident investigation 3 Suicide 6 Could not be determined	5-19- 26e. Place of inju		4 - 4	Peet, fectory, office	Yes 2 Th		Subj	treet and Numi	Sher ber or Rura	Route Num	ber,
	To the Hospital or Attending Physician: The Is within 24 hours after death.  To the Funeral Director: After this certificate he completely filled in by the funeral director, page		452 Hornicide	5/1	rex					City or Tow	ill Co	oper	Lune	
	Hosp     1.24 ho     Fune     Idetaly fi	edicai	29e. Certifler (Check only one)  1 Certifying Phys X Medical Examin	sician: To the best on ear: On the basis of end manner ste	examinatio	edge, deet n and/or in	n occurred at the tir vestigetion, in my o	ne, date and pinion, deat	d place, end th occurred	due to the d at the time, d	ause(s) and made and place,	anner as sta and due to	ated. the cause(s	)
	To the within To the comp	Me	29b. Signature and title of certifier	94			29c. Licens	e number		1	29d. Date aigne			
			100	wer	111	l Per	nn Stree	et, B	Balti	more,	Mary	Land	2120	1
	Sta Registr		31. Date flied (Month, Day, Year)  MAY 2 9	32. Registra			Rendell.							
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Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** JAMES 5 AM MAY /Medical 4b. City, Town, or Location of Deeth 4e. Fecility Neme (If not institution, give street and number) Examiner Prince George's Hospital Center Cheverly Prince George's 7. Age (in yrs. last birthday) if Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth (Month, Day, Months) Deys Hours Min. Manch 20, Manch 20 Birthplece (State or Foreign Country) **Funeral** 1XXM 2□ F 220-26-6238 Director March 30, 1910 Mary land Usuel Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits the Maryla Mary land Prince George's Seat Pleasant 1 X Yes 2 □ No Director 10e. Street and Number 10f, Zip Code 10g. Citizen of Whet Country? an "natural", or items 23a or Medical Examiner must be r 105 68th Place 20743 U.S.A. Funeral 14. Rece - American Indien, Bleck, White, etc. 12. Was Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Meritel Status 1 ☐ Yes 2 🕅 No If Yes, Give Yeer or Detes: 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐XNo Specify: þ Black. 3 ☐Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry 2 should be filled within and Mental Hygiene. Elementery/Secondery (0-12) Coilege (1-4or 5+) the 6th grade Farmer Agriculture 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be permit. Pages 1 and 2 should be Department of Health and Mental important: If fam 27 is marked t any injury or other traumatic evi any injury or other traumatic evi lance. 7 is marked of traumatic ev John C. Medley Pearline Hawkins 10 19a. Informant's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Coda) Frances Pauline Medley (Daughter) 1937 Brooks Drive #302 Hillside, Maryland 20743 20b. Plece of Disposition (Neme of 20e. Method of Disposition 20c. Location - City or Town, Stata Dete 1 Deurlai 2 Cremetion 3 Removei from Stete 4 Donetion 5 Other (Specify) National Hamony Memorial Park 5/28/96 Landover, Maryland 22. Name and Address of Fecility Rollins Funeral Home, Inc. 21. Signature of Funeral Service Licensee 4339 Hunt Place, N.E. Washington, D.C. Enter the disease, or compilcations that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, or haert failure. List only one cause on each line. Approximete Interval Between Onset end Deeth **Physician** Immediate Cause (Final disease or condition resulting in death) /Medicai 5.00 am Examiner Due to (or es e consequence of): Physician/Medical Examiner The law requires that the death certificate be executed physician and the burial-transit Sequentielly list conditions, if eny, leading to immediate causa. Entar Undarlying Couse (Disease or Injury that initiated events resulting in death) Last es e consequende of): Division of Vital Records, P.O. Box 68760, Due to (or as e consequence of): 88 esn signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Ware autopsy findings aveilable prior to completion of cause of death? 24a. Wes an autopsy pertormed? certificate has b lirector, page 2 s 1 Yes 2 No 1 ☐ Yes 2 ☐ No or Attending Physician: 25. Wes case raferrad to medical examiner? Be 26. Placa of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 10 1 Dipatient 2 ER/Outpatient 3 DOA After this funeral 27. Maryner of Deeth 28e. Dete of Injury (Month, Day Year) 28c. Injury et Work? 28d, Describe how Injury occurred 1 PNatural 5 Pending Investigation after death. Director: Af 16 96 2 000 1 Yes 2 Accident 6 Could not be 28e. Place of Injury - At home, ferm street building, etc. (Specify) 3 Suicide factory, office filled in by 4 - Homicide 24 hours a Funeral D 29a. Certifie Medical Certifying Physician: To tha best of my knowledga, daath occurrad at tha tima, data and place, and dua to tha causa(s) and manner es steted. To the Hosp To the Fune Completely fi Madical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. Neel MD290. Licence number and title of certifie 29b. Signature 29d. Dete signed (Month, Day, Year) 30. Name end address of person who completed cause of deeth (Item 23e) (Type, Print) 8601 am

32. Registrer's Signeture

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State Registrar 31. Date filed (Month, Dey, Year)

DHMH 16 Ray 6/95

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 95 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3 Time of Death Month WAYNE MOORE 26, 1996 May 3:40 am 4e. Facility Name (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Death Prince George's Hyattsville Health Care Center Hyattsville 5. Social Security Number 7. Age (In yrs. lest birthday) If Under 1 Yeer 6. Sex 1M M 2□ F 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) Months Deys Hours Min. 229-56-9569 52 Oct. 3, 1943 Virginia Usual Residence of Decedent 10c. City, Town or Location 10b. County 10d. Inside City Limits 1 Yes 2 No Prince George's Greenbelt 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 8679 Greenbelt Road #101 20770 U.S.A. 12. Was Decedent Ever In U.S. Armed Forces? Was Decedent of Hispenic Orlgln? (Specify Yes or No-If Yes, apecify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian. Bleck, White, etc. 1 X Yes 2 No
If Yes, Give
Yeer or Dates: 1960-64 1 ☐ Never Merried 2 ☐ Married 1 Yes 2 No Specify: 3 ☐ Widowed 4 ☑ Divorced White 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coilege (1-4or 5+) Master Electrician Private Industry 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Ralph B. Moore Dorothy M. Johnson 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Ralph B. Moore - Father 5260 Crossbow Circle Unit 9-B, Roanoke, VA 24014 20b. Plece of Disposition (Name of cemetery, crematory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State 1 X Burial 2 Cremetion 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Sherwood Memorial Park 05/29/96 | Salem, Virginia 22. Name and Address of Facility
Francis Gasch's Sons Funeral Home, P.A. 21. Signeture of Funecai Service Litensee 4739 Baltimore Avenue, Hyattsville, MD 20781 23e. Part1. Enter the disease or complications that caused the shock, or haart failure. List only one causa on each lina. Approximate Intervat Between Onset and Death buth. Do not enter the mode of dying, such es cardiac or respiratory arrest, Immediate Cause (Final · METASTATIC RENAL CORL CARCINOMA disease or condition resulting in death) Due to (or as a consequence of): SPINAL CORP METAKIAKUS 6 MONTH Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or es a consequence of) Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? 1€ Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 Yes 2 No 1 | Yea 2 | No 25. Was cese referred to medical examiner? 26. Piace of Death (Check only one) Other: 4 Nursing Home 5 Rasidance 8 Other (Specify) 1 ☐ Yes 2 ☑ No 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Death 28e. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? 5 Pending investigation 1 ☐ Yes 2 ☐ No 8 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Piece of Injury - At home, farm, street, fectory, office building, etc. (Specify) Tertifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

Umbedical Examiner: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner steted.

29c. License number

D 46844

29d. Dete aigned (Month, Day, Year) 96

Examiner be exec P.O. Box 68760. Division of Vital Attending

physician and s the bunal-trens 9 for use es ed by the a signed by t page 2 should b certificate this After N Director: Ah To the House of vertical 24 hours at To the Funeral Di completely filled is

**Physician** 

/Medicai

Examiner

**Funerai** 

Director

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r than "natural", or itema 23a or 28a-f show

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Hygiene.

permit. Pages 1 and 2 should be filk Department of Health end Mental Hy Important: if them 27 is marked oth any Injury or other traumatic even

**Physician** /Medical

Director

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Certification:

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Saltimore, Maryland 21215-0020

ROBERT

10a. State

11. Merital Status

11

Medical

Mary Ruth Lopez, M.D. 31. Date filed (Month, Day, Year) State Registrar

1 Natural

2 Accident

3 Sulcide

29a. Certifier

4 ☐ Homleide

7243-B Hanover Parkway, Greenbelt, Maryland 20770-3605 32. Registrar'a Signature New Hear Re

30. Name and address of person who completed cause of death (Itam 23a) (Type, Print)

MAY 2 9 1996

29b. Signeture and title of certifier

	1 - FOR STATE REGISTRAR
	1. DECEDENT'S NAI
	ALIS
	4. SOCIAL SECURIT
	579-72-
	9a. FACILITY NAME
OR	2702 K
5 1	RESIDENCE O
<u>m</u>	10a. STATE
DIRE	MARYLAND
A	10e. STREET AND N
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

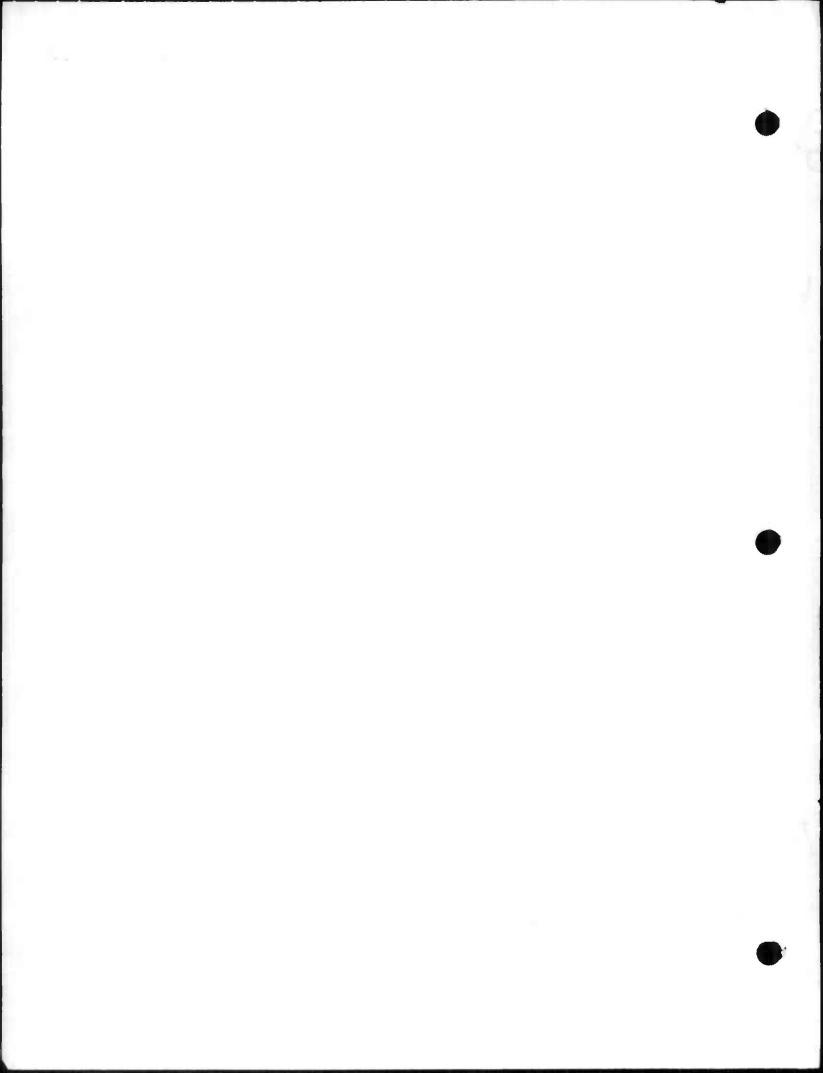
-	TEGIOTTAN			CITI	ICAL	COF	DEA	171		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)		(00PE						2. DATE OF	DV	lY.	YEAR	TIME OF DEATH
	ALISON MIC		100RE						May	21		96	12:55 A. M
		5. SEX	6. AGE (In yrs. In		IF UNDER	DAYS	HOURS	MIN.	7. DATE OF (Month, I MARCH	BIRTH Day, Your)		Country)	ACE (State or Foreign
	579-72-1499 9a. FACILITY NAME (If not institution, give	**	30	YRS.						1 4,1			,D.C.
œ	2702 KINGSWAY R							ON OF DE	ATH			TY OF DEAT	
2	RESIDENCE OF DECEDENT	UAD			FT	• WA	SHIN	GTON			PRIN	CE GE	ORGES
8	10s. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN	OR LOCAT	TION					10	Id. INSIDE CITY
L DIRECTOR	MARYLAND PRING	CE GEORGE	S	FT.	WAS								LIMITS?
FUNERAL	2702 KINGSWAY ROA	AD				101	2074					ed S	tates
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AI	RMEO	13.	WAS DEC	ENOENT	OF HISPAN	IC ORIGIN?	Specify Yes	or No—	14. RACE -	American Indian, thite, etc.
B	1 Never Married 2 X Merried 3 Wildowed 4 Divorced	IF YES, GIVE W		NO		1 TYES	2 X NO	Specify	n, Puerto Ric	en, etc.)		Specify: BLACI	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		16a. Di	ECEDENT'S	USUAL O	CCUPATIO	ON of worth		16b. K	IND OF BUS	INESS/INDU	JSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5 +	-) ///	n. Do NOT u	se retired.)		St OF WORK	ng					
MP		4	BUS	OPER	ATOR				TR	ANSPO	RTATI	LON	
8	17. FATHER'S NAME (First, Middle, Last)	an.					diam'r		ME (First, Mid		Surname)		
BE	JAMES F. SCOTT,	SR.					AL	MA F	'REEMA	N			
5	19a. INFORMANT'S NAME (Type/Print)								Toute Number,			,	
	PLATO ZUNO MOORE,	II (HUSB						.,Ft	. Was	_			
	20a. METHOD OF DISPOSITION 12. Burlel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	206. PLACE	emetory or o	of dispos ther place! NAT.	CEM.	ime of IETER	Y	5/28		REL,		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		M85	22. A	NAME AN	NDER	S OF FAC	POPE	FUNER	AL HC	MES	
_	- aug s	O offe X	/		)	538	Marl	boro	Pike	, For	estvi	11e,	1d 20747
	23. PART I. Enter the diseeses, or shock, or heert feilure.	complications that List only one cau	t ceused the deservation	eath. Do i e.	not enter	the mo	de of dy	ing, auch	as cerdia	c or reaple	ratory arre	est,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition												Onset and Death
	resulting in death)	a. HEPATO											9 MONTHS
		DUE TO	(OR AS A CONSE	OUENCE O	F):								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	b DUE TO	(OR AS A CONSE	OUENCE O	F):								
CAT	cause. Enter UNDERLYING CAUSE (Disease or Injury	C.											
E	thet initiated eventa	DUE TO	(OR AS A CONSE	OUENCE O	F):								
Ä	resulting in death) LAST	d											
	PART II. Other aignificent condition	na contributing to	deeth but not	resulting	in the ur	nderlying	ceuse	given In I	Part i. 2	la. WAS AN	AUTOPSY	24b. WI	ERE AUTOPSY FINDINGS
EDICAL										PERFOR		AV	MILABLE PRIOR TO MPLETION OF CAUSE
									_   '	YES 2	K) NO		DEATH?
Ξ.	DID TOBACCO USE CONT	RIBUTE TO CA	USE OF DEA	ATH YE	SIL	NO V	1 IINC	FPTAIN				1 "	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			CE OF DEA			, 0110	LKIAII	101				
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient 3	3 DOA	OTHEI		e s M pe	aldence i	6 🗆 Other (S	Pannifu)			
Ĭ	27. MANNER OF DEATH	28a. DATE OF	INJURY	26b. TIM	E OF	28c. INJ	URY AT	iardalica (			JURY OCCI	URED	
BY P	1 X Natural S Pending 2 Accident Investigation	(Month, Di	ay, Year)	INJ	URY M		RK? YES 2	ON					
- 10	3 Suicide 6 Could not be	28e. PLACE Of	F INJURY — At he atc. (Specify)	ome, farm,	street, fact	ory, office			28f. LOCATI		nd Number o	or Rural Rout	e Number,
E	4 Homicide determined		ator (openny)						City or	Town, State)			
2 1	29a. CERTIFIER 1 X CERTIFYING PHYS	ICIAN: To the best of	my knowledge, de	eath occurr	ed at the t	ime, deta	and place	and due	to the cause	(e) and men	ner an state:	d	
COMPLET	one) 2 MEDICAL EXAMINE												nd manner as stated.
Ŭ U	29b. SIGNATURE AND TITLE OF CANTIFIE							ENSE NUM		I			onth, Day, Year)
0	100	w Lew	476					14730					1996
유	30. NAME AND ADDRESS OF PERSON WI			M 27) (Type,	Print)						110	· y ~ ~ 9	, 1,,,,
	Dr. K. Yeung, MD	8926 Wo	oodyard	Road	, C1	into	n, M	aryla	and				
	31. DATE FILED (MONTH, AN 100 8 19	395 32. RECHETTA	A'S SONATURE	Rad	11			,			_		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other tranmatic event, the medical examiner must be notified at once. Thours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

DHMH-16 Rev 1/89



State of Maryland / Department of Health and Mental Hygiene 96

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						Certifica	te of	Death	R	eg. No.			
			1. Decedent'a Name (First, Middle, Last)						2. Date of Deat	h	W	3. Time of	i Death
	Physic		Agapita	A. Maria	ano				May 26,	Day 1996	Year	9:12	A.M.
	/Medi Examiı		4e. Fecility Neme (If not institution, give			-		4b. City, Town, or L		4c. County	of Deeth		
1			Southern Maryla	and Hospit	al Cen	ter		Clinton	n	Prince	Geo	rge's	
	Funeral Director		5. Social Security Number 6. Sep 578–88–9394	IM SKWE	(In yrs. last bir	thday) If Und Months	er 1 Yee Deys		8. Dete of Birth (Month, Day, March 2	Year) 4,1930	9. Birthp Coun Phili	lece (Stete o (ry) Lppine	r Foreign ! Is.
	anyland ahow	-	10a. Stete 10b. County		10c. City, Tow						1	0d. Inside Cl	
	Ne M	9ctc	Maryland Prince (	George's	Fort	Washin							213110
	23a or 2	Funeral Director	10e. Street and Number 9400 Traverse Way				ip Code 2074	`		U.S.A.	/hat Coun	itry?	
020	ours after dec al', or heme Examiner m	b	11. Marital Status  1 Never Married 2 Married  3 Widowed 4 Divorced	12. Was Decedent E Armed Forces? 1 ☐ Yes 2 ☐N If Yes, Give Year or Dates:				Hispanic Origin? (Sp ban, Mexican, Puerto Specify:	ecify Yes or No- Rican, etc.)	Blec	- Americ k, White, Fili		
21215-0020	permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Department of Heelth and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show important: if item 27 is marked other than "half and arriver must be notified at DDCs.	Completed	15. Decedent's Edui (Specify only highest grade Elementary/Secondary (0-12)	cation e <i>completed)</i> College (1-4or 5-		Decedent's Us (Give kind of w life. DO NOT Homema	ork done use retir	e during most of work	ring	16b. Kind of Bu		lustry	
Maryland	id be file ental Hyy ked othe ic event,	To Be C	17. Fether's Name (First, Middle, Last) Higenio Aquino					18. Mother's Nam Brigida			ө)		
ary	shou man	-	19a. Informant's Name/Relationship (Type	pe, Print)	196	. Meiling Addre	ss (Stree	et and Number or Rui	al Route Number	City or Town,	Steta, Zip	Code)	
	elth elth a		Reynaldo Pineda Ma	ariano Hu	sband '	9400 Tr	aver	se Way, F	t. Washi	ngton,	Md.20	0744	
ore,	Peges 1 and 2 nent of Heelth ant: If Item 27 Is ury or other tra		20a. Method of Disposition		20b. Place of	f Disposition (N ry, crematory or	ame of	ace)	Date	20c. Location -	City or To	wn, State	
E	Pege mr: If my or		t X Buriel 2 ☐ Cremation 3 ☐ R 4 ☐ Donation 5 ☐ Other (Specify)	emovel from State		rection			31/96	Clinton	, Man	ryland	
Baltimore,	permit. Peges 1 and Department of Heelth Important: If Nem 27 any injury or other tuponca.		21. Signature of Funeral Service License	-/1				ress of Facility Kalas Fu	norel He	mo			
ш	20529		* Hedraco ?	Yales	,			Hill Rd.			207	45	
	Physician /Medical Examiner	Examiner	Immediate Cause (Final disease or condition resulting in death)	Resp.	left	consequence of	~	CA				Onset and I	
,	n and	Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	L	oue to (or as a	consequence of	):				1		
Box 68760,	law requires that the death certificate be executed as been signed by the ettending physician and 2 should be detached for use as the buriat-transit	an/Medical	Cause (Disease or Injury that initiated events resulting in death) Last	C	ue to (or as a o	consequence of	):						
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of Vital Records,	e law require has been sig ge 2 should t	Completed	Dysphy, a						24a. Was a perform	ned?	oor of c	ere autopsy f ellable prior t impletion of d death?	lo cause
a	ysician: The ls certificate he director, page		4 topm						1 🗆 Ye		1L	Yes 2	No
₹	Physician: this certific ral director,	o Be	25. Was case referred to medical examiner?	ospital:	• • O = D = D		0	28. Place of Deel			40		
of		To To	27. Manner of Death	1 1 Inpatier	/ 28b. 1	itpatient 3□ £ Fime of	28c. Inje	4 U Nuising no	ome 5 Reside			()	
ion	Attending I ar death.  ector: After by the funer	ation	1 ☐ Natural 5 ☐ Pending investigation	(Month, Day	Year) I	njury M		ork?		NA			
Division	or Attendi	Certification:	3 Sulcide 6 Could not be determined	28e. Place of Injurbuilding, etc.	y - At home, fa	rm, street, facto	ry, office	1	281. Location (St City or Town	reet and Number, Stete)	er or Rura	l Route Num	iber,
3	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	edical C	29e. Certifier (Check only 2 Medical Examin	Iclan: To the best of er: On the basis of and menner stat	examinetion an	dor Investigation	d at the t n, in my	time, dete end place, opinion, death occur	end due to the co red at the time, do	ause(s) and ma ate and placa, a	nner as at	ated. the cause(s	1)
	To the	Me	29b. Signature and title of continer			2	9c. Licer	nse number	2	9d. Dete signed			LAUGE
			· Cal of				0 4	15881		5/2	419	14	
			30. Name and address of person who co	mpleted cause of de		(Type, Print)		5/) (Jean	Hill Mr. A	2071	15	-	N
			Car 1 John 30	A111 03m	~ M( (( R	-d Ju	UK	01	Tree Mes C	207	( -		

DHMH 16 Rav 6/95

Registrar

MAY 28 1996

is also give to the same

						Certificate o	of Death		Reg. No.		
Dhy	oloion		. Decedent's Name (First, Middle, La	ist)	Th.			2. Dete of I	Deeth Dey	Yaar	3. Time of Death
	sician ledical		Alice V	. Meyers			. (-2-2-	May 2	5, 1996		5:45 P.M
	miner	4.	a. Facility Neme (If not institution, gi		15		4b. City, Town, o				
_	_		5427 Old Temple			rday) If Undar 1 Ya	Temple H			+	eorge's
Fune		5.		- The - Will -	Age (In yrs. last birth 84 Y	rs. Months Da		n (Month.)	Birth Day, Year)	9. Birth	pieca (Steta or Forai
Direc	tor	u	J77-03-4314		04			July	31,1911	Nort	ch'Carolin
rland	4		0a. Stete 10b. County		10c. City, Town						10d. inside City Limi
Mar	ţ	5	Maryland Prince	George's	Temp	le Hills					1 ☐ Yes 2 🖾 i
th the	Director	1	0e. Street end Number			10f. Zip Cod	a		10g. Citizan of	Whet Cou	intry?
th wi	-		5427 Old Temple	Hill Road			20748		U.S.	Α.	
r dea	Funeral	1	1. Meritei Stetus	12. Wes Deceden Armed Forces		13. Was Decedent of If Yes, specify C	of Hispenic Origin?	(Specify Yes or I		ce - Amari	ican indian, . etc.
within 72 hours after death with the Maryland liene. 'than "natural", or itema 23a or 28a-f show	by F.		1 Navar Married 2 Married	1 ☐ Yes 2 1 If Yes, Giva		1□ Yes 2□X	No Specify:			y: Whi	
hour	9		3 ☐ Divorced	Yaar or Detes		Decedento Havel Oc	augustina.				
d within 72 hours af giene. or then "neturel", or	Completed		15. Decedent's E (Specify only highast gr	de completed)		Decedent's Usuel Oc 'Give kind of work do life. DO NOT use re	ne during most of w	orking	16b. Kind of B	usiness/ir	laustry
with the	i i		Elementery/Secondery (0-12)	College (1-4o		Self-Empl		tail	Liquor	Stor	re e
d 2 should be filed th and Mental Hygi 7 is marked other	Be C		7. Fether's Neme (First, Middle, Last	)			18. Mother's N	eme (First, Midd	lle, Maiden Sumar	na)	
should by and Menta	To		John W. Vincent,	Sr.			Bessi	e I. Pa	rkerson		
2 should be filed with and Mental Hygiene. Is marked other than	To	1	9e. informant's Neme/Reletionship	Type, Print)	19b.	Melling Address (Str	eet end Number or I	Rural Route Nun	nber, City or Town	, State, Zi	p Code)
P 5 2			William V. Meyer	s Son		801 Kenilw		Kivera	ale, Md.	2073	57
90	r l	2	0a. Method of Disposition 1 D Buriai 2 □ Cremetion 3 D	Removel from Stat	cemetery	Disposition (Neme of cremetory or other	place)	Dete	20c. Location		
Pages ment of ant: If It	5		4 □ Denetion 5 □ Other (Special		" Cedar	Hill Ceme	tery 5/	29/96	Suitlan	d, Ma	iryland
permit. Pag Department Important: I	OUCE	2	1. Signature of Funeral Service Lice	1 1		George	drass of Facility P. Kalas	Funeral	Home		
0.05	6 01		Hereger	ale	0		on Hill R			d. 20	)745
		2	23a. Part 1. Enter the disease, or con shock, or heed eilure. List only	plications that cause one cause on each	ed tha daath. Do no line.	ot anter tha mode of	dylng, such es cerdi	ec or respiretory	errest,		Approximete Intervai Between
Physici	_	1.		0							Onset end Deeth
/Medid Examir		d	mmediete Ceuse (Finel lisease or condition esuiting in deeth)	a Brea	H Can	ncer				1	tears
	j 10			Com	Due to (or as a co						
190	E			b	SESTIVE		FAILL	R.E			2 Herres
cate be executed physician and	Examiner	if	Sequantially list conditions, if any, leeding to immediate seuse. Enter Underlying Zause (Disease or Injury hat initiated events		Due to (or as a co	onsequence ot):					
ertificate be exe fing physician a	edical	ll ll	Cause (Diseese or Injury hat initieted events	C	Due to (or as a co	onsequence of):					
5 D (		ľ	esuiting in death) Last							i	
0 2 1	M/me			d						1	
0 0 3	Physician	Р	ert ii. Other significant conditions of	ontributing to death	but not resulting in	the underlying couse	given in Pert i.	23b. Di	d tobacco use co	ontribute (	to the cause of dea
# 55	Ph.							1(	Yes 2 No	3 Pro	obably 4 Unkn
a part	۵	-						-			
Physician: The law requires that this certificate has been signed to real director, name 2 should be deal	Completed								as an eutopsy rformed?	18	Vere autopsy finding vallable prior to ompletion of cause
has b	jou	-   -						-	37	of	death?
ent: The la								10	Yas 2 No	1	☐Yas 2☐No
ician	a		<ol> <li>Was cese referred to medicei examiner?</li> </ol>	Hospitel:			Other	eeth (Check onl			
Physician: this certific		-	1 ☐ Yes 2Ã☐ No 7. Mannar of Death	1 ☐ tnpat	tient 2 ER/Outs	Delient 3LI DOA	4 Li Nursing		sidence 6 DOt		ify)
Afte And	Certification:	-	1. Neturel 5 Pending	(Month, D	jury 28b. Ti Je <i>y Year)</i> inj		njuryet Work? □ Yes 2 □ No	200. Describ	e now injury occu	1160	
after death. Director: After	lca lca		2 Accident investigation 3 Suicide 6 Could not be	e One Diese of It	niury - At home fam	m, street, factory, offi		28f. Location	(Street and Num	ber or Rui	ral Routa Number.
or Attend after death Director:	er.		4 ☐ Homicide determined	building, e	etc. (Specify)	n, stroot, tastory, on	••		own, Stete)		
To the Hospital or A within 24 hours after To the Funeral Dire	0	2	9e. Certifier 1 Certifying Pt	vsician: To the bes	t of my knowledge.	deeth occurred et the	time, dete end pie	ce, and due to th	ne cause(s) and m	anner as :	stated.
Fur Port	edical		(Check only 2 Medical Example)	miner: On the basis and mannar s	of examination end/	or Investigetion, in n	y opinion, deeth oc	curred et the tim	e, dete and plece,	and due t	to the ceuse(s)
To the	ž		9b. Signature and title of certifier	0		29c. Lic	ansa number		29d. Date signe	ed (Month,	, Day, Year)
			Jenn A	ulle		DA	0216		5/21	2/26	
		30	0. Neme and eddress of person who	completed ceuse of	death (Item 23e) (T		UNIU		-/-	1	
						Branch A	ve. Marlo	w Heigh	ts, Md.2	0748	
	State	3	1. Dete filed (Month, Dey, Year)		trer's Signeture						
Reg	State istrar	3	1. Dete filed (Month, Dey, Year) MAY 2 8 1996		trer's Signeture					i i	

DHMH 16 Rev 6/95

Plan with the end of I set model of 

Pages 1, 2, 3 should

1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Joseph Nowicki			2. DATE OF DEATH MONTH DAY TO BE THE OF DEATH TO BE								
4. SOCIAL SECURITY NUMBER	6. SEX	B. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI	RTH I	6:15 a.				
183-14-7667	1 M 2 D F	72 YRS.	MONTHS DAYS	HOURS MIN.	3/21/2	(Vear)	Chester, PA				
Se. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF D			9c. COUNTY OF DEATH				
475 Blair Shore	Road		Elkton				Cecil				
RESIDENCE OF DECEDENT											
10a. STATE 10b. COUN	TY	10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?				
Maryland Ce	cil		Elkt	on			1 TYES 2 K NO				
10e. STREET AND NUMBER		H. ZIP CODE	10g. CITIZEN OF WHAT COUNTRY								
475 Blair Shore	Road			2192	21		USA				
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced			If yes, s	CENDENT OF HISPA pecify Cuban, Maxic B 2 T NO Speci	HISPANIC ORIGIN? (Specify Yes or No— Mexican, Puerte Rican, etc.)  Specify:  White						
15. DECEDENT'S ED (Specify only highest gred		16a. DECEDENT'S	USUAL OCCUPAT	ON	16b. KIND	OF BUSINESS/IND	USINESS/INDUSTRY				
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	(Give kind of work done during most of working life. Do NOT use retired.)								
12		Assem	bler		itomobile	9					
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle,	Maiden Surname)	n Sumama)				
Julian Nowicki				Mamie	Markows	ski					
19a. INFORMANT'S NAME (Type/Print)	- 1 6 ST TE	19b. MAJLING	ADDRESS (Street	and Number or Rural	Route Number, Cit	ly or Town, State, Zip	Code) 21921				
Sophie Nowicki		475 B	lair Sho	ore Rd.,	P.O. Bo	x 1081,	Elkton, MD				
20s. METHOD OF DISPOSITION		20b. PLACE AND DATE	OF DISPOSITION (A			20c. LOCATION (					
1 ☑ Burial 2 ☐ Cremation 3 ☑ Re 4 ☐ Donation 5 ☐ Other (Specify)	moval from State	Gracelawn	ther place) Mem. Pa	ark 6	5/3/96	New Cast	tle, DE				
21. SIGNATURE OF FUNERAL SERVICE	DENSEE			ND ADDRESS OF F							
	1 - yin	MQ0510		Stephen L. Schaech							
23. PA T I. Enter the diseases, or	CRO		Box 2		ena, MD	21635					
Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events    CAUSE (Disease or Injury that Initiated events   DUE TO (OR AS A CONSEQUENCE OF):    CAUSE (Disease or Injury that Initiated events   DUE TO (OR AS A CONSEQUENCE OF):											
PART II. Other algorificant condition	done contributing to d		ot resulting in the underlying cause given in Part I.  24a. WAS / PERF 1 □ YES				24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
		(			_		1 TYES 2 NO				
AS MAD CADE DESPONDE TO MENTAL	1										
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  HOSPITAL:  OTHER:											
1 PES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)											
27. MANNER OF DEATH  1 \( \sum_{\text{Natural}} \) Accident \( \sum_{\text{Investigation}} \)	28a. DATE OF III (Month, Day		E OF 28c. INJURY AT URY WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO								
3 Suicide a Could not be determined	or Rural Route Number,										
one)	(Check only 1 CENTIF TING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
296. SIGNATURE AND TITLE OF CERTIFIC  AUGUST  30 NAME AND ADDRESS OF PERSON W	left	POP DEATH (ITEM 27) (TVDA	h)	29c. LICENSE NU	1307	29d. DATE	SIGNED (Month, Day, Year)				
31. DATE FILED (Month, Day, Year)	ALK 4	ATEL N'S SIGNATURE	10/23	Singe	relyA	re, gik	ton M1) 2192				
JUN 0 3 1996	Gula Davidson	Modern		0.							

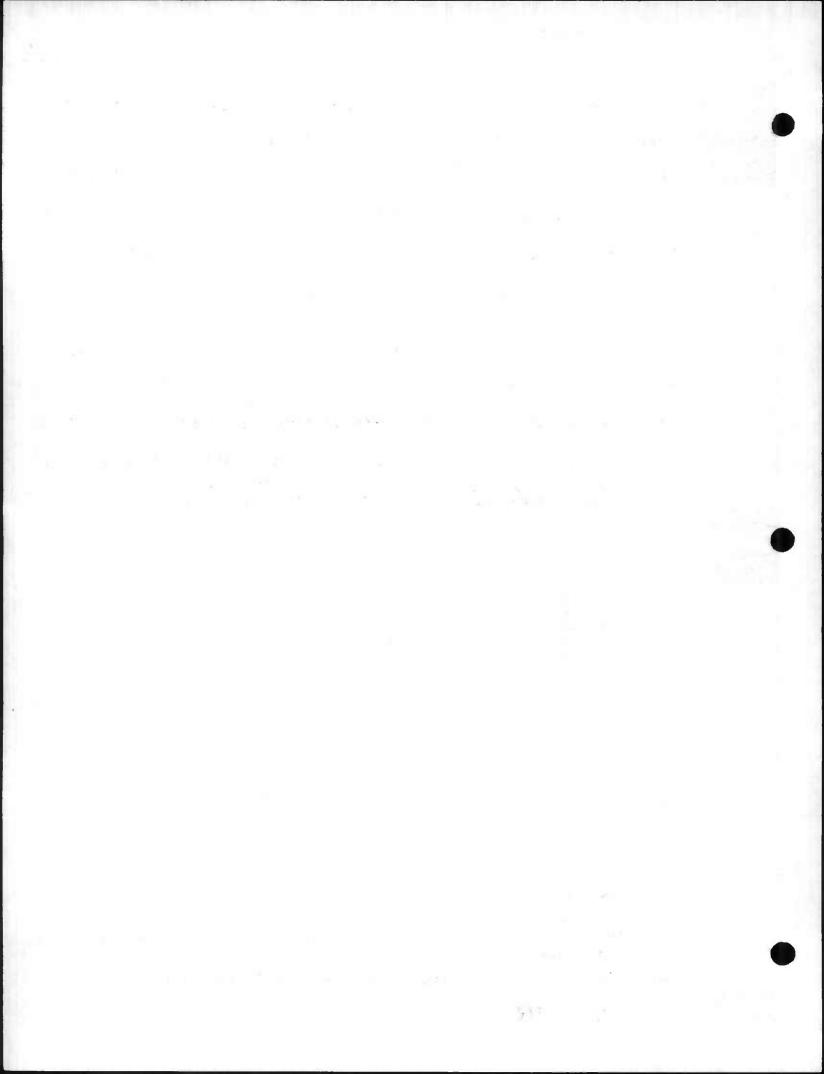
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State of Maryland / Department of Health and Mental Hygiene

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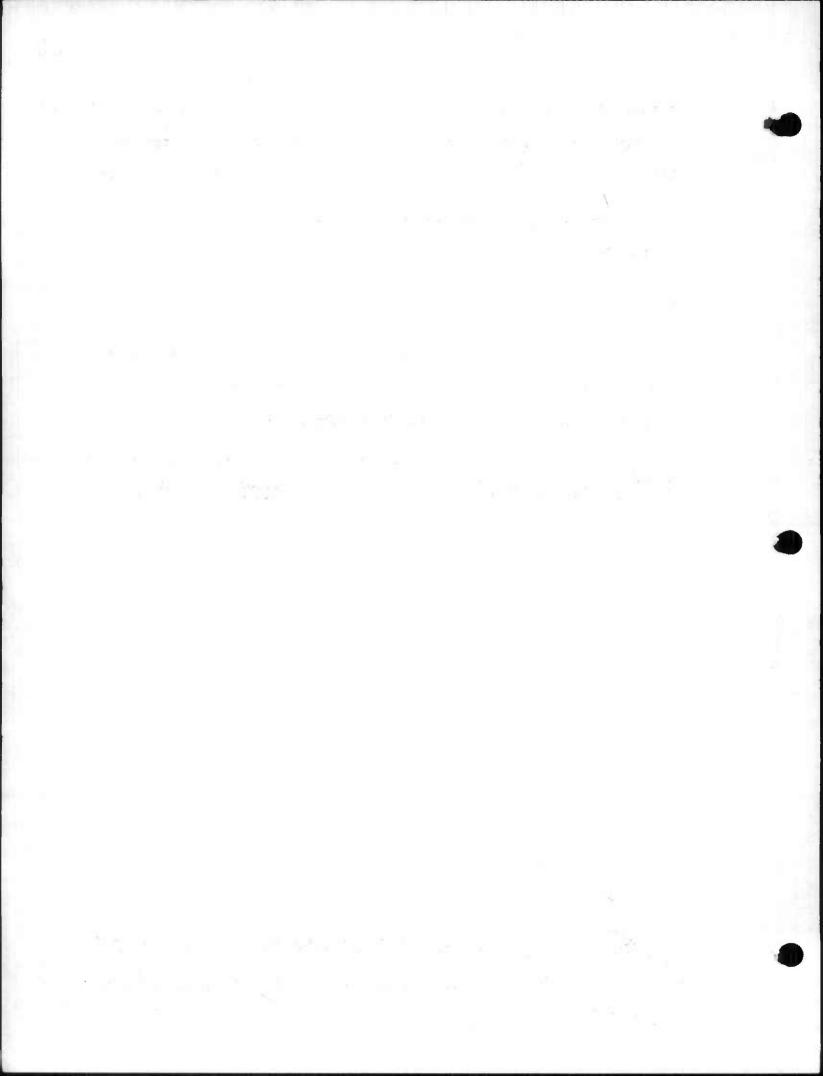
						Cei	rtificat	e of	Death	1	R	eg. No.				
			1. Decedant's Nama (First, Middle,						2. Data of Dea Month	th Day	Yaar	3. Tima of Death				
	Physicia /Medica		James	Clif	ford		N	IUSI	3	Sr	May	26, 1	996	6:10 am		
	Exami		4a. Facility Nama (If not institution,				4b.			b. City, Town, or Location of De			y of Death			
			3381 Point of				· · · · · · · · · · · · · · · · · · ·			erso			deric			
	Funeral Director		5. Social Security Number 577–16–3530  Usual Rasidance of Dacedant	. Sax 7. Ag 1XIM 2□ F	a (In yrs. last b	oirthday) Yrs.	Months	Days	If Undar Hours	Min,	8. Data of Birth (Month, Day Jan 1,	1917	9. Births Cour Ma	olaca (Stata or Foreign otry) ryland		
	death with the Meryland		10a. Stata 10b. County		10c. City, To								1	Od. Insida City Limits		
	Ba-fs	ctor	Maryland Frederick Jefferson									1 ☐ Yas 21 No				
	ith th	Dire	10e. Street and Number				10f. Zlp				1	0g. Citizan ot		ntry?		
	ath v	ra	3381 Point of R		5 1- 11 O	140.5			755	1-1-0-10-	- "		S.A.	an Indian		
21215-0020	ours after al', or its Examine	by Funeral Director	11. Marital Status  1 Navar Married 2 Married 3 Widowed 4 Divorced	12. Was Dacedent Evar In U,S Armed Forcas? 1. ZYas 2 No If Yes, Giva Yaar or Datas: WWII		i. 13. Was Decedant of Hispanic Origin? (Spif Yas, specify Cuban, Maxican, Puarto				Black, Specify:			ean Indian, atc. hite			
5-0	72 hours "natural",	Completed	15. Decedant's (Specify only highest)		16	(Giva	dant's Usua kind of wo	rk dona	during mos	st of work	ing	16b. Kind of E	Businass/In	dustry		
121	within ene.	id m	Elamantary/Secondary (0-12)	Collega (1-4or 5	5+)	lifa. I	lifa. DO NOT usa retired		(d)			Poord	of E	ducation		
	Hygie Hygie Ither t	ပိ	11. Fathar's Nama (First, Middle, La	of I		Maintenance			18. Mothar'a Nama (First, Middla,				lucation			
Maryland	ges 1 and 2 should be filed within 72 hc t of Health end Mental Hygiene. If Item 27 is marked other than "natur or other traumatic event, the Medical	To Be	James Michael		1 NUSE							debecca FRY				
lan	2 sho end le is me	'n	19a. Informant's Name/Raiationship	(Type, Print)	19	9b. Mailir	ng Addrass	(Street	and Numb	er or Rur	al Routa Numbe	r, City or Town	, Stata, Zip	Code)		
	permit. Pages 1 and 2 Department of Health e Important: If Item 27 is any injury or other tra once.		Mrs. Mary Ann N	use / Wife					Rock	s Rd				and 21755		
Baltimore,	If of H		20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Cramation 3	☐Removal from Stata	20b. Placa cemat	of Dispo	matory or o	ne or thar pla	ca)	İ	Data	20c. Location	- City or To	own, Stata		
tim	tmen tant:		4 □ Donation 5 □ Othar (Spe		St. I						9, 1996	Jeffe	rson,	Maryland		
Bal	Departiment In Inches		21. Signature of Funaral Sarvice Lic	ansaa		22	Nama an Kee:	d Addra Ney	& Bas	for	P.A. F	uneral	Home			
	1010		Keeney & Basford P.A. Funeral Home  106 East Church Street, Frederick, Maryland 217  23a. Parl 1. Enter the desaase, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest,  Approximate													
			shock, or heart failure. List or	mplications that caused ly ona causa on aach lii	na.	o not ant	ar tha mod	a or cryll	ng, such as	s cardiac	or raspiratory arr	ast,		Approximata Intarval Batween Onset and Death		
	Physician /Medical		Immediata Causa (Final	1		0		-						100		
	Examiner		disaasa or condition rasulting in daath)	a	ing	(	anc	es						MONYAS		
		ě			Due to (or as	a consec	quance of):						į			
	cate be executed physician and s the buriel-transit	Sequentially list conditions, if any, leading to immediate cause. Enter Undertying														
o,	an an riel-tr	EX	Sequentially list conditions, if any, laading to immediate cause. Enter Underlying Cause (Disease or Injury c.													
68760,	ite be nysicii he bu	Medical	Cause (Diseasa or Injury that initiated evants resulting in death) Last  Dua to (or as a consequence of):													
-	es that the death certificate be executed igned by the attending physician and be dateched for use as the buriel-transit															
Boy	atten 3 for u	Physician/	Dort II Other significant conditions contribution to double but not make in the water big of the Contribution to double but not make the contribution to double but no									nontrally return to	the saves of death?			
P.O.	the d	hys	Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I.							1.7	23b. Did tobacco use contribute to the cause of death?  1 Yes 2 No 3 Probably 4 Unknown					
	s tha	by P									7					
Records,	v requires that the been signed by th should be datech	Pe									24a. Was a perfor	n autopsy med?	24b. W	ara autopsy tindings		
9	2 S S	pie											of	mplation of cause death?		
E E	0 - 0	Completed									1 🗆 Y	as 2 No	10	☐ Yas 2☐ No		
Vital	certificate	Be (	25. Was casa ratarred to medical axaminar?						28. Plac	a ot Deat	h (Check only or	conly one)				
of V	Physician: this certific	2	1 Yas 2 No		ant 2 ERV	Dutpatier	nt 3 DC	Ott	nar: 4□N	ursing Ho		ance 8 Ot		(y)		
n o	fler th	on:	27. Mannar of Death  (Natural 5 Panding	28a. Data of Injury (Month, Day Year) 28b. Tima of Injury at Work?							28d. Dascribe how injury occurred					
Sio	Attending or death.	cati	2 Accident Investigat 3 Sulcide 6 Could not	he	n M				Yas 2	No	001 1 11 10					
Division	after of Direct	Certification:	4 ☐ Homicida detarmine						28f. Location (Street and Number or Rural Route Number, City or Town, State)							
	pital Surs a Filled		29a. Cartifier Certifying	Physician: To the bast of	nt mu kanudadi	an dooth		at the ti-	no dolo o	ad slace	and due to the o	auso(a) and m		totad		
	To the Hospital or Attending Physician: within 24 hours after death.  To the Funeral Director: After this certific completely filled in by the funeral director.	edicai	(Check only 2 Medical Ex	arniner: On the basis of and manner sta	axamination a	ind/or in	vastigation,	, in my c	opinion, da	ath occur	red at tha tima, d	lata and placa	, and dua t	o tha cause(s)		
	Vithit To th	Me	29b. Signatura and titla of certifiar				290	. Licans	sa number		2	29d. Data sign				
			I WHIL					D35	5553			May 2	6, 19	96		
			30. Nama and addrass of person w					R** 1*	nerri o	lr M	arvil and	21716				
	Sta	te	Judith P. Henry 31. Data flied (Month, Day, Year)						TOWTC:	r, Il	агутани	21/10				
	Registi		MAY 2	3 1996 ► A	ars Signature	bork	ardalf									



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Dhysisi					Certificat	e of	Death		Reg. No.			
Dhusiai		1. Decedent's Nama (First, Middle, L	ast)					2. Data of De Month	eath	1.00	3. Time of Death	
Physici		Kathleen Isabelle Nehls							, 1996	Year	6:05 PM	
/Medic		di Con Translation de Con Transl							-	of Death	0.05 111	
Examin	er	Northampton Mano		Ното			Freder		Frede			
	-			e (In yrs. last bir	thdey) If Unde	r 1 Yaar			rrede		as (Chate as Casale	
Funeral Director		213-12-7324 Usual Residence of Decadent	1 M 2 M F		Yrs. Months		Hours M	lin. 8. Data of Bi (Month, Di Dec 29,	1922	9. Birthpla Country Mar y	ce (Stata or Foreign 1) 1) 1)	
ylan		10a. Stete 10b. County		10c. City, Tow	n or Location					100	d. Inside City Limits	
the Mar 28a-f all cuttied	Director	Maryland Freder	ick	Frederi		0-1-			40. 000	45	1 Yas 2 No	
23e or		329 E. 3rd St.			10f. Ziş	2170	1		U.S.A.		y7	
is 1 and 2 should be filed within 72 hours after deeth with the Maryland of Heath and Mental Appiene.  A file of the marked other than "natural", or from 23a or 28a-f ahow other traumatic event, the Medical Examinal mast be notified at	by Funeral	11. Marital Status  1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedant I Armed Forces? 1 Yas 2 N If Yes, Give Yaar or Dates:	Forces? if Yes, specify Cuban, Mexican, Puå as 2\(\sigma\) No Give 1 □ Yea 2\(\sigma\) No Specify:				(Specify Yes or No arto Rican, etc.)		e-American ok, Whita, at White	c.	
hin 72 ho e. nn "natur Medical	Completed	15. Decedent'a (Spacify only highest g Elementery/Secondary (0-12)	Education rade completed) Coilege (1-4or 5		Decedent's Usu (Give kind of wo lifa. DO NOT u	al Occup rk done se retire	eation during most of a d)	working	16b. Kind of Bu	usiness/Indu	atry	
T T S S S S S S S S S S S S S S S S S S	E	8	College (1-401 3		wner/Ope	rate	or		Beauty	Salon		
ent ent	Bec	17. Father's Nama (First, Middle, Las	1)					Neme (First, Middle				
ental ental	ToB	Ezra Owen Dorsey					Bessie	e Catheri	ne Short	)		
d Mou	F	19a. Informant's Name/Relationship	(Type Print)	106	Mailing Address	(Straat					Pada)	
Peges 1 end 2 a nent of Heaith en int: if item 27 la iry or other trau		Lawrence Dorsey,		В	Box 66 Woodsboro, Md. 2				lumber, City or Town, State, Zip Code)			
of H		20a. Mathod of Disposition  1	Demovel from State	20b. Placa of Disposition (Name of cemetery, crematory or other place)				Data	20c. Location - City or Town, State			
Peg Int: I		4 Donation 5 Other (Spec		Mt. H	lope Cem			6/5/96	Woodsb	oro, l	Md.	
permit. Peges 1 end Department of Health Important: If Item 27 any injury or other to		21. Signiffund Funeral Service Licenses  22. Name and Address of Facility, Hartzler Funeral Home Woodsboro, Md. 21798										
Physician /Medicai		23a. Part. Enter the denate or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, Interconse  Immediata Cause (Final										
Examiner	ner	Immediata Cause (Final disease or condition resulting in death)  Due to (or as a consequence of):									1 deys	
cuter	Examiner	Sequentially list conditions			consequence of):	7/2	10				year	
e exercian ar		Cause (Disease or injury that initiated events resulting In death) Last  Due to (or as a consequenca of):										
	/Medical											
oth of	lan									i		
e di	Physician/	Part II. Other significant conditions	contributing to death bu	it not resulting li	the underlying o	ause giv	en in Part I.	23h Did	tobacco use cor	ntribute to t	the cause of death	
ned by									Yee 21 No	3 Probe	bly 4 ☐ Unknow	
ew requires the second	Ď							1 🗆	Yee 2 No s an autopsy omed?	24b. Wer- avail	e autopsy findinga lable prior to pletion of cause eath?	
e iew requires tra has been signer ge 2 should be d	Ď							1 □	an autopsy	24b. Wer avail com of de	e autopsy findinga lable prior to pletion of cause	
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FOR STATE

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. —fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

No. DECEMBER SOLUTION   State   Stat		REGISTRAR		CE	RHIF	CATE	PF DEATH	1	REG. NO.					
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296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. DATE SIGNED (Month, Day, Year)  5-27-96  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Dorothy C. Holzworth, M.D. 203 Snow St., Snow Hill, Maryland 21863  31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE	Š	MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as st									s) and manner as stated.			
30. NAME AND ADDRESS OF PERSON WHO COMPETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dorothy C. Holzworth, M.D. 203 Snow St., Snow Hill, Maryland 21863  31. Date FileD (Month, Day, Year)  32. REGISTRAR'S SIGNATURE	ш	29b. SIGNATURE AND TITLE OF CERTIFIER	,				29c. LICENS	E NUMBER		29d. DAT	TE SIGNED	(Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dorothy C. Holzworth, M.D. 203 Snow St., Snow Hill, Maryland 21863  31. Date Filed (Month, Day, Year)  32. REGISTRAR'S SIGNATURE	8	Derothy C.	Hopeman	1/ /	21		20	062	4	▶ ,	5-2	7-96		
31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE	임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	DEATH (ITEN	27) (Type, I	Print)				,				
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State of Maryland / Department of Health and Mental Hygiene 96

				Ce	rtificate of	f Death		Reg. No.		
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/Med Exam		JEANETTE - 4a. Facility Neme (If not institution, give	street end number)	ENNETHER			or Location of Dee	th 4c. County	of Death	
	_	ALLEGIS NURSIN  5. Sociel Security Number 6. Se	IG HOME	the combinate highlands of	if Under 1 Yae	SILVER			TGOME	
Funera Directo			M 2⊠F 9	(In yrs. last birthdey) Yrs.	Months Day		8. Deta of B (Month, D	2, 1903	9. Birth	piece (Stata or Foreign
with the Maryland ta or 28a-f show	tor	10a. Stata MARYLAND 10b. County MONTGO		10c. City, Town or Lo GAITHERS					1	10d. Inside City Limits 1 ☐ Yas 2 ☑ No
ith with the Marylan 23a or 28a-f show	al Director	10e. Street end Number 5736 STANBROOK	LANE		10f. Zip Coda	20882		10g. Citizen of UNITE		
ter dee	by Funeral	11. Maritei Stetus  1 Nevar Merried 2 Married  3 MWidowed 4 Divorced	12. Wes Decedent E Armed Forces? 1 ☐ Yas 2 ☑ No If Yas, Giva Yeer or Detes:		Wes Decedent of if Yas, specify Cu	ban, Mexican, Pu	(Specify Yes or N arto Rican, atc.)		ck, Whita,	can indien, atc. HITE
d Z1Z13-00Z0 filed within 72 hours sf Hygiene "natural", or ther than "natural", or int, the Wedical Exam	Be Completed	15. Decedant's Edi (Specify only highast grad Eiamantary/Secondary (0-12)	cation la complated) Collega (1-4or 5+	-}	dent's Usual Occi kind of work don DO NOT usa retii	upati <i>on</i> a <i>during most</i> of t red)	pation during most of working d)			dustry
d out	To Be C	17. Father's Nama (First, Middla, Last)  COUPLE STRE	FLER		16. Mother's Name (First, Middla, ANNA ZUCKE			ER		
		19a. Informant's Name/Relationship (7)  STEVEN A. EMANUEL			, GAITHE	RSBURG,	MD.	20882		
Definitions,  beamit. Peges 1 as  bepartment of Hee  moortant: If Item: iny injury or othe		20a. Method ot Disposition  1 Burial 2 Cramation 3 4 Donation 5 Othar (Specify,		METROPOL:	TAN CRE	MATORY	6/10/96			
permit. Peg Department Important: It any injury o		21. Signatule of Funarai service Licens	ee >	Į.	Name and Add TURIEL H.	ress of Facility BARBER 5038 L	FUNERAL AYTONSVII	HOME LE, MAR	YLAND	20882
Physician /Medical Examiner		23a. Part 1. Entar the disaasa, or comp hock, or haart fallura. List only o Immediata Causa (Final diseasa or condition rasuiting in death)	cere		remo				ó	Approximata Intarval Batween Onset and Death
box corfou, leath certificete be executed attending physician and for use as the buriei-Iransit	VMedical Examiner	Sequantially list conditions, if eny, laeding to immadiate causa. Entar Undarlying Cause (Disease or Injury thet initiated evants rasulting in deeth) Last	b			1				
hat the death c	Physician	Pert II. Other significant conditions con	ntributing to death but		tobacco uee co	ontribute to	o the cause of death?			
requires the been signed should be d	Completed by P		24a. Wa	s an autopsy formed?	24b. W	ara autopsy tindings silable prior to ompletion of cause death?				
		OF Wasses advantage and						Yas No		Yes 2 No
- S 00	To Be	25. Was casa referred to medical axaminar?	iospital: 1 ☐ Inpatien	t 2 ER/Outpatie	nt 3 DOA	Whor /	Death <i>(Check only</i> g Homa 5 ☐ Ras		nar (Specif	(v)
Affer fune	Certification:	27. Mannar ot Death  1 Netural 5 Pending investigation  3 Suicida 6 Could not be datarmined	28a. Data of Injury (Month, Day 28a. Pleca of Injur	Year) Injury y - At homa, farm, st	M 1[	ury at ork? □ Yas 2 □ No	28d. Describe	how injury occur	red	
To the Hospital or Attant within 24 hours effer deatl To the Funeral Director: completely filled in by the	edical Cert	Check only 2 Medical Exami	building, atc. stcian: To the best of ner: On the bests of a	my knowledge, daet	h occurred at tha	tima, data and pie	ace, end dua to the	a causa(s) and m	annar as s	itated.
To the P within 2 To the P	Med	29b. Signature and title of certitit	and mannar stat	1/h		nse number		29d. Deta signe	ed (Month,	Day, Year)
			ompleted cause of dea	ith (Item £34) (Type,	Print)	2010	d. Whea	JUNE 1		996 20902
St	ate	31 Data tiled (Month Day Year) .		esignatura Par		-lecy IC	o. whea	200, 100	, 0	20407
Regist	rar	OOHT# 1	130	AND A MARKET OF	-					

Registrar DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Data of Deeth **Physician** Month MAY SISTER MARGARET MIRIAM O'CONNOR 18. 1996 6:00 A.M. /Medical 4a. Facility Neme (If not institution, giva street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** ST. CATHERINE'S NURSING CENTER EMMITSBURG,
If Under 24 Hrs.
Hours Min.
8. Det If Under 1 Yaer 5. Sociei Security Number 7. Aga (In yrs. lest birthdey) 8. Deta of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) **Funeral** Deys 1□M 2/□F Director 014-28-0856 SEP.23,1909 86 WORCESTER, MA. Usuel Rasidence of Decedent 10s. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "naturel", or itsens 23s or 28s-f sho treumetic event, the Medical Examiner must be notified at MD. FREDERICK 1 X Yes 2 □ No Director **EMMITSBURG** 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? SETON AVE., 331 S. U. S. A. 21727 Funeral 12. Wes Decedent Evar In U,S. Armed Forcas? 1 ☐ Yas 2 Ø No If Yes, Give Yeer or Detas: Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puarto Rican, atc.) 14. Rece - American Indian, Bleck, Whita, atc. 1 X Never Merried 2 ☐ Married 1 ☐ Yes 2 No Specify: by Specify 3 Widowed 4 Divorced WHITE Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry SISTER OF NOTRE DAME Elemantary/Secondery (0-12) Collega (1-4or 5+) DE NAMUR COLLEGE 5+ LIBRARIAN/TEACHER 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) 2 MICHAEL THOMAS O'CONNOR BRIDGET MANNING 19a. Informant's Neme/Ralationship (Type, Print) 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) 131 S. SETON AVE., EMMITSBURG, MD. 21727 SR. MARY ADELE WHITE, SND 20b. Place of Disposition (Nema of cemetery, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, State 1 X Burlal 2 ☐ Cremetion 3 ☐ Ramoval from State 4 ☐ Donetlon 5 ☐ Othar (Specify) /5/22/96 ELLICOTT CITY, MD. SISTERS OF NOTRE DAME 21. Signatula of Funeral Sarvice License 22. Name and Address of Fecility SKILES FUNERAL HOME 210 W. MAIN ST., EMMITSBURG, MD. 21727 1. Enter tha diseese, or complications that caused the death. Do not enter tha mode of dying, such as cardiec or respiretory errest, or haar feilure. List only one cause on each line. Approximete Interval Between Onsat and Death **Physician** /Medical Immediate Cause (Final disaasa or conditior resulting in deeth) Examiner Due to (or es e consequence of): Examiner ettending physician end for use es the buriel-transit Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or trijury that initiated events resulting in deeth) Last P.O. Box 68760, Physician/Medical Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? s been signed by t should be detact 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ 24b. Were autopsy findings available prior to completion of cause of death? 24e. Wes an eutopsy performed? Completed hes 1 ☐ Yas 2 ☑ No 1 ☐ Yas 2 ☐ No 25. Was case referred to medical examiner? Be 28. Piace of Deeth (Check only one) Othar: 4 Nursing Homa 5 Residence 8 Other (Specify) 1 ☐ Yas 2 ☑ No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA funeral 27. Menner of Deeth 28e. Dete of Injury (Month, Day Year) 28d. Describe how injury occurred Certification: 28b. Tima of 28c. Injury at Work? After 1 Natural 5 Pending Investigetion To the Hospital or Attendin within 24 hours after death. To the Funeral Director: At completely filled in by the fu death. 1 ☐ Yes 2 ☐ No 2 Accident 3 Sulcida 6 Could not be determined Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Straat end Number or Rural Route Number, City or Town, Stete) 4 - Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end manner as steted.

| Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end manner as steted.

| Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end manner as steted.

| Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end manner as steted.

| Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end manner as steted. 29a. Certifier Medical

29c. License number

29d. Data signed (Month, Day, Year)

MAY 18, 1996

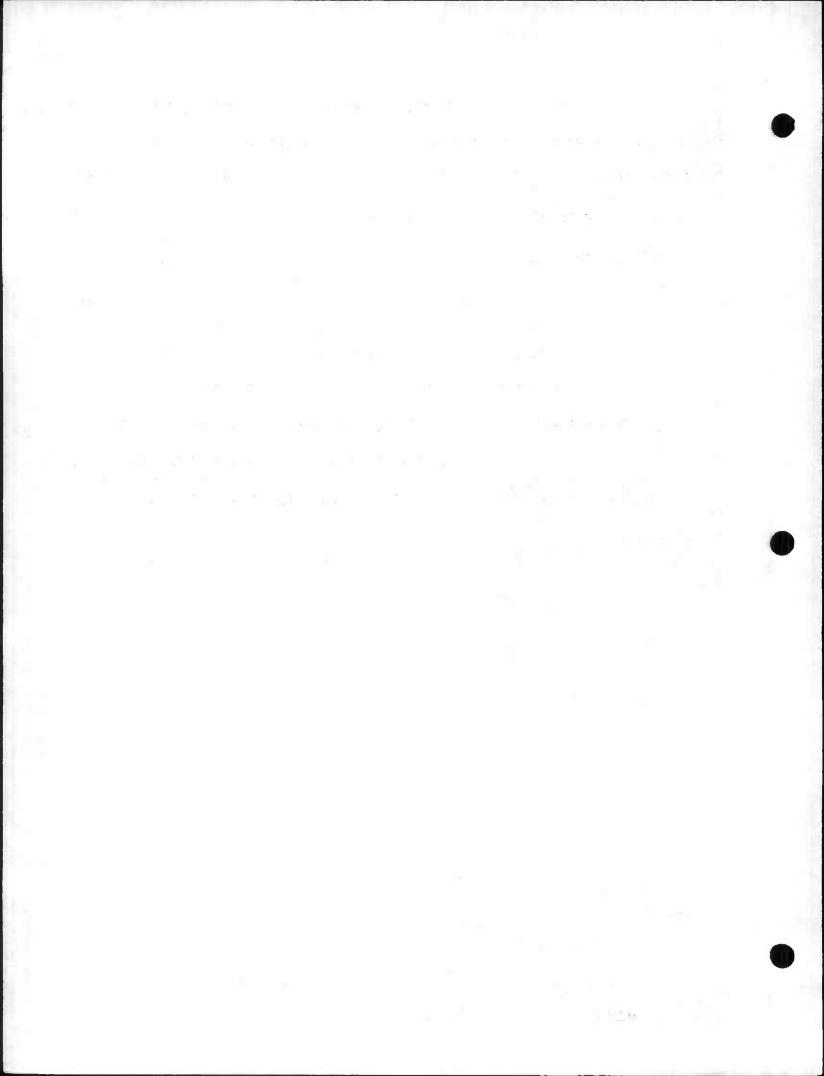
State Registrar

29b. Signatura and title of partifler

CHRISTINE CURLEY, M.D. 302 W. MAIN ST., EMMITSBURG, MD. 21727 31. Dete filed (*Month*, *Day*, *Year*)

MAY 2 4 1996 gistians Signature

30. Neme and address of person who completed cause of deeth (Item 23e) (Type, Print)



State of Maryland / Departi

Department of Health and M	ental Hygiene	9	6	- 1	7	7	3	
Certificate of Death		100		- 1		- 6	0	
Certificate of Death	Reg. No.							

Physician
/Medicai
Examiner

1. Decedent'a Name (First, Middle, Last) SANDRA Mae

ODIGIE

7. Ann (In vrs. last hirthday)

2. Date of Death Month MAY

3. Time of Death 1045 AM

Director

Funeral

à

Completed

Be

4a. Facility Neme (If not Institution, give street and number) PRINCE GEORGES HOSPITAL CENTER

6 Sex

4b. City, Town, or Location of Death CHEVERLY

4c. County of Death PRINCE GEORGES

26, 1996

Funerai Director

r than "naturel", or items 23s or 28s-f show the Medical Examiner must be notified at

the Maryland

death with

filed within 72 hours effer

Hygiena.

permit. Pages 1 and 2 should be filled with Department of Health and Mentel Hygient important: if flem 27 is marked other that eny Injury or other trauments.

Saltimore, Maryland 21215-0020

BB

Usual Residence of Deceden 10a State MD

1□ M 2□ F 220-82-7711 33 10b. County 10c. City. Town or Location

Days

If Under 1 Yeer

If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 9. Birthplace (State of Country) Feb. I 1963 Maryland

Birthplace (State or Foreign Country)

P.G.

5. Social Security Number

10e. Street and Number

Laurel 10f. Zip Code

Months

1 □X es 2 □ No

10d. Inside City Limits

8802 Hunting Lane

20708 Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.)

14. Race - American Indian, Bleck, White, etc.

1 Never Married 2 Merried 3 ☐ Widowed 4 ☐ Divorced

12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes:

1 Yes 2 No Specify:

Black

15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12)

College (1-4or 5+)

16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) Nurse's Aide

16b. Kind of Business/Industry

10g. Citizen of What Country?

U.S.A.

Private

17. Father's Name (First, Middle, Last)

9th

John William Proctor

18. Mother'a Name (First, Middle, Maiden Sumame) Christine Proctor

19e. Informant'a Name/Relationship (Type, Print) Jane Jackson

19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code)

20a. Method of Disposition

20b. Plece of Disposition (Name of cemetery, crematory or other place) Harmony Cemetery

3867 26th Ave. Temple Hills, MD. 20748 20c. Location - City or Town, Stete

1 ⊠Burial 2 □ Cremation 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)

21. Signety of Funerei Service Licenses

unas

6/1/96 Landover, Md. 22. Name and Address of Fecility Hodges and Edwards

3910 Silver Hill RD. Suitland, Md. 20746

Approximate Interval Between Onset and Deeth

**Physician** /Medical Examiner

certificate be execu Box 68760

P.O.

Records,

Division of Vital

signed by the end to be detected for

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il or Attending P after death. Director: After t

To the Hospital of within 24 hours at To the Funeral D completely filled I

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Certification:

Medicai

Examiner ettending physician and for use es the burial-transit Physician/Medical Multiple injuri

23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feilure. List only one cause on each line.

Due to (or es a consequence of):

Due to (or es e consequence of):

Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initieted events resulting in death) Last

Immediate Cause (Finel

disease or condition resulting in death)

Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I

26. Place of Death (Check only one)

23b. Did tobacco use contribute to the cause of death?

1 Yes 2⊠No 3 Probably 4 Unknown

24a. Was an autopsy performed?

24b. Were autopay findings available prior to completion of cause of death?

1 Nes 2 No

1 Yes 2 No

25. Was cese referred to medicel examiner? 14∑¥es 2□ No

27. Manner of Death

1 Natural

2 Accident

3 ☐ Sulcide

4 Homlcide

5 Pending Investigation 6 Could not be determined

Hospital: 1 ☐ Inpatient 2 ☐ Pr/Outpetient 3 ☐ DOA 28e. Dete of Injury (Month, Day Year) 5-25-96

28b. Time of 2149

28e. Piece of Injury - At home, farm, street, factory, office building, etc. (Specify)

ROAD WAY

28c. Injury at Work? 1 ☐ Yes 2 ☑ No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

DRIVER, 3 CAR ACCIDENT 28f. Location (Street and Number or Rural Route Number, City or Town, State) LAUREL BOOKS ROAD

ATBRIAR WOOD ROAD, PRINCE GEORGE CO

29a. Certifier

Certifier (Check only one)

Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, end due to the ceuse(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end piece, and due to the cause(s) end menner stated.

29b. Signature and title of certifier

Grald & Wright MO

29c. License number O.C.M.E 29d. Dete signed (Month, Day, Year) MAY 27, 1996

30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

DONALD G. WRIGHT 31. Date filed (Month, Day, Year)

MAY 2 9 1996

111 Penn Street, Baltimore, Maryland 21201

State Registrar 32. Registrar's Signature

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e elem in the first res

and the second s

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3 Time of Death Month Day Vaar **Physician** :35 AM Anne Elizabeth May Cronin Prevas 29 1996 /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 3612 Hayes Road Aberdeen Harford If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Sacurity Number If Undar 1 Yaar 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foraign Country) **Funeral** Months Days 1□ M 25 F Yrs. Director 220-44-7186 90 Jaly 6,1905 Maryland Usual Rasidance of Decedant the Meryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits r than "natural", or Items 23s or 28s-f show the Medical Examiner must be notified at 1 ☐ Yas 2 € No Director MD Harford Aberdeen 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? with 1 3612 Haves Road 21001 U.S.A. Funeral hours efter death 12. Was Decedant Evar in U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. 11. Maritai Status 1 Navar Married 2 Marriad ☐ Yas 2 No f Yas, Giva Specify: White 1 ☐ Yas 2 ☑ No Specify: þ 3☐∜Vidowed 4 □ Divorced Yaar or Datas: Completed 15. Dacedant's Education (Specify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry filed within Hygiene. Elamentary/Secondary (0-12) College (1-4or 5+) 12 Mathematician U.S. Govt. is marked other permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 is marked othe any linjury or other treumstic event anse. 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Sumama) Be William Hays Cronin Clarice Lorine Smith 0 19e. Informent's Neme/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Mrs. Molly Cronin Kelly (niece) 3612 Hayes Road Aberdeen, Maryland 21001 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata Burial 2 Cramation 3 Ramoval from State 4 □ Donation 5 □ Othar (Specify) Grove Presbyterian Cem. 6/1/96 Aberdeen, Maryland 22. Nama and Addrass of Facility Tarring-Cargo Funeral Home, P. Aberdeen, Maryland 21001-3399 23a. Part1. Enter the disease, or complications that could the de shock, or heart failure. List only one cause on each a. ath. Do not entar tha mode of dying, such as cardiac or respiratory arrast, Approximata Intarval Batween Onsat and Death Physician Immediata Ceusa (Final disease or condition rasulting in death) /Medical Examiner quence of: Examiner The law requires that the death certificate be executed buriei-transit Sequentially list conditions, if any, laading to immadiata causa. Entar Undarlying Cause (Diseasa or injury that initiated evants rasulting in daath) Last pue Dua to (or as a consequar physician Physician/Medicai the Dua to (or as a consequence of): 68 affending Part II. Other signiffcant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? the deteched signed by 4K Unknown 1 ☐ Yee 2 ☐ No 3 ☐ Probably þ 24b. Wera autopsy findings available prior to complation of cause of death? Completed 24a. Was an autopsy peen certificate hes 2 XN0 1 □ Yas 1 □ Yas 2 □ No Physician: 25. Was cesa rafarged to medical axaminar? Be 28. Placa of Death (Check only ona) Hospitai: 1 Yas 2 No Other: 4 Nursing Homa P 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Spesidence 6 Other (Specify) Director: After this 28a. Deta of Injury (Month, Day Year) funeral 27. Mannar of Death 28b. Tima of Injury 28c. fnjury at Work? 28d. Dascribe how injury occurred Certification: or Attanding Natural 5 Panding invastigation death. 1 Yas 2 No 2 Accident 6 Could not be 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) efter 4 Homicida 24 hours e Funeral C Hospital 29a. Certifian 12 Certifying Physician: To tha bast of my knowledga, daath occurrad at tha tima, date and place, and dua to tha ceusa(s) and mennar as stated. Medical 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) within 2 To the the 29b. Signature and titla of certifier 29c. Licansa number signed (Month, Day, Year)

State Registrar 30. Nama and addrass of p

Day, Yea Y 3 1

1996

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32 Registrar's Signatura

altimore, Maryland 21215-0020

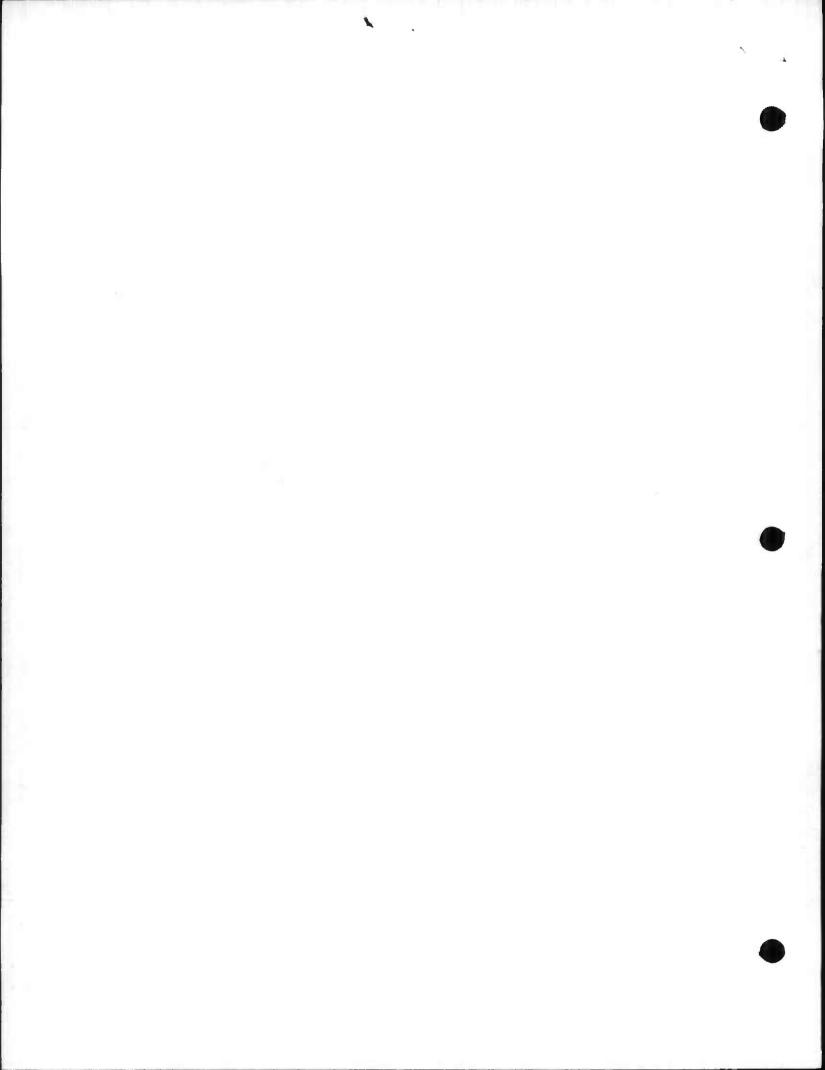
Box 68760.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director pa

	1 - STATE REGISTRAR	STATE OF MA	RYLAND /	DEPART	MENT OF	HEALTI	I AND I	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last) MILDRED	JOHNSON		REST		, DEF		2. DATE OF DEATH	AY	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 215-40-0555	5. SEX 8.	AGE (In yrs. Ia:		IF UNDER 1 YEA			7. DATE OF BIRTH (Month, Day, Year) Mar. 9,19		B. BIRTHPLACE (State or Fore Country)		
~	Se. FACILITY NAME (If not institution, give s							Maryland HTY OF DEATH				
CTO	CITIZENS NURS				HAVRI		GRAC	E	H.A	ARFORD		
DIRECTOR	10a. STATE 10b. COUNT  Maryland H	arford			rown on Lo					10d, INSIDE CITY LIMITS? 1X YES 2 N		
RAL	100. STREET AND NUMBER  36 Moyer Drive					10f, ZIP CO	DE 001			ZEN OF WHAT COUNTRY?		
BY FUNERAL	11. MARITAL STATUS  1 Never Merried 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT E FORCES? 1   IF YES, GIVE WAR	YES 2 X		If yes	DECENDENT	OF HISPAN	IC ORIGIN? (Specify Yes, Puerto Rican, etc.)	14. RACE — American Indian Black, White, atc. Specify: White			
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(G life	ECEDENT'S U inversion of wo Do NOT use Omemak	,			166. KIND OF BU				
E COMPL	17. FATHER'S NAME (First, Middle, Lest) Arthur Johnson		110			18. MO		MCCommons	Surname)			
TO B	196. INFORMANT'S NAME (Type/Print)  196. NOrma P. Kretlow  196. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)  337 Woodland Green Ct., Aberdeen, Mar											
	20s. METHOD OF DISPOSITION  1 Burlal 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of commetery, crematory or other place)  Wesleyan Chapel Cemetery  5/29 Aberdeen, Maryland											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Tarring—Cargo Funeral Home, P.A. Aberdeen, Maryland 21001—3399  23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate											
	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause	on each line	1	ea lea	mode of d	4a	leve		eat, Approximat interval Bet Onaet and		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. Avterio Sclevitic Heavit Disease or injury that initiated events											
MEDICAL C	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  Status Post Covebiorascular Academ 1 24a. WAS AN AUTOPSY PERFORMED?  AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?											
AN: MEDICAL	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED DO MEDICAL 26. PLACE OF DEATH (Check only.											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		1	OTHER:		lesidence (	Other (Specify)				
D BY	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be determined	28a. DATE OF INJ (Month, Day, 1) 28a. PLACE OF IN building, etc.	JURY ALAG	28b. TIME INJU	RY	WORK?  YES 2	yo.	28d. DESCRIBE HOW I		URED or Rural Route Number,		
APLE	29a. CERTIFIER (Check only											
TO BE CO	296. SIGNATURE AND TITLE OF CERTIFIER  Manual 1	296. SIGNATURE AND TITLE OF CERTIFIER  O  Manyl M. Gestin MD  29c. LICENSE NUMBER  29d. DATE SI  MG  P 1958 3										
111						PRI A ALA	/ 5 116	The state of the s		7		



## Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

					(	Certificati	e of	Death		Re	g. No.		
	Physici /Medi		1. Decedent's Neme (First, Middle, Las	THOMAS	SNOW	PARSON		h 5	2	Dete of Deeth Month		Yeer	3. Time of Deeth
	Examir		4e. Fecility Neme (If not institution, give	s street end number)		10			wn, or Loca	tion of Deeth	4c. County		
1			PENINSULA REGIO	NAL MEDICAL	CENTER	}		SAI	ISBUI	RY	W:	ICOMI	CO
	Funeral Director		5. Sociel Security Number 6. Sociel Security Number 1. Sociel Security	ex 7. Age (In)	yrs. last birtl Y	Months			Min.	Date of Birth (Month, Dey, Ugust 24			place (State or Foreign ntry) yland
	land water		10a. Stete 10b. County	10c.	City, Town	or Location						1	10d. Inside City Limits
he Man	the Mary 28a-f sh cuffed	Director	Maryland Wicomic	:0	Sal	isbury	0-4				0		1 StYes 2 □ No
	ath with		521 Buena Vista		10f. Zip Code 2 1804						Og. Citizen of \USA	vnat Coun	itry?
Maryland 21215-0020	d within 72 hours after death with the Maryland jiene. I then "natural", or flema 23a or 28a-f show the Madical Examiner must be notified at	by Funeral	11. Maritel Stetus  1 Never Merried 2 Married  3 Widowed 4 Divorced	12. Wes Decedent Ever In Armed Forces? 1 ☐ Yes 2€€No If Yes, Give Yeer or Detes:	n U,S.	13. Wes Decedent of Hispenic Orig If Yes, specify Cuban, Mexican, 1 ☐ Yes XXNo Specify:						ce - Americ ck, White,	
5-0	72 ho	Completed	15. Decedent's Ed (Specify only highest grad	ucation de completed)	16e. I	Decedent's Usu	el Occu	upetion	of working	1	6b. Kind of Bi	usiness/inc	dustry
121	filed within Hygiene. ther then and, the Mon	nple	Elementery/Secondery (0-12)	st grade completed)  College (1-4or 5+)  (Give kind of work done during most of working life. DO NOT use retired)									
12	ould be filed within Mental Hygiene. arked other than atic event, the Mental Control of		11	11	Ele	ctrical	Te						wer & Light
and	a la b y	Be	17. Fether's Neme (First, Middle, Last) Snow Parso					Jan		First, Middle, M Jon		10)	
2	d 2 should by	T <sub>o</sub>			401	44.7/	101						
Ma	12 s h ar 7 le trau		19e. informent's Neme/Relationship (7)  Ilva Taylor Parso		130.	Mailing Addres				., Sali			
e,	s 1 and 2 if Health item 27 li		20e. Method of Disposition		b. Pleca of I	Disposition (Ne	ne of		a Ave	T	Oc. Location -		
mo	Pages nent of int: If it		1 ☑ Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donetton 5 ☐ Other (Specify			Memoria			5/2		Salisb		
Baltimore,	permit. Pages 1 Department of H Important: if Itel any Injury or ott		21. Signature of Funeral Service Licent	200-		Hollo	way	ress of Fecility Funer	al Ho	me			
			200 Pain Enter the disease or com	plications that caused the	7 Do no	501 S	now	Hill :	Rd.,	Salisbu	iry,MD	21804	4 Approximete
	Physician /Medical		Immediate Cause (Finel disease or conditions)			Sol i				oopii otoiy oii o		1	Interval Between Onset end Death
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)	death certificate be executed e attending physician and of for use as the burial-transit	Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying									1	
68760,	ysicia ysicia		Cause (Disease or Injury that initiated events resulting in death) Lest	c. Due to	o (or es e co	nsequenca of):					1		
×	nding phuse as the	n/Medical	resulting in death) Lest	d								_	
Bo.	death ce a attend d for us	icia	Pert II. Other significant conditions co	ontributing to death but not	resulting in	the underlying	ausa n	iven in Pert I	_	23h Did tot	Dacco use co	ntribute to	o the cause of death?
, P.O	that the ed by th detache	y Physician/		Third and to death out not	TOOURING III		auso y				2 1 No		bebly 4□Unknown
Records,	s law requires t has been signe ge 2 should be	Completed by			·					24e. Wes en		COL	ere autopsy findings eileble prior to mpletion of cause death?
<u> </u>	0 - 0	Com								1 ☐ Ye	s 2 No	10	☐Yes 2☐ No
Vital	ysician: The s certificate director, pag	Be (	25. Wes case referred to medical examiner?					26. Plece	of Deeth (	Check only one	)		
of V	5 00	1º	1 Yes 2 No	Hospitel: 1 ☐ Inpatient 2	ER/Out	etient 3 D	DA O	ther: 4 🗆 Nu	rsing Home	5 🗆 Resider	nce 8 🗆 Oth	er (Specif	y)
ion o	Attending Physical Attention of the funeral by the funeral		27. Manper of Deeth 1 ☑ Naturel 5 ☐ Pending 2 ☐ Accident Investigation	28e. Dete of injury (Month, Dey Year	28b. Ti	me of ury M	8c. Inju	uryet ork? ]Yes 2 ☐ N		d. Describe hor	w injury occur	red	
Division	可能	Certification:	3 Suicide 6 Could not be determined	28e. Pleca of Injury - A building, etc. (Spe	t home, fen	n, street, fector	, office		28	f. Location (Str. City or Town,		er or Rura	al Route Number,
	Hospital     24 hours a     Funeral Eletely filled	edical	29e. Certifier (Check only one)	vsician: To the best of my inner: On the basis of examend menner stated.	knowledge, inetion end/	deeth occurred or Investigation	et the t	ime, dete end opinion, deat	d piece, and h occurred	d due to the ce et the time, de	use(s) end ma te end pieca,	inner es st end due to	tated. the cause(s)
	To the within 2 To the comple	Me	29b. Signature end title of certifier			29	. Licen	se number		29	d. Date signe	d (Month,	Dey, Year)
5			MIB /	remis			b	1200	53		6/2	2/4	6
			30. Neme and address of person who c	completed cause of deeth (	Item 23e) (T	ype, Print)	1	, , ,			11		1
	5		William B	HOTKOF	MD	10	01	Jower	5	t G	10 1960	17	16 m/ 21801
	Sta	te	31. Dete filed (Month, Dey, Year)	32. Registrer's Si	gneture	. 15						,	

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State of Maryland / Department of Health and Mental Hygiene 96	1774
Certificate of Death Reg. No.	

					Certificate of Death Reg. No.											
			1. Decedant's Nama (First, Middla,	Last)			0				2. Data of D		16	10	3. Time of Death	
	Physici		Alexander	Floyd			Punk	VEL	16		19194	Day	6 19	76	0845	
1	/Medi Examir		4a. Facility Name (If not institution,							wn, or Lo	ocation of Dee		County of E	eath		
1	LAGITISI	ici	PENINSULA REGI	ONAL MEDI	CAL CENT	FR			SV.	LISB	IIDV		WIC	ОМТ	CO	
-	Francis				Aga (In yrs. last i		If Undar 1 Ye	ar	If Undar			irth				
	Funeral Director		213-22-9481	1⊠M 2□F	69	Yrs.	Months Day	ys	Hours	Min.	8. Deta of Bi (Month, D 0 1 - 12-	1927	NA.	Coun	ece (Stata or Foraign try) and	
Ш			Usual Rasidence of Decedent						1		01-12-	1/2/	141	ur y i	dia	
	land w		10a. State 10b. County		10c. City, To	wn or Lo	ocation							10	Od. Inside City Limits	
	Mary	0	Maryland Worcest	or	Ber	lin									1 ☐ Yas 2√ No	
	28e	9	10e. Street and Number	CI	Der	1111	10f. Zip Code	0				100 C#	zen of Wha	Cours	2	
	72 hours after death with the Meryland natural; or items 23s or 28s-f show olds! Examiner must be notified as	ä		D 1					1			-		Coun	uyr	
	ath 23	Funeral Director	11345 Assateague					181					USA			
	to da	une	11. Marital Status	12. Wes Decedar Armed Forca	s?	13.	Was Decedant of If Yes, specify C	of His Juban	panic Ori	gin? (Sp i, Puarto	ecify Yes or N Rican, atc.)	0-	14. Race - A Biack, V			
20	or l	F	1 Nevar Married 2 Merrie	1X Yes 2[ If Yas, Giva	□ No		1 □ Yas 2 <b>X</b> □ N	No	Specify:				Specify:			
21215-0020	"natural", or	d by	3 ☐ Widowed 4 ☐ Divorced	Yaar or Data	s:								A	fric	an America	
5-	be filed within 72 ho ttal Hygiena. d other than "natur event, the Medical	Completed	15. Decedent's Education (Specify only highast grade complated) (Give kind of work done during most of life. Do NOT use retired)								ina	16b. KI	nd of Busine	ess/Ind	lustry	
2	within ena.	np.	Elemantary/Secondary (0-12)	College (1-4d	or 5+)	lifa.	DO NOT usa ret	tired)			9					
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bu	S T S	Be (	17. Fethar's Nama (First, Middla, La	st)					18. Motha	r's Nam	a (First, Middle	a, Maiden	Sumama)			
<u>a</u>	should be filed and Mental Hygis marked other imetic event, to	To	Floyd		Purnel	1			Mar	tha	Sec	donia	٨	Aille	er	
Maryland	2 should be f and Mentai I is marked of aumatic eve		Floyd Purnell Marthe  19a. Informant's Name/Relationship (Type, Print)  19b. Mailing Addrass (Street and Number or Information of the Information						er or Run	al Routa Numi	ber, City o	r Town, Sta	ta, Zip	Code)		
	s 1 and 2 should f Haath and Mer tem 27 is marks other traumatic		Anna L. Purnell		SC	ame	as above	2								
ē,	other tr		20a. Mathod of Disposition		20b. Place	ot Dispo	sition (Nama of				Data	20c. Lo	cation - City	or To	wn, State	
0	nt of		1 ⊠ Burial 2 ☐ Cremetion 3		ta		matory or other p									
altimore,	permit. Pagas Department of I Important: If Ite any injury or of		4 Donetion 5 Other (Spe		Everg	reer	/St.Paul	C	em.	5	/30/96	Berli	n, Ma	rylo	and	
Bal	Depariment in police.		21. Signature of Funaral Service Lie	ensae	1 .	22	2. Nama and Ad	drass	of Facilit	y 12	13 Jers	ey R	oad -	Sali	sbury, MD	
	a a		+ alrucia 11	1 Sall	ech	Jo	olley Me	mo	orial	Char	oel			21	801	
			23a. Part1. Enter tha diseasa, or co shock, or haart failura. List or	mplications that caus	ed the eeth. D	o not en	er the mode of	dylng	, such es	cardiac	or raspiratory	arrest,			Approximata Intervai Batween	
	Physician		Stroom, of Haart landra. Elst of	y one of the area	min. O		10		-					i	Onset end Death	
	/Medical		Immediata Causa (Finai	(dec.	tood	()	Tate	2)	20	51	levos	171				
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	icata be axecuted physician and s the burial-transit	Ē		b	Due to fee		1-0							-		
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68760,	ertificata be axecuted ling physician and ta as the burlat-transit		Cause (Disaasa or Injury that Initiated avants	C										-		
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×	ing a			d										1		
Bo	0 2 3	Physician												i		
	tha death y the atter	sic	Part II. Other stgnificant conditions	contributing to death	but not resulting	In the u	ndarlying causa	giva	n in Pert I	•	23b. Did	tobseco	use contrit	ruta to	the cause of death?	
P.0	ras that the de	£ S									1	Yes 2	Z No 3[	Prob	ebly 4 Unknown	
	s the	by														
Records,	requires that been signed be should be date											s en autop	sy 2	4b. Wa	ra autopsy tindings ilabla prior to	
00		Completed									pen	formed?		cor	npletion of cause death?	
Re	The law ate has b page 2 s	E											4			
											10	Yas 2	No	1L	Yes 2□ No	
Vita	Physician: The this cartificate and director, par	Be	25. Was casa ratarred to medical axaminar?	Hospital:						of Deat	h (Check only	ona)		-		
of	Physic this c	2	1 Yas 2 No	1/Z_Pinpa		Outpatier	II 3LI DUA	Othai	4LI NU	rsing Ho	ma 5□Ras			Specify	)	
_	ftar	-CO	27. Manner of Death  1. SNatural 5 ☐ Panding	28a. Data ot Ir (Month, L	njury 28b Da <i>y Year)</i>	. Tlma o Injury	f 28c. Ir	Nork'	at ?		28d. Describe	how Injur	y occurred			
.0	Attending ir daath. ector: Aftai by the fune	ati	2 Accidant Invastigat				M 1	Y	as 2 🔲	No						
Division	Att de by t	t t	3 Sulcide 6 Could no 4 Homicida datamin	d 28a. Place of	Injury - At homa, etc. (Specify)	farm, str	eat, factory, offic	CB				(Streat an		r Rura	Routa Number,	
Ö	a after	Certification:		Dunding,	oto. (opoony)						J., J.	,	,			
	Hospital 24 hours Funeral I staly filled		29a. Certifying	Physician: To the bes	st ot my knowled	ge, deat	n occurred at the	e time	, data an	d place,	and dua to the	a causa(s)	and manna	ras st	ated.	
	Pu Fu State	edicai	(Check only 2 Medicat Ex	aminer: On the basis and mannar	of axamination a stated.	and/or In	vastigation, in m	y opi	nion, deat	th occur	red at tha tima	, data and	place, and	dua to	tha causa(s)	
	To the Hospital or Attending is within 24 hours after death.  To the Funeral Director: After completely filled in by the funer	Me	29b. Signature and title of certifles				29c. Lica	ansa	numbar		_	29d. Dal	a signed (N	lonth, i	Day, Year)	
	⊢ s ⊢ ō		1 Ho	onn	- INV	2	า๊	1	25	7/	9		,	,		
	16	30. Nama and address of person who/complated cause of death (Item 23a) (Type, Print)  (WM/85 D. STEGMAN MD 30434 MT. VENDON Rd. Pruncus								5	126	19	4			
	(IVA)		30. Nama and address of person w		death (Item 23a	(Type,	Print)			2 4	0	,	1			
			(HUMIES D. STEG		3043	54	MT. VE	MA	DN R	d.	Trune	1301	4NVE	- /	nd.	
	Sta	1	31. Data filed (Month, Day Year)	9 1996 D	spar's Signature											
	Registr	ar	א ורוויי	0 1330	and an inner	un R	art affe									

	1, 2, 3 should	
or attending physician.	should be detached for use as the burial-transit permit. Pages 1,	
retained by the hospital of	5 should be detached for	notified at once.
er death. Page 6 may be	ed in by the funeral director, page 5, or removal.	matic event, the medical examiner must be notified at onc
uted within 24 hours after	completely filled in by the	c event, the medical
seath certificate be execu	attending physician and rital Hygiene prior to bu	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic
e law requires that the o	has been signed by the Dept. of Health and Me	1 23 shows any Inju
ENDING PHYSICIAN: Th	IR: After this certificate er death with the State	is marked, or iten
TO THE HOSPITAL OR ATTENDING PHYSI	TO THE FUNERAL DIRECTOR: After this come filed within 72 hours after death with the	PORTANT: If Item 28
2	2 3	Ξ

SYA

Federico G. Art.
3t. DATE FILED (MONTH, Day, 16ar)
MAY 2 9 1996

Arthes, MD 1622A Ocean Pines

32. REGISTRAR'S SIGNATURE

996 Juli Division Rendell

			30 11/17										
	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEA CERTIFICATE OF D												
18	t. DECEDENT'S NAME (First, Middle, Lest)	2. DATE OF DEATH	3. TIME OF OEATH										
	Edward S. Polyette	May 25	1996 5:00 P M										
		INDER 24 HRS. 7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign										
8	215-26-2670   1 🔀 M 2 🗆 F   81 YRS.   MONTHS   DAYS   HO	MARCH 20,19	15 MARYLAND										
	9e. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR L		C. COUNTY OF DEATH										
œ													
DIRECTOR	Wicomico Nursing Home Salisbur	<u>Y</u>	Wicomico										
Ä	10e. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION		10d. INSIDE CITY										
8	MD. WICOMICO SALISE	URY	LIMITS?										
	10s. STREET AND NUMBER 10t. ZIF	CODE	log. CITIZEN OF WHAT COUNTRY?										
FUNERAL	1311B, MIDDLENECK DRIVE	21804	U.S.A.										
N		ENT OF HISPANIC ORIGIN? (Specify Yea or											
BY FU	1 Never Marriad 2 X Marriad FORCES? 1X YES 2 NO It yes, specify	NO Specify:	No— 14. RACE — Americen Indian, Black, White, atc.  Specify WHITE										
	HIGH												
COMPLETED	15. DECEDENT'S EOUCATION (Specify only highest grade completed)  16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of	working 16b. KIND OF BUSIN	ESS/INDUSTRY										
<b>"</b>	Elementary/Secondary (0-t2) College (1-4 or 5+)	A DDT T	ANCE SERVICE										
M	1 OWNER & OPERATOR												
8	17. FATNER'S NAME (First, Middle, Last)  18. MOTNER'S NAME (First, Middle, Malden Surname)												
BE	CHARLES POLYETTE ANNIE WEBB												
2	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  VIRGINIA T. POLYETTE  1311 B, MIDDLENECK DRIVE, SALISBURY, MD. 21804												
-	VIRGINIA T. POLYETTE 1311 B, MIDDLENI	CK DRIVE, SALISBU	RY, MD. 21804										
	20e. METHOD OF DISPOSITION  1V Burlat 2 Crametics 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of the place)		TION — City or Town, State										
	SALEM CEMETERY	5/29 POCOM	OKE CITY,MD.										
	21. SIGNATURE OF PUNCHAL SERVICE LICENSEE 22. NAME AND A	DDRESS OF FACILITY											
	> Guald ( / Sund Corning)	UNERAL HOME, SALI	CRIDY MD 2190/										
	23. PAST I. Enter the diseases, or complications that ceused the death. Do not enter the mode												
	ahock, or heart failure. List only one cause on each line.	t dying, such as cardiac or raspirat	tory arrest, Approximata Interval Batween										
	immediate cause (Final disease or condition												
	resulting in death) a.												
	DUE TO OR AS A CONSEQUENCE OF):												
Z	Sequentially list conditions.												
E	If any, leading to immediate		/										
2	cause. Enter UNDERLYING CAUSE (Disease or Injury		1										
E	that initiated events DUE TO (OR AS A CONSCOUENCE OF):												
CERTIFICATION	reaulting in death) LAST												
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ă	- Dungalie	1 YES 2 5	COMPLETION OF CAUSE OF DEATH?										
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	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO	JNCERTAIN 🗆											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)												
S	OTHER:	☐ Residence 8 ☐ Other (Specify)											
Ξ	27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY	AT 28d. DESCRIBE HOW INJ	URY OCCURED										
	t Netural 5 Pending (Month, Day, Year) INJURY WORK	2 NO											
BY	2 Accident Investigation 28e. PLACE OF INJURY — At home, term, street, fectory, office		d Number or Rural Route Number,										
	8 Could not be building, etc. (Specify)	City or Town, State)											
COMPLET	20e. CERTIFIER												
鱼	(Check only 1 CEMIT TING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end												
ő	MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death	occured at the time, data end placa, and o	due to the cause(s) end menner es stated.										
ш	286. SIGNATURE AND TIPLE OF GENTIFIED	LICENSE NUMBER 2	29d. DATE SIGNED (Month, Day, Year)										
8	1111111	D02026	1-1-66										
유	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (JUEN 27) (Type, Print)	LULULU.											

Berlin, Maryland 21811

0.8 0.8 0.0

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 founs after death. Page 6 may be retained by the hospital or attending physician.	rtificate has been signed by the attending physician and completely	er death with the State Dept. Of Hearth and Mehtal Hyglene prior to builder, cremation, of removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Is	rtificate	be filed within 72 hours after death with the State De	IMPORTANT: If item 28 is marked, or Item 2

										91		114	3	
	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /		TMENT OF			MENTAL	HYGIEN REG. NO.	_				
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE O	F DEATH			3. TIME OF DE	АТН	
	Cec	il E.	Pease					Мау	25	199	6 YEAR	9:10	Ам	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. less	t birthday)	IF UNDER 1 YEA	R 24 HRS.	7. DATE O	FIBIRTH	1		PLACE (State or	Foreign		
	577-05-7106	1 X M 2   F	88	YRS.	MONTHS DAY	HOURS	MIN.	(Month,	8,19	08	Country			
	9a. FACILITY NAME (If not institution, give a	treet and number			9b. CITY, TOW	H OR LOCAT	ION OF D		0,19		IVST DE	nsas		
œ	19328 Ridgecres					manto		EAIN				omery		
2	RESIDENCE OF DECEDENT	o DI.			00.	mario	) WAY				011.080	'gomery		
DIRECTOR	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OR LO	CATION				$\neg$	10d. INSIDE CITY			
E	Maryland Mon	tgomery			Go	rmant	O T-TTO					LIMITS?	<b>T</b> NO	
	10e. STREET AND NUMBER	ogomer y			1	tot, ZIP COE		-		10g. CITI		HAT COUNTRY?	ZL	
FUNERAL	19328 Ridgeor			IIm	1+04	States								
Ž	11, MARITAL STATUS		IT EVER IN U.S. AR	MED	13, WAS 0	208		NIC ORIGIN?	(Specify Yes			- American In		
	1 Never Married 2 Married	FORCES? 1	MAR OR DATES	10	If yes,		an, Maxica	en, Puarto Ri			Black,	White, etc.	ararr,	
BY	3 Widowed 4 Divorced	11 120, 0112	AN ON DAILS		_ [_ ''	E3 2A NO	эрви	y.			Specific	hite		
8	15. DECEDENT'S EDU				USUAL OCCUP			16b. I	KIND OF BUS	SINESS/IND				
ET	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	life	Do NOT u	work dona during se retired.)	most of work	ing							
COMPLETED		2		Sal	e <i>s</i> man				Real	Esta	ate			
O	17. FATHER'S NAME (First, Middle, Last)					18. MOT	THER'S NA	AME (First, Mi	ddle, Maiden	Surname)				
	Millard Fi	Lmore Pea	ase				Nanc	v Pol	ina B	rown				
BE	100 MALING ADDRESS (Company)													
2	Betty J. Zeiba 19328 Ridgecrest Dr., Germantown, Md. 20874													
	20g, METHOD OF DISPOSITION				OF DISPOSITION			DATE	7		City or Tow			
	1 N Burlai 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	cemetery, cre	metory or o	Mem .Ga	rdens	۲/	20/06			rick,			
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	1103011	a veii		AND ADDR			I I	reder	. ICK,	riu.		
	DO 41	. 10	4		Olin	L. M	oles	worth	, P.A.					
	Ullin L. 1	Molesin	ath		2640	1 Rid	ge R	d., D	amasc	us, Mo	i. 20	872		
	23. PART i. Enter the diseases, or ahock, or heert feliure.	complications the	at coused the de	ath. Do	not enter the	mode of dy	ying, aud	ch aa cerdi	ec or respi	iratory an	reat,	Approxi	mate Batween	
	IMMEDIATE CAUSE (Finel		1		F								nd Daath	
	disease or condition resulting in death)		hupox	en	Ma							110	day	
	readiting in death)	DUE TO	hypoX OF AS A CONSEC CONGE OF AS A CONSEC	DUENCE O	F):	1	1		-/				9	
z			Conae	StI	Ve,	hea	17	- 7	alle	ar	9	1 10	) dx	
2	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSEC	DUENCE O	F):				-				Cal	
CERTIFICATION	cause. Enter UNDERLYING	C.											- '	
Ē	CAUSE (Diseese or injury thet initiated evente	DUE TO	OR AS A CONSEC	DUENCE O	F):									
F	resulting in death) LAST	d												
	DART II Other significant condition		double but and		for all a considerat		et - 2 to	D. 41						
¥	PART II. Other aignificant condition	ia contributing to	geath but not r	esuning	in the underly	ring cause	given in	Part I.	PERFOR			WERE AUTOPSY AVAILABLE PRIC	OR TO	
2									1 TYES 2	NO		OF DEATH?	F CAUSE	
ME						1				•		1 TES 2	] NO	
PHYSICIAN: MEDICAL	DID TOBACCO USE CONT	RIBUTE TO CA	AUSE OF DEA	TH Y	ES NO	D UN	CERTAI	N 🗆						
¥	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28, PLAC	CE OF DEA	TH (Check only o	ne)								
SIC	1 TES 2 NO		☐ ER/Outpatient 3	□ DOA	OTHER: 4 Nursing i	lome 5	r Residence	8 🗆 Other	(Specify)					
들	27. MANNER OF GEATH	26e. DATE Of (Month, I	F INJURY Day, Year)	28b. TIN	IE OF 28c.	INJURY AT WORK?		28d. DESC	RIBE HOW !	NJURY OC	CURED			
ВУ	1 Natural 5 Pending 2 Accident Investigation					YES 2	□ NO							
	3 Suicide 8 Could not be	28s. PLACE (	OF INJURY — At ho , atc. (Specify)	me, ferm,	street, tactory, o	ffice			TION (Street of Town, State)		r or Aural Ad	oute Number,		
TED	4 Homicide determined							0.1, 0	, 5(8/8)					
YE.	29a. CERTIFIER LECERTIFYING PHYS	ICIAN: To the best o	f my knowledge, de	ath occur	red at the time of	late end plac	a, and du	e to the caus	e(s) and mar	nner sa ste	ted.			
COMPLET	29a. CERTIFIER  (Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, dasth occurred at the time, data end place, and due to the cause(s) and manner as stated.  2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.													
8											-			
BE	296. SIGNATURE AND TITLE OF CERTIFIE	1/11	& IIn			29c. LIC	DENSE NU	100	7	29d. DAT	ESIGNED	(Morre, Day You	1	
5	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CO	ISE DE DEATH OF	7	(Defeat)	U.	22/	2		1 5	16	2/7	0	

29c. LICENSE NUMBER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 247 (Type, Print))

Melinda Wolf, M.D. 14820 Physicians Lane, Rockville, Md. 20850

31. DATE FILED (Month, Day, Year)

MAY 2.8 1996

32. REGISTRAR'S SIGNATURE

Melinda Wolf,
31. DATE FILED (Month, Day, Year)
MAY 2 8 1996

24 . 

State of Maryland / Department of Health and Me	ntal Hygiene	16
Certificate of Death	Reg. No.	

						Cei	tificate d	of Death	7		Reg. No.			
	Physic		Decedant's Nema (First, Middle		ERNA KEN	INER PA	RKINSON			2. Data of De Month May	22, 199	Yaar 96	3. Time of 2:10	Deeth P.M.
	/Medi		4e. Facility Nema (If not institution			INDIX III	Idelinoon		own, or Lo	cation of Deet			2.10	1
	Examir	ner	Homewood Retir						deri		1	rick		
-	Funeral		5. Social Security Number	6. Sax	7. Aga (In yrs.	last birthday)	If Under 1 Ya							r Foreign
ı	Director		214-74-0800	1□M 2□F		8 Yrs.	Months Da	ys Hours	Min.	8. Date of Bir (Month, Da Feb. 1	2, 1898	D. C	lace (Stata or stry)	
٠	D		Usual Rasidance of Dacedant											
	nylan how		10e. Stete 10b. County		10c. Ci	ty, Town or Lo	cation					11	0d. Inalda Cit	
	Paris Uries	cto	Maryland Frede	rick	F	rederi	ck						1 Yas	2□No
	or 28	Director	10e. Street end Number				10f. Zip Cod	la			10g. Citizan of V	Vhat Coun	try?	
	death with the Maryland rms 23a or 28a-f show ir rwat be notified at		31 West Patric	k Street			217	01			U.S	5.A.		
	r dea	Funerai	11. Merital Stetus	12. Was Dec	cedent Ever in U	,S. 13. V	Was Decedent f Yes, specify (	of Hispenic Or Juban, Mexica	rigin? (Spe	ecify Yas or No Rican, atc.)	- 14. Rac	e - Amaric		
20	or it	F	1 Nevar Married 2 Marri	If Yas, G	orcas? 2∭ No iiva		Yes 2X				Specify			
8	n 72 hours aftar death with the Manylan *natural", or items 23a or 28a-f show solical Evantiner must be notified at	d by	3 Widowed 4 □ Divorced	Yeer or I	Detes:							Wnl		
5	nat	Be Completed	15. Decedant (Specify only highes	's Education It grada completed	)	16a. Deced	lent's Usual Oc kind of work do DO NOT use re	cupation na during mos time!	st of work	ing	16b. Kind of Bu	ısinass/Ind	lustry	
altimore, Maryland 21215-0020	filed within Hygiena. ither than	P P	Elamantary/Secondary (0-12)	Collega	(1-4or 5+)	1	Homemak				None			
0	Hygi ther mt, n	ŭ	17. Fathar'a Nama (First, Middla,	Last)			II O III O III O II		ar's Nama	(First, Middla	Maidan Suman	a)		
an	d be sed o	B	Harry W. Kenne	r						ndall				
Z	should be and Mental marked o	2	19a. Informant's Name/Relationsi			19b. Mailin	na Addrass (Str	eet and Numb	er or Ruri	al Routa Numb	er, City or Town,	Stata Zin	Coda)	
Ž	permit. Pages 1 and 2 should be liled within Department of Health and Mental Hygiena. Important: If item 27 is marked other than 's high injury or other traumetic event, the Meants.			Daughter							Phoeniz			L
re,	Haa Hem othe		20a. Mathod of Disposition				sition (Nama o		Į.	Data	20c. Location -	City or To	wn, Stata	
J10	Pages nent of I int: If ite ury or of		1 ☐ Burial 2X Cremation 4 ☐ Donation 5 ☐ Othar (St		Stata Smi	thsbur	natory or other g Crema	piace) Ltory		5/31	Smithsl	ourg,	Mary1	land
	permit. Page Department of Important: If any Injury or price.	l li	21. Signature of Funer & Service I		0	P 22	. Name and Ad	dress of Fecili	- 1					
ä	Depa Impo any i		N +110	60(1)	20/					SON FU	NERAL HO	OMES,	P.A.	
		Н	23a Parti Fotor Ind Greeces Or	The second second	ules	h 60 pot ent	201 NOF				EDERICK	MD	21701 Approximeta	
Į,	<b>D</b> 1		23a. Part1. Enter the disease, or shock, or heart failure. List	only one cause or	0	/						1	Interval Bety Onset and D	ween Death
)	Physician / /Medical		Immediata Cause (Finel		AJI	/	- (	- 4	٠,	11	4 1 =			
	Examiner		disaasa or condition rasulting in daath)	8	/1/h	4/0	5014	100	</td <td>yea,</td> <td>+ dis</td> <td>ensp</td> <td>17</td> <td>as</td>	yea,	+ dis	ensp	17	as
		ē			Due to (	or as a conseq	juance of):					1	,	)
	icata be axecuted physician and s the burial-transit	Examiner	Sequentially list conditions	b	Dua to (c	or as a conseq	nauce of).							
ó	an ar		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury									t		
68760,	cartificata be axecuted iding physician and ise as the burial-transit	/Medical	Causa (Disaase or Injury that Initieted avents rasulting In daath) Last	c	Dua to (c	r as a conseq	uence of):							
99	cartifica nding ph	Ned	rasuming in caam) cast									i		
XOX	6 3			d								1		
B	v requires that the death obsen signed by the attan should be datached for u	Physician	Part II. Other significant conditio	ns contributing to d	death but not ras	ulting In tha ur	nderlying cause	givan in Part	I.	23b. Dld	tobacco uee co	ntribute to	the cause o	of death?
0	law requires that the as been signed by the a.2 should be datache	Phy								10	Yee 2560	3 Prot	bably 4 🗆 I	Unknown
	gned be de	by												
ğ	quire en si ould										an autopsy	24b. Wa	ara autopsy fi silable prior to	indings o
S	s be	pie								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		COL	mpletion of co death?	
ď	The lav ata has paga 2	Completed								10	Yas 2 No	10	Yas 2	No
Division of Vital Records,	ysician: The I is certificata ha director, paga	Be C	25. Was casa rafarred to medical					26. Plac	a of Death	Check only				
>	yalch is cer direc	TOE	axaminar?	Hospital:	Inpatiant 2	ER/Outpatien	t 3□ DOA	Other			dence 6 Oth	er (Specify	()	
0	ar th		27. Manner of Deeth	28e. Dete	of Injury oth, Day Year)	28b. Tima of Injury	28c. I	njury at Work?			how Injury occur			
Ö	Attending Physician: ir death. ector: Attar this certific. by the funeral director,	atio	2 Accidant 5 Panding invastig		mi, Day rear	Hijury		Yas 2	] No					
S	aftar death Director:	iffe	3 ☐ Sulcide 6 ☐ Could r 4 ☐ Homlcide datarmi	ned 288. Plac	a of Injury - At h	ome, farm, str	eat, factory, off	се		28f. Location ( City or To	Streat and Numb	er or Rura	Routa Numi	ber,
ā	s aftar if Direction by	Certification:	4 El Totaliolog	Dung	ling, atc. (Specil	y)				Ony or 10	mi, Stata)			
	hour hour mera ly fills		29a. Certifiar 17 Certifying (Check only 27 Martical 5	Phyercian: To the	a best of my kno	wledga, daath	occurred at th	a tima, data ar	nd place,	and dua to tha	causa(s) and me	nner as st	ated.	
	To the Hospital or Attending Phi within 24 hours aftar death. To the Funeral Director: Aftar thi completaly filled in by the funeral	edicai	one) 21 Medical E	Examfner: On tha band man	pasis of examina nnar stated.	uon ena/or inv	restigation, in n	y opinion, das	ath occurr	ed at tha tima,	uata and piaca,	and dua to	tna cause(s)	)
	To the composition of the compos	M	29b. Signetura end tina of certifier	1	//	_	29c. Lic	ansa number			29d. Dete signe	d (Month, i	Day, Year)	
			1 ARA	1041	1hin	20	10 1	0164	28		5/2	7/0	ماة	
			30. Name and eddress of person		sa of death (Iter	n 23e) (Type,	Print)	,			-	1	(	
			Casper E. Cline	e III, MD	300 W	est Ni	nth Str	eet, F	reder	cick, M	D 21701	7.0		
	Sta	ite	31. Dete filed (Month, Day, Year)	32. F	Registrar's Sign	ture .	0 4.4					0		
1	Registr	ar	MAY 2	8 <b>1996</b>	Julia d	imaroci	artall							
					-									

MAY 25, 1996

O.C.M.E.

L MM 111 Penn Street, Baltimore, Maryland 21201

			1.5	<i>4</i> 7			C	ertifica	ate o	f Death		Rag. No.			
	Physici /Medi		1. Decedent's Nem	AARON	ist/			P	ULL	IAM JR	2. Dete of I	25, Dey 199	9 6 <sup>reer</sup>	3. Time of Death 01:40 A	
	Examir		4e. Fecility Neme (	If not institution, gh	e street end number,	)				4b. City, Town,	or Location of De	eth 4c. Coun	ty of Deeth		
			PRINCE	GEORGE	S HOSPIT	AL				Chever	-		NCE G	EORGES	
	Funeral Director	ector	5. Sociel Security N 579-02-1	128	Sex 7. A( 1 □ X M 2 □ F	20 (In yrs.	lest birtho Yrs	Month	der 1 Yee is Dey		in (Month.)	Oey, Year) 7, 1976	Count	ace (State or Foreign try) Lngton, DC	
1/1	Maryland f show ed at	or	Usuei Rasidance o  10a. Stete  N/A	10b. County	N/A	10c. City		r Location	on,	D.C.			10	Od. Inside City Limits 1 ☐ Yes 2 No	
	28e	r items 23a or 28a-f s after must be notified Funeral Director	Direct	10e. Street and Nu	10f. Zip Code					10g. Citizen of	What Count	In?			
	With Be or		4505 Qu			1		20019	•		d Stat				
Baltimore, Maryland 21215-0020	should be filed within 72 hours after death with the Maryland nd Mental Hygiene. I marked other than "natural", or items 23a or 28a-f show urnatic event, the Mexical Examiner must be notified at	by Funera	11. Meritel Status	ied 2□ Merrled	12. Was Decedent Armed Forces' 1  Yes 2  Hryes, Give Yeer or Detes:	?	S.	13. Wes Dec		Hispenic Origin? ben, Mexican, Pu	(Specify Yes or I erto Rican, etc.)		ece - America eck, White, e	an Indien,	
2-0	72 ho		/600	15. Decedent's E	ducation		16a. De	ecedent's Us	suel Occ	upetion	working	16b. Kind of I	Business/Ind	lustry	
21	thin 7	ple	Eiementary/Seco	ondery (0-12)	de completed)  (Give kind of work done during most of working life. DO NOT use retired)										
2	ygien er th	Completed	9					Unem	ıp1oy	1			N/A	/A	
pu	d oth	Be	17. Fether's Neme		w						Neme (First, Midd		me)		
Z Z	Mer Merke Me	10		ron Pull							Lene Gil		-0.0		
, Mai	es 1 and 2 should be of Health and Ment   Item 27 is marked r other traumatic e		19e. informent's No	ame/Rejetionship ( ne Gillis			450	)5 Qua	rels	Street	NE Was			20019	
ore	of He		20a. Method of Dis		Removel from State	20b. P	iece of Di emetery,	isposition (A cremetory o	lema of r other p	lece)	Deta	20c. Location	- City or To	wn, Stete	
Ë	permit. Pages Department of I Important: If Its any injury or o			5 Other (Special	fy)		rmony	y Memo	rial	Park	5/31	Lando	ver, l	Maryland	
eg.	Physician /Medical Examiner		23a, Pert1. Enter t shock, or hee immediate Cause disease or condition resulting in deeth)	(Finel	plications that cause one cause on each	1 PLE	GN	2617 enter the m	Penrode of d	Ave SE ying, such as care	e Funera Washing diac or respiretory	ton, DC	20020	Approximate Interval Batween Onset and Deeth	
Box 68760,	requires that the death certificate be associted seen signed by the attending physician and hould be detached for use as the burial-transit	ın/Medicai Examiner	dicai	Sequentially list co if any, leading to in cause. Enter Unde Cause (Disease or that initiated events resulting in death)	enditions, medieta shyling shyling shipury s Lest	b	Dua to (or	rese cor	sequence of	of):					
P.O.	requires that the deat been signed by the att should be detached for	y Physician/Me	Pert ii. Other signif	licant conditions o	contributing to deeth b	out not resu	ulting In th	e underlying	g cause (	given in Pert i.		d tobacco use c	/	the cause of death?	
Division of Vital Records,	2 S S	Completed by									24e. We pe	es an autopsy rformed?	ava	ra eutopsy findings lilebie prior to appletion of cause death?	
æ		E O									12	Yes 2 No	11€	Yes 2□ No	
ā		Be	25. Wes case refer examiner?	red to medical						28. Place of I	Deeth (Check onl	y one)			
2	5 00	10	1 ☑ Yes 2 □	No	Hospitei: 1 ☐ Inpati	ent 2 🖹	ER/Outpe	etient 3 🗆 I	DOA	othar: 4 ☐ Nursin	g Home 5 ☐ Re	sidence 8 🗆 O	ther (Specify	)	
Ē	tending Pheath.		27. Menner of Deet 1 □ Naturei	h 5 ☐ Panding	28e. Date of Inju (Month, Da	iry iy Year)	28b. Tim inju	e of ry	28c. in			e how Injury occu			
Divisio	Hospital or Attending     A hours aftar death.     Funeral Director: Afteretaly filled in by the fune	Certification:	2 ☐ Accident 3 ☐ Suicide 4 ☐ Homicida	investigetio 6  Could not be datamined	28a. Piace of In building, el	jury - At ho				Yes 2 No	28f. Location	(Street end Numown, State)	nber or Rura	I Route Number,	
	# in # in	Medical C	29e. Certifiar (Check only one)	2 X Medical Exam	nysician: To the best ninar: On the basis o end menner st	of my know	wledge, d	r invastigatio	on, in my	opinion, death o	ace, end due to th	ne cause(s) end n a, data and place	nanner es st a, and dua to	ated. the causa(s)	
	0 = 0 0	-	29b. Signeture end	THITISON OF CONTINE				2	SC. LICO	nse number		29d. Dete sign	iea (Month, L	Jay, 1887)	

Registrar

30. Name end eddress of person who completed cause of death (item 23e) (Type, Print)

MARGANTA

DHMH 16 Rev 6/95

3. Time III for th

Birthplaca (State or Foreign Country)

10d. Inaide City Limits

0 01

1 Yea 2 No

Wash., DC

1:46 pm

Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death Day Month **Physician** Edward Palmer, Jr. 96 05 13 /Medical 4a. Facility Nama (If not institution, give street and number, 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Prince George's Hospital Center Cheverly Prince George's 7. Aga (In yrs. last birthday) If Undar 1 Year If Undar 24 Hrs. | 8. Data of Birth (Month, Day, Year) 5. Social Security Number 6 Sax **Funeral** 1₽M 2□F Yrs. Director 578867907 37 Usuai Rasidence of Decedent the Maryland 10a State 10b. Count 10c. City. Town or Location r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at Director MD Prince George's Landover 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country?

906 Hill Road #302 20785 USA 14. Race - American Indian. 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.)

12. Was Decedant Evar in U,S. Armad Forcas? 1 ☐ Yes 2 ☐ XNo If Yas, Giva Year or Dates: Biack, White, etc. Never Married 2 ☐ Married 1 ☐ Yes 2 ☐ No Specify: Black 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grads completed) 16a. Decedent's Usuai Occupation 16b. Kind of Business/Industry

(Give kind of work dona during most of working life. DO NOT use retired) Elementary/Secondary (0-12) College (1-4or 5+) Computer Technician SSA

Edward Jackson Palmer, Sr. Beverly Elaine Bonita Ewing 19a. informant'a Name/Relationship (Type, Print) 19b. Meiling Addresa (Street and Number or Rural Route Number, City or Town, Stete, Zip Code)

Father 6610 Wilburn Drive Cap Hghts, MD20743 of Disposition (Name of Date 20c. Location - City or Town, State Edward J. Palmer, Sr. 20b. Placa of Disposition (Name of cametary, cramatory or other place)

1 Buriai 2 □ Cremation 3 □ Removal from Stata 4 □ Donation 5 □ Other (Specify) Washington National 5/17 SuitlandMD 21 Signature of Funaral Sarvice Licenses

22. Name and Address of Facility 6610 WIlburn Drive alvon Palmer Funerals Cap. Heights, MD 20743

18. Mother's Name (First, Middle, Maiden Sumame)

23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onaet and Death

" reprir lyndrome immediate Cause (Fine) disaasa or condition resulting in death)

Due to (or as a consequence of):

Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disaase or injury that initiated events resulting in death) Last

Dua to (or as a consequence of)

Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobecco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

( ell 110000

End dige Renal disease 24a. Was an eutopsy performed? 24b. Were autopsy findings available prior to

completion of cause of death? 1 Yes 2 HNo 1 Yaa 2 No

25. Was case referred to medical 28. Piaca of Death (Check only one) Hospital: 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Rasidenca 6 Other (Specify) 1 Yas 2 No

28a. Data of Injury (Month, Day Year) 27. Manger of Death 28b. Time of 28d. Describe how injury occurred 28c. injury at Work?

1 Naturai 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 ☐ Could not be 3 Sulcida

28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide

1 Cartifying Physician: To the best of my knowledge, deeth occurred ei the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29e. Certifier Medical (Check only one)

29b. Signatura and title of cartifier 29c. License number 29d. Data signed (Month, Day, Year) Attant. 7 104

30. Name and address of person who completed cause of death (item 23s) (Type, Print) HUVZ Pl.

7404 Executive Yablorowitz, Mo 31. Date filed (Month, Dey, Year)

State Registrar

Funeral

by

Completed

Be

17. Father's Name (First, Middle, Last)

2 should be filed within 72 hours after and Mental Hygiene.
Is marked other than "natural", or ite

permit. Pages 1 end 2.
Department of Heelth ar
Important: If Item 27 is
any injury or other trau

**Physiclan** 

/Medical

Examiner

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certificate

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After

Director:

• Funeral Hospital

within 2 To the I

funerai

Box 68760.

P.O.

Records.

Division of Vital or Attending Physician: after death. Examiner

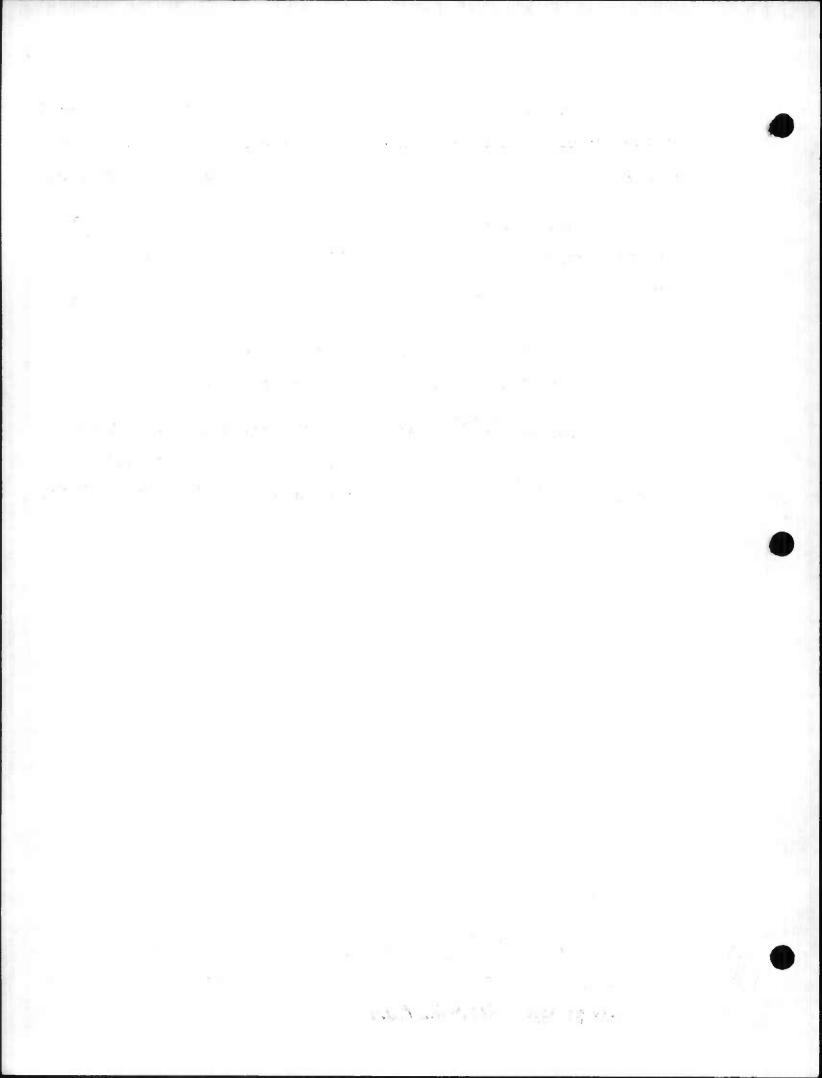
Physician/Medical

Completed

Be

Certification: To

Baltimore, Maryland 21215-0020



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Deeth MAC 4LM 4b. City, Town, or Location of Daath 4e. Facility Neme (If not institution, giva street and number) 4c. County of Death SHADY GROVE ADVENTIST HOSPITAL ROCKVILLE MONTGOMERY If Undar 1 Yeer If Undar 24 Hrs. Months Days Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) Birthplaca (Stata or Foraign Country) 8. Data of Birth (Month, Day, Year) 1□M 20 F Months 86 Yrs 579-48-6942 July 24 1909 Mississippi Usual Residence of Decedant 10c. City, Town or Location 10b. County 10d, Insida City Limits 1 Yas 2 No Maryland Montgomery Gaithersburg 10e. Street end Number 10f. Zip Code 10g. Citizan of What Country? 20877 301 Russell Avenue United States 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Maxican, Puerto Rican, atc.) 14. Race - Amaricen Indian, Bieck, White, etc. 11. Meritel Stetus 1 ☐ Yas 2 ☐ No If Yas, Giva Yeer or Dates: 1 Nevar Married 2 ☐ Married Specify: Black 1 ☐ Yas 2 HNo 3 ☐ Widowed 4 ☐ Divorced 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry Collaga (1-4or 5+) Perferator Operator U.S. Govt. 18. Mothar's Nama (First, Middle, Malden Surnama) Ida Erskine 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code)

15. Decedent's Education (Specify only highast grade completed) Elementary/Secondary (0-12) 17. Father's Nama (First, Middla, Last) Myers G. Proctor

19e. Informant's Name/Ralationship (Type, Print) Andrew Howard 175 Hillcrest Str. Ashland, Oregon 97520

20b. Place of Disposition (Name of cametery, crematory or other place) 20c. Location - City or Town, Stata 20e. Method of Disposition Data 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stete 4 □ Donation 5 □ Other (Specify) Ft. Lincoln Crematory 5-30-96 Brentwood, Maryland 22. Nama end Addrass of Facility Ft. Lincoln Funeral Home

3401 Bladensburg Rd. Brentwood, Maryland aus zan

Part 1. Entar the disease, or complications that caused the death. Do not entar the mode of dying, such as cardiec or respiretory errest, shock, or heart failure. List only one cause on each line. Approximeta Intarval Between Onset and Death

immediata Cause (Final disaasa or condition rasulting in death) a. Uro sepsio dua to (or as a consequence of): asylto

Sequentially list conditions, if any, laading to immadiata ceuse. Enter Underlying Ceuse (Disaasa or injury that initiated events rasulting in daath) Last

tachycondic

Part II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 | Yee 2 ONo 3 | Probably 4 | Unknown

Lout

24b. Wara autopsy findings available prior to completion of cause of daath? 24a. Was an autopsy

26. Place of Death (Check only ona)

1 Yas 1 ☐ Yes 2 ☐ No

25. Was casa refarred to madical axaminar?
1 ☐ Yas 2 ☐ XNo Hospital: Other: 4☐ Nursing Homa 5☐ Residence 6☐ Other (Specify) Minpatiant 2□ ER/Outpetlent 3□ DOA 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28d. Dascribe how injury occurred 28b. Time of 28c. Injury at Work? 1 Natural

5 Panding Invastigation 1 ☐ Yas 2 ☐ No 2 Accident 8 Could not be datarmined 3 Suicide 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 4 Homicida

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Madical Examiner: On the bests of examination and/or invastigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated. 29a. Certifier (Check only one)

29b. Signature and title of certifier l Vit cloan 34969

30. Nama and addrass of person who completed cause of death (Itam 23a) (Type, Print)
H. Victor Chiang, m10, 9767 Medi , m10,9707 Medical center Dr. Suite 320, Rockille, MO 20850

State Registrar

**Physician** 

/Medical

Examiner

10e. Stete

Director

Funeral

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Completed

**Funeral** 

Director

ir than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at

permit. Pagas 1 and 2 should be filed within 72 hours aftar death v Department of Haalth and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a any injury or other traumatic event, the Medical Examples master.

Physician

/Medical

attending physician and for use as the burial-transit

certificate has

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Attending

I or Attending after death. I Director: Ally

hours 24 hours Funeral

othe F å

Division of Vital Records, P.O. Box 68760,

Examiner

Physician/Medical

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Completed

Be

2

Certification:

edicai

Examiner

Baltimore, Maryland 21215-0020

with the Maryland

1896

31. Data filed (Month, Day, Year)

Jalin Shudson Rand II

32. Registrar's Signatura

**DHMH 16 Rev 6/95** 

a desert -

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

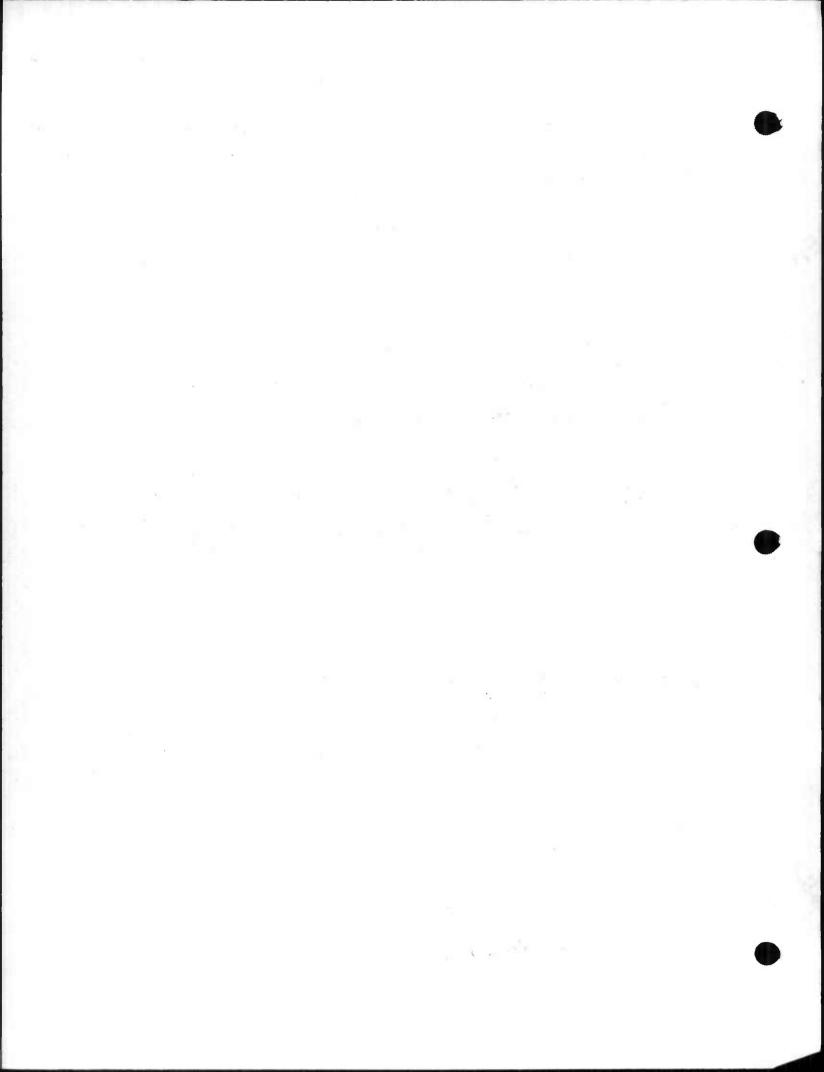
						Oe,	unca	ie oi	Dealli		Reg. No.			
	Physic /Medi		1. Decedant's Name (First, Middla, L Marguerite	A. P						2. Dete of D Month May 29	9, 1996	Yeer	3. Tima of Death 6:30 A.M.	
	Exami		4e. Fecility Neme (If not institution, g 5614 Woodland I		mber)				4b. City, Town, or Oxon Ho			y of Deeth e Ge	orge's	
	Funeral Director		577-26-4968	Sex 1□M 2∭ F	7. Aga (In yrs. 95	. last birthdey) Yrs.	If Unda Months	r 1 Year Deys		6. Data of 8 (Month, 2 July	irth Pay, Year, 1,1900		plece (Stata or Foreign	
Ī	yland		Usual Rasidanca of Decedant 10a. Stata 10b. County		10c. C	y, Town or Location 10d. Insida City Lin								
	Mar.	to	Maryland Prince	George	's	Oxon H	ill			1 🗆 Ya				
	or 28	lrec	10e. Street end Number		10f. Zip Coda				10g. Citizan of What (			itry?		
	th wi	al C	5614 Woodland D	rive			2	2074.	5		U.S.	Α.		
070	Dermit. Pages 1 and 2 should be filed within 72 hours after death with the Manyland Department of Health and Mental Physiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show hipty or other traumatic event, the Medical Examinat roust be notified at page.	by Funeral Director	11. Meritel Status  1 Never Married 2 Married  3 Widowed 4 Divorced	Armed Fe	2 No	1	S. 13. Wes Decedent of Hispanic Origin? If Yas, specify Cuban, Mexican, Pue   1 □ Yas 2 ☑ No Specify:			Specify Yas or N to Rican, atc.)	Bia	ca - Amaric ack, Whita, fy: Whi	etc.	
	72 ho	ted	3X_XWidowed 4 □ Divorced Yaar or Dates:						pation	rkina	16b. Kind of E	Businass/In	dustry	
7	dthin see	Completed	Elamantary/Secondary (0-12)	rade completed)  College (1-4or 5+)				i during most of working ad)						
7	hygier nt, th			2		Fiscal Accounting Supervisor Federal G							ernment	
mai yiai id z iz i3-0020	ould be fi Mental H arked ott aftic ever	To Be	17. Fathar's Name (First, Middla, Las Robert Padgett						Fai	nnie Py	les			
=	1 and 2 sh Health and om 27 is m other traum		19a informent's Name/Ralationship Alta P. Sullivar			7605	DeVr	ies	Dr., Lo					
Daillinore,	Pages 1 nent of H int: if iten		20a. Mathod of Disposition XX Burial 2 ☐ Cramation 3 4 ☐ Bonation 5 ☐ Other (Space			Piece of Dispo cematary, crain edar Hi				Data 5/3/96	Suitla		aryland	
Dall	permit. Pages Department of H Important: If its any Injury or of once.		21. Signeture of Funaral Sarvice	Kal	D	Ge	orge	Ρ.	ess of Fecility Kalas Fu			207/		
	_		23a. Pert1. Entar the diseasa, or con shock, or hast tailure. List on	mplications thet	caused tha dae	th. Do not and	ar tha mo	KOD de of dy	Hill Rd.	c or raspiratory	arrest,	2074	Approximate Interval Between	
	Physician /Medical Examiner	nlner	Immediate Causa (Final disaasa or condition rasulting in death)  a. ARTERIOSCLEROTIC CARDIOVASCULAR DIS  Dua to (or as a consequence of):  b. Due to (or as a consequence of):  taus, leading to immediate cause. Enter I leading to immediate cause. Enter I leading to immediate cause. Enter I leading to immediate cause. Enter I leading to immediate cause. Enter I leading to immediate cause. Enter I leading to immediate cause. Enter I leading to immediate cause. Enter I leading to immediate cause. Enter I leading to immediate cause.							ISEASE		YEARS		
,000	certificate be executed ording physician and use as the burial-transit	al Exan	Sequantially list conditions, if any, leading to immediate cause. Entar Undartying Causa (Disaase or Injury that initiated events	c	C. Due to (or as a consequence of):									
	certificate nding phy use as the	d.												
5	death d for	Cla	Pert II. Other eignificant conditions	contributing to d	eath but not res	sulting in the u	Iting in the underlying cause given			iven in Part I 23h Di		Did tobacco use contribute to the cause of		
	res that the devigned by the a	by Physicia	Total State agricultural	contributing to d	oath but not rac	soning in the o	iloanying .	vausa y	iven in Fart i.		**		bably 4 Unknow	
necolds,	aw requi	Completed b									is an autopsy formed?	av co	ara autopsy findings eilable prior to mplation of cause daath?	
	The ate h	Son								1□	Yas 2 No	1[	☐ Yas 2☐ No	
	Physician: Th r this certificate aral director, par	Be	25. Wes casa rafarrad to medical axaminer?	ACTIVATIV					26. Place of De	eth (Check only	one)			
	Physic this c	2	1 Yes 2 No			ER/Outpatier		UN		1	sidance 6 Ott		r)	
	E P	Certification:	27. Mannar of Death  1 Naturat 5 Panding 2 Accident invastigati	on	of Injury oth, Day Year)	26b. Tima or injury	М	28c. Inju Wo 1	ury et ork? ] Yas 2 □ No	28d. Dascribe	how injury occu	rred		
	tal or Attend rs after death al Director: /	Certifi	3 Suicide 6 Could not determine	20a. Place	a of Injury - At h ing, atc. (Speci	ioma, farm, str	eet, factor	y, office			(Street and Num own, Stata)	ber or Rurs	I Routa Number,	
-)	To the Hospital or At within 24 hours after of To the Funeral Direct completely filled in by	ledical	29a. Certifiar 1	minar: On tha b	best of my kno asis of axamina nar stated.	owledge, deeth atl <i>on</i> and/or in	occurred vastigation	let tha t n, in my	ima, deta and place opinion, deeth occ	e, and dua to the urred at tha time	a causa(s) and m e, deta and place,	annar as s , and dua to	ated. tha cause(s)	
	To the within 2 To the comple	2	29b. Signatura and titla of certifiar				29	c. Lican	nsa number 29d. Data signed (Month, Day, Y					
			30. Name and address of person who	completed cause		m 23e) (Type,	Print)	D1	8545		May 29	, 199	O	
			Philip Wisotsk	y, M.D.	6188 0	xon Hi		1. 0	xon Hill,	Md. 20	745			
	Sta	ate	31. Deta filed (Month, Day, Year)	RUA WINE	egistra & Sign	аута								

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withhered hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. **BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760

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2011011		

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

de	d 196, 5/31/96 Edm. Fil.	.0.					96	17749
	1 - STATE OF MARYLAND / DE STATE OF MARYLAND / DE CERT		MENT OF H		ENTAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)			1	DATE OF DEATH			3. TIME OF DEATH
	Ada J. Peterson			1/	May 2	3 6	25	11:274
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birti	hday) III	UNDER 1 YEAR	IF UNDER 24 HIRE. 7	DATE OF BIRTH	- 11		LACE (State or Foreign
	100-14-9313	rrs.	ettes DAYS			07	Mary	/land
	9a. FACILITY NAME (If not institution, give street and number) GENESIS EIDER CARE	98	. CITY, TOWN C	R LOCATION OF DEAT	Н	9c. COU	NTY OF DE	ATH
0	The state of the s		Annapo	olis		Ann	e Arı	indel
5	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY 10							
DIRECTOR	Maryland Anne Arundel		own or locat apolis	ION				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	100. Street and NUMBER 100 Shiley Street		101	21401		10g. CIT		HAT COUNTRY?
Ž			13. WAS DEC	ENDENT OF HISPANIC	OBIGIN? (Specify Yes			- American Indian,
BY	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES		If yes, sp	ecity Cuban, Maxican, I 2 NO Specify:	Puerto Ricen, etc.)	0.110	Black,	white white
	15. DECEDENT'S EDUCATION 16s. DECEDE	ENT'S US	UAL OCCUPATION	IN .	16b, KIND OF BUS	INESS/INI	DUSTRY	
COMPLETED		NOT use n	done during mo kired.)	st of working				
7	Elementary/Secondary (0-12) College (1-4 or 5+) C1	erk			Retai	. 1		
ĕ l	17. FATHER'S NAME (First, Middle, Last)			18 MOTHER'S NAME	(First, Middle, Maiden	Sumamal		
	Uriah Milton Terry III			Edith Ka		ourname)		
BE		NU INC. AD	DDESC (Character	nd Number or Rural Rou	te silitin	0		
2	Anita B. Smith/ Daughter	PIN	eseres	. Annapol	is. MD 21	404	2140	3
	20a. METHOD OF DISPOSITION 20b. PLACE AND D	DATEOF	ISPOSITION (Na				City or Tow	n, Stata
	4 Donation 5 Other (Specify)	ry or piher	place)	matory Ma	7 23 1996	710	vandr	77A
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	, 110,	22. NAME AN	D ADDRESS OF FACIL	ITY			
	1 P				Takoma	Fune	ral H	lome, Inc.
_	Trya Mellan		254 Ca	rroll St.	NW Washi	ngto	n, DC	20012
	23. PART I. Enter the disease, or complications that caused the death. shock, or heart aliure. Liet only one cause on each line.	Do not	enter the mo	de of dying, such a	s cardiac or respi	ratory ar	rest,	Approximata interval Between
	IMMEDIATE CAUSE (Fine)	1						Onset and Death
	disease or condition	4	ver	dise	aso)			1200 lcs
	DUE TO (OR AS A CONSEQUEN	ICE OF):		4				1000
z	primary ?	611	4199,	dise	1104 M			
일	Sequentially list conditions, if any, leading to immediate	ICE OF):						
RTIFICATION	cause. Enter UNDERLYING							
	CAUSE (Disease or injury that initiated eventa DUE TO (OR AS A CONSEQUEN	ICE OF):						
	resulting in death) LAST							
뜅								
F	PART II. Other significant conditions contributing to death but not recui	iting in t	he underlying	cause given in Pe	rt I. 24a. WAS AN			WERE AUTOPSY FINDINGS
ဗ္ <u>ဗ</u>	Vevere, oxygen dependent		hou	ic	1 D YES 2	20		COMPLETION OF CAUSE
MEDICAL	Photoughte balmonau	, O	inoc	210		4		OF DEATH?
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH	YES	□ NO □	UNCERTAIN	ixi			
ا ≽	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF		Check only one)	OTTELKIAIT		_		
SICIAN:	EXAMINER? HOSPITAL:  1   YES 2   NO   1   Inpatient 2   ER/Outpatient 3   D	Ta	THER:					
H		b. TIME O	-	5 Residence 6		LILIDY OO	Ottosp	
ո լ	19 Netural 5 Pending (Month, Day, Year)	INJUR	/ WO	RK?	8d. DEŞCRIBE HOW II	SUNT UC	COMED	
BY	2 Accident Investigation		M 1 0 1					
E	3 Suicide 6 Could not be detarmined 28s. PLACE OF INJURY — At home, f building, atc. (Specify)	rarm, atre	et, factory, office	21	Bt. LOCATION (Street a City or Town, State)	nd Numbe	r or Rural Ro	ute Number,
			-					
COMPLE	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death of	occurred a	t the time, data	and place, and due to	the cause(a) and man	ner as als	ted.	
S	one) 2 MEDICAL EXAMINER: On the beals of examination and/or invest							and manner as stated.
- 1	MIGNATURE AND TITZE OF CERTIFIER			29c. LICENSE NUMBE				
4	Plank bili anulu	1/		11/	52	290. DAT	1 A.	Month, Day, Year)
2	NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27)	ريد	-41 -	0110	20	-//	my !	43,46
	Who have the first the completed cause of Death (ITEM 27)	rype, Pri	13 h	0 Ph 2.	. 11.1.	1021	111	4.15 200-1
	31. DATE FILED (Month Day Vhar): 32. BEGISTEAR'S SIGNATURE	200	2116	1, / hug	Inno	POL	is, h	1021401

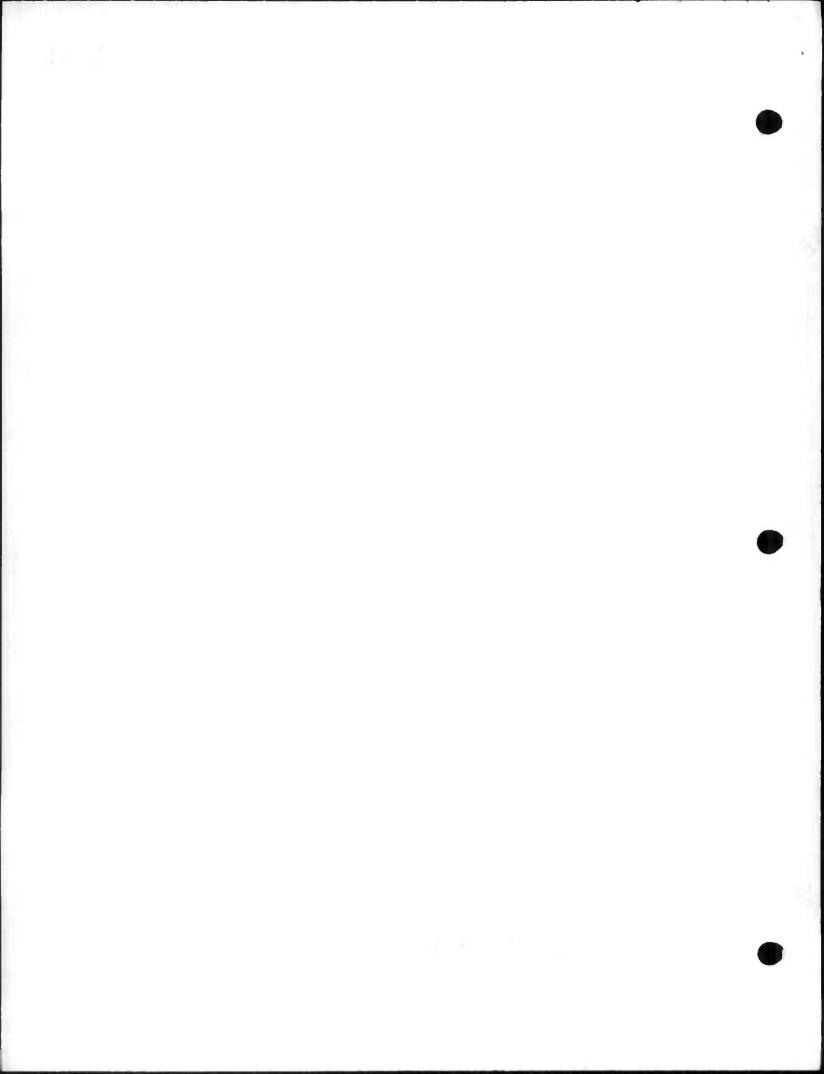


State of Maryland / Department of Health and Mental Hygiene

					Cei	rtificate o	f Death			Reg. No.			
Physician		1. Decedent's Name (First, Middle, Li	est)						2. Date of Dec	ath Dev	Year	3. Time of Death	
/Medical		Dorothy M	. Phi	llips			,			27	1996	9:40 PM	
Examiner	•	4a. Facility Name (If not institution, gi	e street end nur	nber)			4b. City, To	wn, or Lo	ocation of Deeth	4c. Count	y of Deeth		
		12121 Tawny Lane					Box	wie		Princ	e Geo	rge's	
Funeral				7. Age (In yrs. I	ast birthdey)	if Under 1 Ye Months De		24 Hrs. Min.	8. Date of Birt (Month, De	h v Yearl	9. Birthp	lace (State or Foreign	
Director		384 14 1178	1□M 2\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	72	Yrs.		1100.0		Feb. 10	0,1924	Kenti		
	-	Usual Residence of Decedent		10- 01-									
P P	Director	10e. Stete 10b. County		TOC. City	, Town or Lo	Cation					1	0d. fnslde City Limits	
Department of near and mentalen trygenes.  Important: If them 27 is merked other than "netural", or items 23s or 28s-f show any injury or other traumetic event, the Medical Examener must be notified at once.  To Be Completed by Funeral Director		Maryland Prince	George'	s Bo	wie	.,						1√Yes 2□No	
or 2		10e. Street end Number				10f. Zip Code	•			10g. Citizen of	Whet Coun	itry?	
23a	5	12121 Tawny Lane				207	715			United	State	es	
r thems 23a priner must Funeral		11. Marital Stetus	12. Was Dece Armed Fo	edent Ever in U,:	S. 13. \	Wes Decedent of	f Hispanic Or	Hispanic Origin? (Specify Yes or No- en, Mexican, Puerto Rican, etc.)			14. Race - American Indian, Bleck, White, etc.		
三 三		1 Never Merried 2 ★ Married	1 ☐ Yes If Yes, Giv	2 13-No									
d by		3 Widowed 4 Divorced	Yeer or Do	etes:		1 ☐ Yes 2 ☐ No Specify:				эресп	Specify: White		
rt, the Medical		15. Decedent's E (Specify only highest gr	ducation ade completed)		18a. Deced	dent's Usuel Occ kind of work don DO NOT use ret	cupation ne during mos	t of work	ina	16b. Kind of B	usiness/Inc	dustry	
3 0		Elementery/Secondery (0-12)	College (1	-4or 5+)	life. I	DO NOT use ret	ired)						
CO	5	12			Home	emaker				Own I			
Be	3	17. Father's Name (First, Middle, Las.	)				18. Mothe	er's Nam	e (First, Middle,	Meiden Sumai	ne)		
2	)	George Ward					Gr	ace	Jump				
	0	19a. tnforment's Neme/Relationship	Type, Print)		19b. Mailir	ng Address (Stre	et end Numb	er or Rur	al Route Number	er, City or Town	, State, Zip	Code)	
		Andrew J. Phillip	s Hu	sband	1212	1 Tawny	Lane	Bow	ie Maryl	Land 20	0715		
8		20a. Method of Disposition 本語 Burial 2 口 Cremation 3 [			ace of Dispo	sttion (Neme of netory or other p	olece)		Dete	20c. Location	- City or To	wn, State	
2		4 Donation 5 Other (Speci		State		as Churc		ter	7 5/31/9	6 Cro	om Mai	ryland	
를	t	21. Signeture of Funeral Service Lice	nsee	0	22	. Name and Add	tress of Facili	tv				Lyland	
any ir		Robert &	8	Da		obert E							
	+	23a Part1 Enter the disease or con	polications that co		Do not ent	6000 An	napoli:	s Kd	. Bowie	Md. 20	/15	Annovimeto	
		23a. Part1. Enter the disease, or con shock, or heart failure. List only	one cause on e	ach line.	. Do not one	01 1110 111000 01 0	iyang, buon uo	ourdino	or respiratory of	1001,	1	Approximate tnterval Between Onset end Deeth	
ian ical	1	Immediate Cause (Finel	01-	11-1	- 11		- \	A Ca	1- 0				
iner	- 1	disease or condition resulting in death)	a. I V W	astru	C H	ead	ano	1460	IK C	ancer			
<b>6</b>	,		1 1		as a conseq	A	. [		0 - 1			21 1100	
ng L			b. Wif			eves t	0 501	125	ana			2 years	
ise as the bunal-transit		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury	N 1		as a conseq	juence or):					1	•	
cai cai		Cause (Disease or Injury that initiated events	c. Abo	omen		a c	ungs						
Medical		resulting in death) Last		Due to (or	es e conseq	uence or):	U				1		
use u		•	d										
Physician		Part II. Other elanificant conditions	antribution to do	oth hut not soon	Man In the cu	adad taa aasaa	shoot to Boot						
be detached for by Physicia		rait ii. Other signineant conditions (	contributing to de	ain but not resu	itting in the ut	ndenying cause	ng cause given in Pert I.			23b. Did tobacco use contribute to the cause of			
4									100	Yes 2 No	3 Prot	bably 4 Unknow	
d by									24a Was	an eutopsy	24b. We	ere autopsy findings	
should									perfo	rmed?	COL	allable prior to impletion of cause	
7 Q											of	death?	
ပိ									101	res 20 No	1 [	Yes 2 No	
B SCIO		25. Was case referred to medical examiner?	Moncitei					of Deat	h (Check only o	ne)			
7		1 Yes 2 No			ER/Outpatien	I SLI DOA		ursing Ho		tence 6 □Ot		r)	
00		27. Menner of Death  1 Naturel 5 ☐ Pending	28a. Date of (Mont	of Injury h, Day Year)	28b. Time of Injury	V			28d. Describe h	now Injury occu	rred		
cat		2 Accident investigation 3 Sulcide 6 Could not be				M 1	☐ Yes 2☐						
to I		4 Homicide determined	266. Place	of Injury - At hong, etc. (Specify	me, farm, str	eet, factory, offic	<b>9</b>		28f. Location (S City or Tox		ber or Rura	l Route Number,	
pretable filled in by the funaral edical Certification: 1													
Medical Certifical		29a. Certifier Check only Medical Example 1	ysician: To the niner: On the ba	best of my know	viedge, deeth	occurred at the	time, date an	d place,	and due to the	cause(s) and m	anner as st	ated.	
Pe		one)	and mann	er stated.			, opo., ao				0110 000 10		
8 \ 2		29b. Signature and title of cartifier	0 000				nse number			29d. Date sign	-		
)		ayew/many	K,M.D.			Print) noverp	3348	2		Mayz	8,10	796	
	1	30. Name and address of person who	completed caus	e of death (Item	23a) (Type,	Print)		^			1		
		Saper Anano	L, M.D.	7343 A	Hai	nover R	nkway	Gi	reenbel	+, Md	- 207	770.	
State		31. Dete filed (Month, Day, Year)	(1 432. R	gistrar oSignat	ure								
Registrar		MAY 2 9 1996	THE WAY	ARL AND A	E4								

DIVISION OF VITAL RECORDS, P.O. BOX 68760 BALTIMORE, MARYLAND 21215-0020	SALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed written as their death. Page 6 may be retained by the hospital or attending physician.	death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Death of Health and Merital Horizon price to hurial command.	is funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
IMPORTANT: If Item 28 is marked, or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	examiner must be notified at once.
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	TO BE COMPLETED BY FUNERAL DIRECTOR

	1 - STATE REGISTRAR	STATE OF MARYLANI	D / DEPARTA CERTIFIC			MENTAL HYGIEI		
	1. DECEDENT'S NAME (First, Middle, Last) MER		RKER			2. DATE OF DEATH MONTH	-6 199	ar 459 Am
	548-26-5153	1 ØM 2 □ F 75	YRS. MO	UNDER 1 YEAR NTHS DAYS		7. DATE OF BIRTH (Month, Day, Year) NOV • 6 , 1 9		BIRTHPLACE (State or Foreign Country) I OWA
стоя	9a. FACILITY NAME (If not institution, give stree  NATIONAL LUT  RESIDENCE OF DECEDENT		98		VILLE	ATH	MONT(	GOMERY CO.
DIREC	10a. STATE 10b. COUNTY	ISE-MARICOP		OWN OR LOCAT	PRISE			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 12215-WEST	BELL ROAD	•	101.	ZIP CODE 8537	4		OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES WW 1 1	□ NO	If yea, spi	ENDENT OF HISPAN lefty Cuban, Maxican 2 NO Specify	IC ORIGIN? (Specify Yen, Puerto Rican, atc.)		RACE — American Indian, Black, White, atc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUCA' (Specify only highest grade co Elementary/Secondary (0-12)	TION 16a (1-4 or 5+)	Give kind of work	done during mostired.)	st of working	166. KIND OF BU		RY
BE CON	17. FATHER'S NAME (First, Middle, Lest)  ARTHUR R.	PARKER				ME (First, Middle, Maider DYS HOLO		
10	19a. INFORMANT'S NAME (Type/Print) MRS.LAURA PARK		9823-	VEIRS	DRIVE	, ROCKVII	vn, State, Zip Cod LE, MD	20850 #3
	20a. METHOD OF DISPOSITION 1	MET	ROPOLI	TAN CI	REMATOR	$Y_{-5/27-A}$	LEXANI	
(C. 17)	· Whi Ayo	Dry		HYS0	DNG CO. D- N ST	, INC. REET, N.W	., WAS	SH.,DC
	23. PART i. Enter the diseases of corshock, or heart failure. List iMMEDIATE CAUSE (Final disease or condition resulting in death)	mplications that caused the	ine.	anter the mod	lan c	as cardiec or resp	Pent	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON DUE TO (OR AS A CON VIOSEE)	NSEOUENCE OF):	reco	Live h	seular de	slike	years years 5 weeks
AL.	PART II. Other significent conditions	contributing to deeth but n	ot resulting in t	he underlying	cause given in i	Part I. 24s. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIE	BUTE TO CAUSE OF D	EATH YES	Ø NO □	UNCERTAIN	~	70	OF DEATH?  1 YES 2 NO
SICIA		26. P 1OSPITAL:    Inpetiant 2   ER/Outpetian		THER:	5 Residence	B Other (Specify)	-0	
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	F 26c. INJU	IRY AT	28d. DESCRIBE HOW	INJURY OCCURE	D
	3 Suictde 8 Could not be 4 Homicide determined	26a. PLACE OF INJURY — A building, atc. (Specify)	t home, farm, stree	t, factory, office		281. LOCATION (Street City or Town, State	and Number or Ri	ural Route Number,
COMPLET		N: To the best of my knowledge On the beels of examination and						ree(s) and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	W. Ka	rest,	)	29c LICENSE NUM	BER 726	29d, DATE SIG	NED (Month, Day, Year) 4 26, 1996
	DR • CHARLES K.  31. DATE FILED (Month, Day, Year)	ARESH- 9701	- VEIR		ROCKV	ILLE,MD.	20850	
	31. DATE PILED (MONTH, Day, 16ar)	32. REGISTRAR'S SIGNATUR	TE.					



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

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-9	b		- /	-1		1
J	V				0	-

	1. Dec	cedent's Nama (First, Middla, Las	")		tificate of		2. Data of De	Reg. No.		3. Tima of Death
Physician	G	ERALDINE M.	QUINN -COMPTO	N			Month May	Dev	Yaar 196	1:50 p
/Medical Examinér	4a. Fa	cility Nema (If not institution, giva				4b. City, Town, o	Location of Deat			P
ZAGIIIII	La	arkin Chase Nur	sing Center			Bowie		Princ	e Geon	rge's
Funeral	5. Soc	lei Security Number 6. Sa		last birthday)	If Under 1 Year Months Days	if Under 24 Hr Hours Mir			,	ce (Stata or Foreign
Director	-	J3-U1-65UZ	DM 2⊠F 88	Yrs.	INOTATIS Days	Tiours	May 5,	1908		ylvania
8		Rasidance of Decedant	10c Cit	by Town or Lo	cation				100	d. insida City Limits
sho adan										
a or 28a-f show the notified at Director	-				10g. Citizen of	What Country	2			
D Be	1	0e. Street end Number  1909 Rose Place  1. Meritel Stetus  1 □ Nevar Married  2 □ Married  1 □ Yas 2 ☒ No  1 □ Yas 2 ☒ No  1 □ Yas 2 ☒ No  1 □ Yas 2 ☒ No  1 □ Yas 2 ☒ No  1 □ Yas 2 ☒ No  1 □ Yas 2 ☒ No  1 □ Yas 2 ☒ No						U.S.A.	villar oodilar	, ,
r items 23s inner must Funeral			12. Wes Decedant Evar In U	I,S. 13. )		lispanic Origin? (	Spacify Yas or No		ce - Amarican	ı Indian,
at", or items 23s or 28e-f show Examiner, must be notified at by Funeral Director			Armed Forces? 1 ☐ Yas 2 ☒ No If Yes, Giva Yaer or Detes:				rto Rican, atc.)	Specif.	ck, White, ato	
	<u> </u>	15. Decedant's Education (Specify only highast grada complated)  16a. Decedant's Usual Occupat (Give kind of work dona du life. DO NOT use patient)					7.634	16b. Kind of B	usiness/indu	stry
plet	Flar	(Specify only highast grad mentary/Secondary (0-12)	complated)  College (1-4or 5+)			during most of wo d)		16b. Kind of Business/Industry		
att the	Liai	nontary/occordary (0-12)	4	Schoo	1 Teache	r		St. Be	rnard'	s School
tal Hygiene. d other then "nature event, the Medical. Be Completed	17. Fe	ther's Nama (First, Middla, Last)				18. Mothar's Na	ama (First, Middla	, Maiden Sumar	ne)	
To I	Pa	atrick J. Swift				Zita C	oons			
Department of Health and Mental Hypione. Important: If item 27 is marked other than any injury or other traumetic event, the Meanice.  To Be Comp		nformant's Name/Ralationship (T)			g Addrass (Street					
m 27 her b	-	rank Quinn - So		-	Rose Plac	ce, Uppe			*	
2 = 2		lathod of DispositIon		camatary, cran	sition (Nama of patory or other plac	ce)	Data	20c. Location	- City or Towr	n, State
tant	-	□ Donation 5 □ Othar (Specify)	N LIL		ery Cemet		/30/96	Mayfie	ld, PA	
Departin Importa any inju	21. 5	printure of Funarai Service Licens	ea	22 H	Nama and Addra	asch's	Sons Fund	eral Hom	ne. P.A	Α.
0200		Lottellean	Ment		739 Balt	imore Av	enue, Hy	yattsvil	le, MI	20781
	23a. I	Part1. Enter the dilaasa, or complete hock, or heart latera. List only o	ications that cause the daat na cause on each line	th. Do not ant	ar tha moda of dylr	ng, such as cardle	ac or raspiratory a	rrast,	A Ir	oproximate ntarval Between
ysician Medical		dieta Causa (Final		^						Onsat and Death
aminer	disae	diate Causa (Final sa or condition ing in daath)	COM	H					>	S-day
<u>ة</u>			CT Dua to (c	or as a conseq	uanca of):					1
n and iel-transit Examiner			5/20	16	3 -0.				<b>&gt;</b>	1-WK.
physician and s the buriel-transit	if any,	entially list conditions, laading to Immadiata . Entar UndarlyIng a (Disaase or Injury	Dua to (c	or as a conseq	rance or):					
physicia se the bur edical	that in	mated evants	Due to (o	or es a consequ	uance of):					
00 2										
igned by the attending be detached for use e by Physician/Me			J							
siciliar in the sat	Part il.	Other significant conditions co	ntributing to death but not res	ulting In tha u	darlying cause giv	an in Part I.	23b. Did	tobacco uee co	entribute to ti	he cause of death?
d by the	1	+ unestos	Tipu				10	Yee 2 No	3 Probei	bly 450nknow
by by		1 1 2 3 3 3	3010							/
cate has been si page 2 should Completed							24a. Was	an autopsy ormed?	avalle	a autopsy findings able prior to plation of causa
has b ge 2 s									of de	
cate ha							1 🗆	Yas 2 0	101	Yas 2□ No
Be Be	ax	as casa rafarrad to medical aminar?	Hospital:		Oth		aath (Check only			
을 다	_	Yas 22 No	1 ☐ Inpatiant 2 ☐	ER/Outpetien		4 JONINUISING	Homa 5 Rasi	dence 6 Oth		
After funer	13	Alatural 5 ☐ Panding	(Month, Day Year)	28b. Tima of injury	28c. Injur Wor	k? Yes 2 □ No	200. Dascribe	now injury oocu	160	
offer deeth Director: / I in by the ertificat		Accidant invastigation  ☐ Suicida 6 ☐ Could not be	28e. Plece of injury - At he	ome ferm str		763 2 110	28f Location (	Street and Numi	ber or Rural F	Route Number
within 24 hours after deel To the Funeral Director. completely filled in by the Medical Certifical	4[	Homicide detarmined	building, atc. (Spacif	y)	ot, lectory, office		City or To		oor or rigitary	route rumber,
a lie	29a. C	Certifiar 1 Certifying Physical Certifian	ician: To tha best of my kno	wledga, daath	occurred at the tin	na, data and plac	e, and dua to tha	causa(s) and m.	annar as stat	ed.
Puneral Director: After the pletely filled in by the funeral edical Certification:	(	Check only 2 Medical Exami one)	ner: On the basis of axamina end menor that d	tion and/or Inv	astigation, in my o	plnion, daath occ	urred at the time,	data and place,	and dua to th	na causa(s)
To the Funeral Direct completely filled in by Medical Certifi	29b. S	ignetura end titla of certifier	(D) N	7)	29c. Licens	a number		29d. Date signe	_	ly, Year)
			DIGUE	m	UD-	-345	25	05-	27-	.96.
	30. Na	ma end addrass of parson who co	empleted causa of daath (Item	n 23a) (Tvpe. I	Print)		-			
			4000 Mitchell			18. Row	ie. Marv	land 207	716-310	0.1
		ta filed (Month, Day, Year)	32. Registrar's Signa		Coau TD-Z	DOW.	riary.	Land 20/	10-210	) £

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State Registrar

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Jan Carlotte Andrew Comment of the

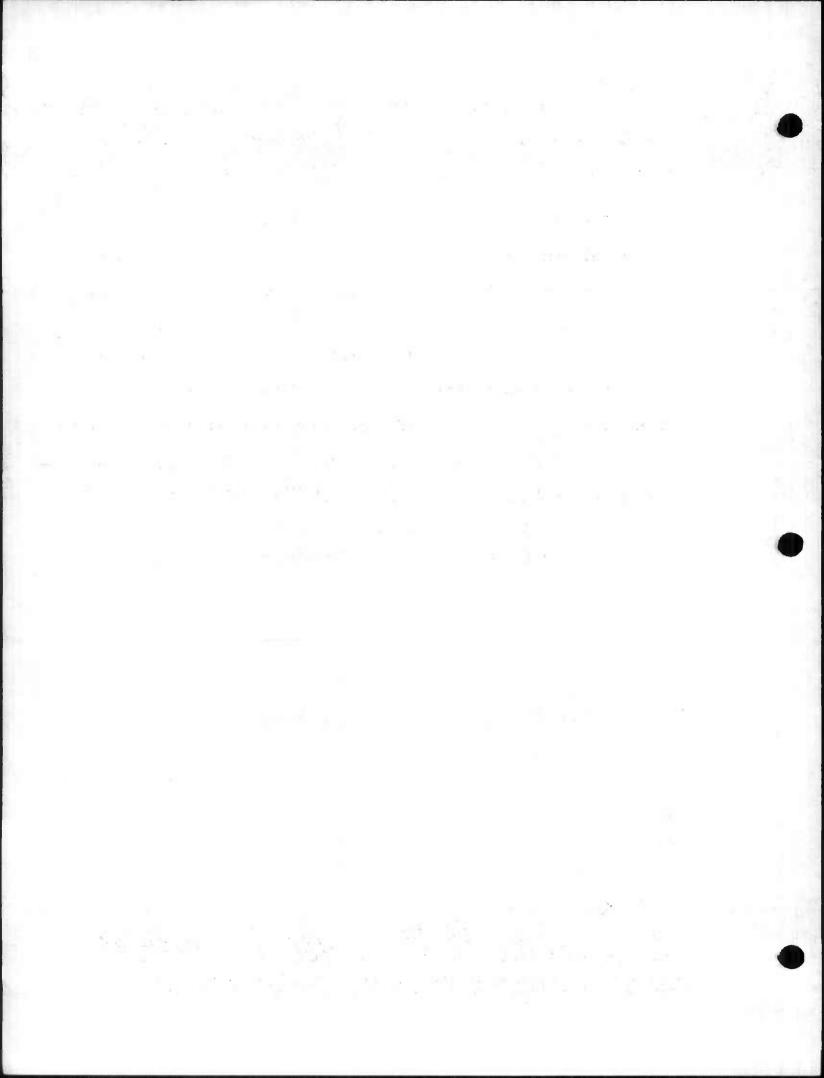
State of Maryland / Department of Health and Mental Hygiene

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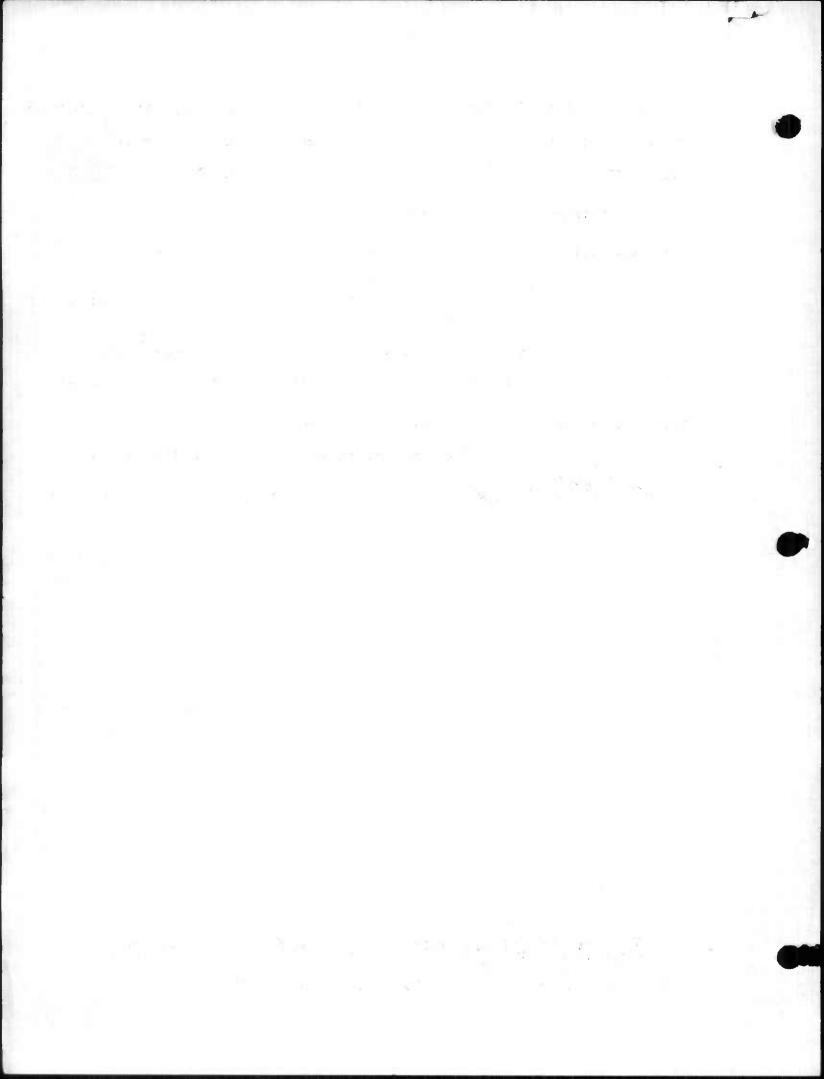
						Cei	tificate of	Death		Reg. No.			
	Physic	ian	1. Decedent's Neme (First, Mid		ED ANG	216 00	_		2. Dete of De Month	eeth Dey	Yeer	3. Tin	ne of Deeth
a.	/Medi		4	HAROLD		:15 KU	t.	d. Oh. T.	MAY		996	0	PM
	Examii	ner	4a. Fecility Neme (If not institute 6101 Bethle	hem Road	mber)			4b. City, Town, or Presto	o n	Ca	nty of Deeth	ne	
	Funeral Director		5. Social Security Number  215 - 26 - 4103  Usuei Residence of Decedent	6. Sex 1 ☑ M 2 ☐ F	7. Age (In yrs.	65 Yrs.	If Under 1 Year Months Deys			rth ey, Year) / 30	9. Birthp Coun Mar		n d
	Mon		10e. Stete 10b. Coun	у	10c. Ci	ity, Town or Lo	cation				1	Od. Insid	le City Limits
	Men	tor	MD Car	oline				Pres	ton			1 🗆	Yes 2 🗆 (No
	or 28	je	10e. Street end Number				10f. Zip Code			10g. Citizen o	f Whet Coun	ntry?	
	th wi	al	6101 Bethl	ehem Road	d			21655		Unit	ed St	ate	S
Maryland 21215-0020	filed within 72 hours efter deeth with the Meryland bygiene. ther than "naturel", or items 23e or 28e-f show int, the Medical Examiner must be incitined at	by Funeral Director	11. Maritei Stetus  1 Never Merried 2 M Ma 3 Widowed 4 Divorce	Armed Fo	2X□XNo /e	'	Wes Decedent of f Yes, specify Cul I ☐ Yes     X☐XNo	Hispenic Origin? (S pan, Mexican, Puer Specify:	Specify Yes or No to Ricen, etc.)		ece - Americ ieck, White, city: W		
2-0	n 72 hours "naturel",	ted	15. Decede	nt's Educetion est grade completed)		16a. Deced	ient's Usuel Occu	pation during most of wo	rkina	16b. Kind of	Buainess/inc	dustry	
21	s within 72 ho liene. r than "netur The Medical	Completed	Elementery/Secondery (0-12)		1-4or 5+)				King				
7	ofiled with If Hygiene. other than		11 17. Fether's Neme (First, Middle	1000		Iruc	k Drive		- Cina Adidah		rucki	ng	
and	of its o	Be c		nan Franc	ic Do	0		18. Mother's Ner			eme)		
Z	STEE	2	19e. Informent'a Neme/Reletion		, 13 NO		ng Address (Stree	t end Number or Ri	Brogl		n State Zin	Code)	
	od 2 lith a 27 le		Esther M. Ro					ehem Ro					5.5
re,	- 7 5 <del>5</del>		20e. Method of Disposition			Plece of Dispo	sition (Neme of netory or other pla		Dete	20c. Location			
E	00-7		1 Buriel 2 Cremetion 4 Donetion 5 Other		Stete		Order C		5/28	Pres	ton	MD	
Baltimore,	pemit. Pag Department Important: If any Injury o		21. Signeture of Funeral Service	e Licensee		22	Name and Addr	ess of Facility					
m	88 5 8		23a. Pert1. Enter the diseese, shock, or heert feilure. Li	· Elson		P	ramptom	-Hawkin	S-LSKO	w Fune	eral	Hom	е
	-		23a. Pert1. Enter the diseese,	or complications that o	eused the dee	th. Do not ent	er the mode of dy	ing, such es cardie	c or respiretory	errest,	210	Approx	imete Between
	Physician		ortoni, or river remark.	T E	TMO	142	IS				1	Onset	and Deeth
	/Medical Examiner		diagese or condition	: 01	ARCI	NOM	A- OF	The	- 211	NG	<	HR	ONIC
	LAGIIIII	_	resulting in death)		Due to (	or es e consec	uence of):			, , ,	1		
	nsit	Examiner		b			1				1		
,	axecu n and ial-tra	Exal	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying		Due to (	or es e conseq	uence of):				i i		
68760,	seth certificate be executed ettending physician and for use as the bunal-transit		that initiated events	C	Due to (r	or es e conseq	neuce of).						
68	ing phy as th	/Medical	resulting in deeth) Last		000 10 (0	n es e conseq	dence orj.				1		
XOX	endir r use			d							i		
Ö.	the death y the etter	sici	Part II. Other significant condit	ions contributing to de	eath but not res	sulting In the u	nderlying cause g	iven in Pert I.	23b. Did	tobacco use	contribute to	the cat	use of death?
s, P.0	that ed b dete	by Physician	ARTERIOSC	LEROTU	CCA	2DIOV	ASCULA	e diceau	(i )	Yes 2□ No	3 □ Prot	bebly	4 Unknow
Records	law requires las been sign s 2 should be	Completed b	MYOCARI	NAL ZI	VFAR	ctro	Ñ			en autopsy omed?	8Vi	ailable p	osy findings rior to of cause
Ě	0 - 0	E O							10	Yes 2 No	10	Yes	20KNO
Viita		Be	25. Wes cese referred to medic exeminer?	el				28. Place of De	eth (Check only	one)			
of <	5 00	은	1 Yes 2 No	Hospitel: 1 🗆 i	npatient 2	ER/Outpatien	1 3 DOA OI	ther: 4 Nursing H	lome 5 Res	idence 6 🗆 C	ther (Specif)	y)	
		ü	27. Menner of Deeth  1 Neturel 5 ☐ Pend	ing 28e. Dete	of Injury th, Dey Year)	28b. Time of Injury	28c. inju		28d. Describe	how Injury occ	urred		
Division	Attending r deeth.  octor: After by the fune	cati	2 Accident Inves	tigation				]Yes 2□No		(0)			
<u>&gt;</u>	E Dift of	ertification:		mined 289. Piece	of Injury - At h ng, etc. (Specia		eet, fectory, office			(Street and Nur wn, Stete)	n <i>ber</i> o <i>r Hura</i>	/ Houte	Number,
	Hospital 24 hours Funerel I tely filled	O	29e. Cartifier	ng Physician: To the	hest of my kno	wledge deeth	occurred at the t	ime date and place	and due to the	causa(a) and	mannar as el	heter	
	• Hos 24 h • Fur letely	edical		i Examiner: On the be	esis of examine	etion end/or Inv	estigetion, in my	oplnion, deeth occu	irred et the time,	date end plec	e, end due to	the ceu	ise(s)
	To the Hospital or Attend within 24 hours after deet To the Funerel Director: completely filled in by the	Me	29b. Signeture and title of certific		(X)	Del Ver	29c. Licen	se number	1	29d. Daye sign	ned (Month,	Dey, Ye	ar)
			KUR DEMA	Leu MA	N	THE	DI	466	+	5/2	9196	5	
			30. Name and address of person	who completed ceus	e of death (Iter	n 23e) (Type,	Rrint)	1		1			- 12
			CFTBO	ENI MIN	DM. R	nv 6	901	FAITAL	IMI	716	29		

State Registrar 31. Dete filed (Month, Dey, Year)



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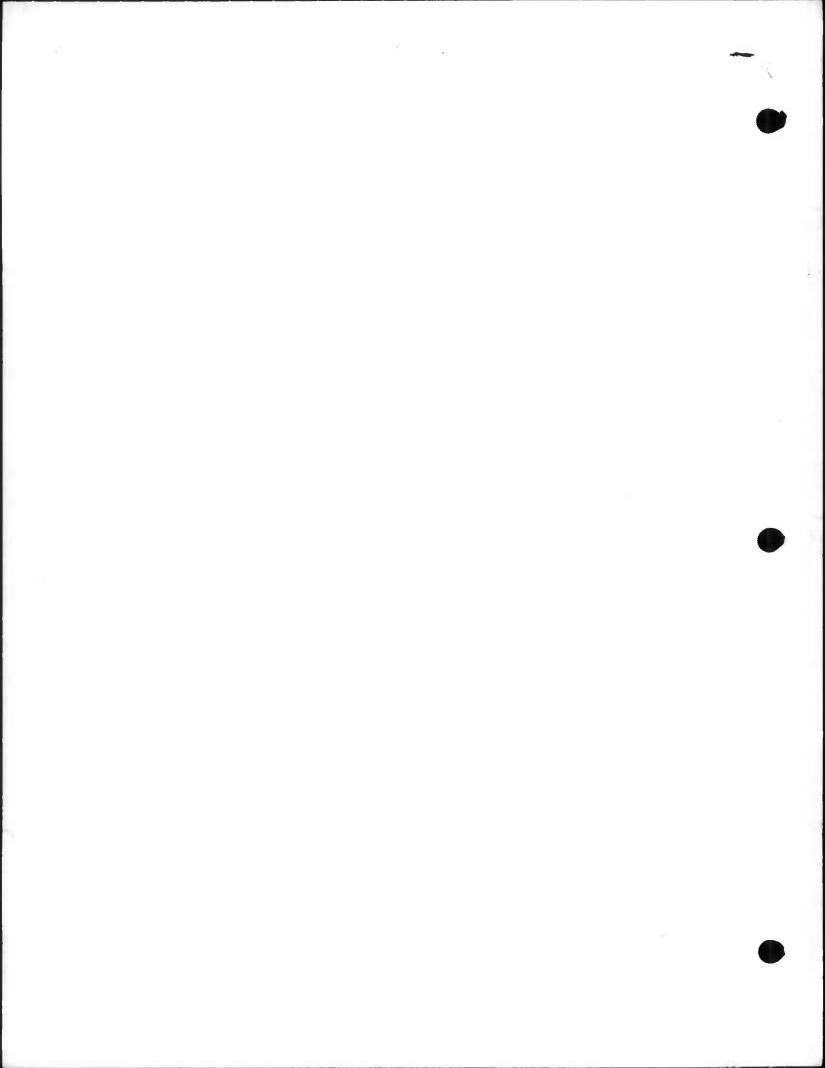
				State of Maryland	Certificate of	lealth and Mental  Death	Reg. No.	6 17734
Е	Dhuaia		1. Decedant's Nama (First, Middle, Last)			2. Dete d		3. Time of Deeth
	Physic /Medi		Gerald Heler	y Ainslie	Robinson	May		96 10:00am
	Exami		4e. Fecility Nema (If not institution, give st	reet and number)	100	4b. City, Town, or Location of I	Deeth 4c. County	of Deeth
			5851 Cari Road			Huntingtown	Calv	ert
	Funeral		5. Social Security Number 6. Sax	7. Age (In yrs. last VI 2□ F 71	Months Days	If Under 24 Hrs. 8. Deta of Month	of Birth	Birthplece (Steta or Foreign Country)
	Director		5/8 22 013/	W 2□F 71	Yrs.	April	21, 1925	Country) NY
	pur *		Usual Rasidence of Decedent  10a. Stata  10b. County	10c Clv T	own or Location			10d. Inside City Limits
	Maryla ef aho	tor	MD Calvert		ingtown			1 🗆 Yes 2 🗀 No
	r 28	irec	10e. Street and Number		10f. Zip Coda		10g. Citizen of V	Whet Country?
	23a o	ral D	5851 Cari Road		20639		USA	
020	iges 1 and 2 should be filed within 72 hours after death with the Maryland nt of Heelth and Mental Hygiene.  If filem 27 is marked other than "natural", or itema 23a or 28a-f ahow or other traumatic event, the Medical Examination must be notified at	by Funeral Director	11. Marital Stetus  1 Never Married 2 Merried  3 Widowed 4 Divorced	. Was Decedant Ever in U,S. Armed Forces? IM Yes 2 □ No If Yes, Give Yaar or Dates:	13. Was Decedent of Hit Yas, specify Cub. 1 □ Yas 2 No	lispanic Origin? (Specify Yes of an, Mexican, Puerto Rican, atc Specify:		e - Amarican Indian, ck, White, etc.
0	2 hox	2	15. Decedent's Educa	tion 1	6a. Decedent's Usuel Occup	pation	16b. Kind of Bu	usiness/industry
Maryland 21215-0020	se filed within 7: al Hygiene. f other than "n went, the Medi	Completed	(Specify only highest greda ( Elementary/Secondery (0-12)	Completed)  Collega (1-4or 5+) 2	(Give kind of work dona life. DO NOT usa retired Supervisor	during most of working d)	Te:	lephone ications
b	il Hygid other	Bec	17. Fethar's Nama (First, Middle, Last)	D 1.		18. Mother's Neme (First, Mi	ddia, Maiden Sumam	10)
ylar	should be nd Mental marked o	ToE	Helery	Robinson		Jean Mu	riel	Ainslie
Mar	2 sho		19a, Intormant's Neme/Retetionship (Type	· · ·		end Number or Rural Route N	umber, City or Town,	Stata, Zip Code)
	Heelth Heelth om 27		Yvonne M. Robinson		same as 10 a			0) = 7 = 0
Baltimore,	Pages ment of H ant: If its ury or of		20e. Method of Disposition  1	noval from State Mary	etary, crematory or other ple Land Veterans	Cem. 5-31-9	6 Chelten	city or Town, Stete nam, MD
Ball	permit. Pages Department of Important: If i any injury or once.		21. Signature of Funeral Service Licenses	Phi	22. Name end Addra	ss of Facility Funeral Home	, P.A.,	Owings, MD
			25a Parti. Enter the disease, or complice shock, or heart failure. List only one	itions that caused the deeth. I	Do not enter the mode of dyli	ng, such es cardiec or respiret	ory errest,	Approximeta Intarval Between
S	Physician		onosit, or mount famore. East only one	f				Onset and Deeth
п	/Medical Examiner		Immediate Cause (Final disaasa or condition	lungca	nca.			months
	LXammer	-	resulting In death)		s e consequence ot):			
Т	ted nsit	Examiner	_ b.		,			
,	cate be executed physician and the burial-transit	Exar	Sequantially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or trijury that initiated events	Due to (or es	a consequence of):			
38760,	sicia sicia	dicai	Cause (Disease or trijury thet Initiated events	Due to (or es	e consequence ot):			i
W	that the death certificate be executed of by the attending physician and deteched for use es the burial-transit	Physician/Medi	resulting In death) Last	550 10 (61 00				
Box	death d for u	iciai	Part II. Other significant conditions contri	buting to death but not resulting	or in the underlying cause of	ren in Pert I 23h	Did tobacco use cor	ntributs to the cause of death?
0		hys	^		ng in the andenying eaces gr		1 ☐ Yes 2 ☐ No	The second second
S, P	es tha igned be del	by F	Brain neta	Tases				
Records,	requires that tha been signed by th should be detach	De le					Wes en autopsy performed?	24b. Were autopsy tindings aveilable prior to
ecc	2 S	Completed						complation of causa of death?
<b>E</b>	The law ate has b	on					1□ Yes 2 12 No	1□ Yas 2□No
ita		Be (	25. Wes case reterred to medical examiner?			26. Plece of Deeth (Check of	only one)	
	2 00	To T	1 Yes 2 No Ho	spitel: 1 ☐ Inpatient 2 ☐ ER	Outpatient 3□ DOA Oth	er: 4□ Nursing Home 5 🚁	Residance 8 □Oth	ar (Specify)
Division of Vital	Attending Physical Attention of the funeral by the funeral		27. Menner of Death  1 ☑Neturel 5 ☐ Pending 2 ☐ Accident Investigation	28e. Dete of Injury (Month, Dey Year)	b. Time of 28c. Injury World 1	y at 28d. Dasc k? Yes 2 □ No	ribe how Injury occur	red
Divis	or Attendi efter deeth Director: A d in by the f	Certification:	3 ☐ Sulcida 6 ☐ Could not be datamined	28e. Plece of Injury - At home building, etc. (Specify)	, term, street, tectory, office	28f. Locat City o	ion (Street and Numb r Town, Steta)	er or Rural Route Number,
	To the Hospital or Attending I within 24 hours ether deeth.  To the Funeral Director: After completely filled in by the funer	edical C	29e. Certifiar (Check only one)	lan: To the best of my knowler: On the basis of examinetion and menner steted.	dge, deeth occurred at tha tir end/or Investigation, in my o	na, data and plece, and due to plnion, deeth occurred et the t	the cause(s) end ma ime, dete end ptece,	anner as steted. and dua to the causa(s)
	10 within comp	Me	29b. Signatura and title of certificy	Chlan n	29c. Licens 10 /	e number 6823		d (Month, Day, Year)
7	I VA		30. Nema and eddress of person who com	pleted causa deeth (Item 23	1		0-6	5 16
			Robert Schlager, M		Prince Frede	rick, MD 2067	78	
	Sta Registr		31. Data filed (Month, Day, Year)  MAY 3 0 1996	32. Registrar's Signeture	Rardall			



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	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- hours after death. Page 6	COMI DIDECTION After this newfiltering has been sineard by the offending planting and commissions filled to be decreased attention
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	SPITAL	LEDAL

	1. DECEDENT'S NAME (Firs	6-6611			CERTIF					2. DATE (	OF DEATH		YEAR	3. TIME OF DEATH	
	CLARENCE  4. SOCIAL SECURITY NUM									6	3		96	3:15 pm	
	213 05	5964	5. SEX 1 M 2 F	6. AGE (In )	78. lest birthday)  YRS.	MONTHS D	_	IF UNDER	MIN.	7. DATE O (Month, AUG • -	F BIRTH Day, Year) -3-191	5	Counti	IPLACE (State or Foreign Y) RYLAND	
Œ	McCREADY			TAT		96. CITY, TO			ION OF DE	ATH			NTY OF D		
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COMPLET	Elementary/Secondary (	(0-12)	College (1-4 or 5	'	PART - (	e retired.)				PT	.UMBTN	G and	d HE	ATING	
Ö	17. FATHER'S NAME (First, I	Middle, Last)					T	15. MOT	HER'S NA	PLUMBING and HEATING  AME (First, Middle, Melden Surname)					
TO BE C	CLARENCE E		JULIA NEWMAN WALLER												
	196. INFORMANT'S NAME (Type/Print)  19b. MAILINO ADDRESS (Street end N									Street and Number or Rural Floute Number, City or Town, State, Zip Code)					
<b> -</b>	PAULINE RO		N		328 W	INTER	QUA	RTE	RS D	RIVE,	IVE, POCOMOKE CITY,MD. 21851				
	20a. METHOD OF DISPOSITION  1 X Burlet 2 Crampetton 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of carried procedure)  20b. PLACE AND DATE OF DISPOSITION (Name of carried procedure)  20c. LOCATION — City or Town, State  2														
			ENSEE	9 31	MAKI						POCO	MUKE			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  MD.  BOUNDS FUNERAL HOME, 705 E. MAIN ST.  23. PART I. Enter the diseases, or complications that caused the death, Do not enter the mode of dying, such as cerdiac or respiratory arrest.														
	immediate Cause (Finel disease or condition  RENAL FAILURE											Onset and Dea			
_			DUE TO	(OR AS A CO	ONSEQUENCE OF	ŋ:								(14) 6	
O	Sequentially list condi-	tions,	b. SEP DUE TO	(OR AS A CO	NSEQUENCE OF	F):								Tage	
CAT	if any, leading to imme cause. Enter UNDERLY	ING	a Myc				TIDI	N							
Œ	that initiated events resulting in death) LAS		DUE TO	(OR AS A CO	INSEQUENCE OF	7):									
H	DADT II Other circlifford conditions and the conditions and the conditions are conditional and the conditions are conditional and conditions are conditional and conditional a												24b.	WERE AUTOPSY FINDING	
AL CERTIFICATION	PART II. Other signification	ent condition	e contributing to	dostii but											
EDICAL C	PART II. Other significa	ent condition	e contributing to	- dostri but								-		OF DEATH?	
: MEDICAL C	PART II. Other signification							UNC	ERTAIN	_		-			
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SICIAN: MEDICAL C	DID TOBACCO L  25. WAS CASE REFERRED 1 EXAMINER? 1 YES 2 NO	JSE CONTI	RIBUTE TO CA	LUSE OF I	DEATH YE	S NC  N (Check only  OTHER: 4   Nursing	one)				1  YE\$ 2	-		OF DEATH?	
PHYSICIAN: MEDICAL C	DID TOBACCO L  25. WAS CASE REFERRED TEXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  Will Netural 5	JSE CONTI	RIBUTE TO CA	26.  ER/Outpatle	PLACE OF DEAT	OTHER: 4   Nursing	one)	5 Re	eddence	N ⊠	1  YE\$ 2	ы но	CUREO	OF DEATH?	
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OMPLETED BY PHYSICIAN: MEDICAL C	DID TOBACCO L  25. WAS CASE REFERRED TO EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  W Natural 5 Accident 3 Suicide 8 A Homicide  29e. CERTIFIER (Check only)	Pending Investigation Could not be determined	RIBUTE TO CA  HOSPITAL: 150 Inpetient 2 2  280 DATE (Month, D  280 PLACE Obuilding, D  CIAN: To the best of	26.  ER/Outpetle INJURY — stc. (Specify)  my knowledg	DEATH YE PLACE OF DEAT  ont 3 DOA  28b. TIMI INJ  At home, farm, s	OTHER: 4   Nursing E OF 28 URY M 1 dreet, factory,	one) Home c. INJUR WORK VES	S Rearry AT (? S 2 C	NO No	5 Other 28d. OESC City of	1 YES 2 (Specify) RIBE HOW IF	NO NJURY OCI	or Rural F	OF DEATH?  1 YES 2 NO	
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JUN. 0 4 1996



State of Maryland / Department of Health and Mental Hygiene

					(	Certificate of	Death	R	eg. No.	
	Phone		1. Decedent's Nama (First, Middle, Last	יי				2. Data of Dea Month		3. Time of Death
	Physic /Medi		MARGARET 7.	RO	BERSC	N		May	30,1996	3:PM
	Exami		4a. Facility Nema (If not institution, giva				4b. City, Town, or	Location of Death	4c. County of De	ath
1			Salisbury Center; 5. Social Sacurity Number 6. Se				Salisbur	y Md 8. Date of Birth	Wicomic	
	Funeral Director			M 20 F 84	Yn	Mooths Day			Year) 1911 V	irthplaca (Stata or Foraign Country)
	e Maryland	ctor	10a. Stata 10b. County Accomac			r Location teague				10d. Insida City Limits 1 Yas 2 □ No
	th with the 23s or 28	al Director	10e. Street and Number 6470 Davis Stree	t		10f. Zip Code 23336	•	1	Og. Citizan of What C	Country?
21215-0020	72 hours after death with the Maryland naturel; or items 23a or 28=f show dical Examiner must be notified at	by Funeral	11. Maritei Stetus  1 □ Nevar Married 2 □ Married  3 ☑ Widowed 4 □ Divorced	12. Was Decedant Evar in Armed Forces?  1  Yas 2 No If Yas, Give Yaar or Datas:	J,S.	13. Wes Decedent of If Yas, specify Cu 1 ☐ Yas 2 ☑ No	ban, Mexican, Puer	Specify Yas or No- to Rican, etc.)	Bieck, Wh	nerican Indian, lita, atc. Vhite
5-0	n 72 hours "naturel",	eted	15. Decedant's Edu (Specify only highest grad	ication le completed)	/(	ecedent's Usuai Occi	a during most of wa	rking	16b. Kind of Businas	s/Industry
121		Completed	Elemantary/Secondery (0-12)	Coliaga (1-4or 5+)	0	fa. DO NOT use ratio	ed)		Quality (	Taund .
	be filed withintel Hygiene. d other than		17. Fathar's Name (First, Middla, Last)	2	DOC	kkeeper	18. Mothar's Ne	ma (First, Middla,		jource
lan	should be filed nd Mentel Hygi marked other imatic event, it	To Be	John Blunt To	horpe			Rosal	ie Bent	on	
Maryland	2 should end Men is marke sumatic		19a. Informant's Name/Raiationship (T)	vpe, Print)	19b. N	Mailing Addrass (Street	et and Number or R	ural Routa Numbe	, City or Town, State	, Zip Coda)
				phter	619	10 Taylor	Street (	hincotea	que, Vira	inia 23336 or Town, Stata
Baltimore,	00-		20e. Mathod of Disposition  1 ■ Bunai 2 □ Crametion 3 □ F	Samoval from Stata	Plece of D camatary,	isposition (Nama of cramatory or other p	aca)			
tim	tment tant:		4 ☐ Donation 5 ☐ Othar (Spacify)		aisey	(emetery			(hinco teag	pue, Virginia
Bal	permit. Pag Department Important: I any Injury o		21. Signeture of Funarai Sarvice Licans	lyabarda &	ailey	23 Name and Ade Chinco te	lineral Ho ague, Vin	me Iginia 23	336	
			23a. Pert1. Entar tha disaasa, or compl shock, or haart failura. List only of	ications thet caused the dec	th. Defici	antar tha moda of dy	ring, such as cardie	c or respiretory arr	est,	Approximete interval Batween
þ	Physician /Medical Examiner			a. Meth SV Dua to						Onset end Deeth
Н	LAGITIME	16	rasulting in daath)	Dua to	or as a co	rsequance of):	00'			7 16600
	uted J ansit	Examiner		0.		nsequenca of):	HIEV	may		3-4 mos
o,	death certificate be executed e ettending physiclan and ed for use as the buriel-transit		Sequentially list conditions, if any, leading to immadiata cause. Entar Undarlying Cause (Disaasa or injury	Due to	OI 85 8 COI	isequenca or).				
68760,	cate be ex physiclan s the burie	edical	Cause (Disaasa or injury that initiated events rasulting in daath) Last	Due to (	or es e cor	saquance of):				
34	n certifica anding pl use es t	2		4						
Bo	eath ce ettendi	ian								
P.O.	by th	Physician/	Part ii. Other eignificant conditions con		-		ivan in Part I.		obacco use contribu es 2□ No 3□	Probably 4 Unknown
ds,	signed be de	d by		ur Fr		6		24e. Wes a	n autonou 24t	. Wara autopsy findings
ecords,	v require been si should I	Completed	Cr	(1- , M	201	13		perfor		aveilable prior to completion of cause
Œ	0 5 0	d L						40.4	as 2UNo	of death?
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n of	ng Ph ter th neral		27. Mannar of Death 1 SNatural 5 Pending	28a. Data of Injury (Month, Day Year)	28b. Tim Inju		ury at ork?	28d. Dascriba h	ow injury occurred	
Sio	eath. or: Al	catio	2 Accidant invastigation 3 Suicide 6 Could not ba				☐ Yas 2☐ No			
Division	or Attending Performent of the Control of the Contr	Certification:	4 Homicide detarmined	28e. Piace of injury - At l building, etc. (Spec	noma, farm	, straat, factory, office		28f. Location (S City or Tow	treet and Number or . n, Stata)	Rural Routa Number,
_	ours cours derail (		29e. Cartifiar 121 Certifying Phys	elclan: To tha bast of my kn	owiedge d	eeth occurred at the	time data and place	and due to the c	euse(s) and menner	hateta a
	To the Hospital or Attending P within 24 hours effer death.  To the Funeral Director: After the completely filled in by the funers	edical	(Check only 2 Madical Examinations)	ner: On the basis of examin and menner stetad.	ation and/o	or invastigation, in my	opinion, deeth occi	urred at the time, d	ate and piece, and d	ue to the ceusa(s)
	To th To th comp	M	29b. Signature end titla of cartifiar			29c. Licar	nsa number	2	9d. Data signed (Mo	
		15	1 Tun	(D)	10	D-39	813		5/30	196
			30. Nama and address of person who co	omplated cause of deeth (Ite	m 23a) (Ty	rpe, Print)				
			DR. MICHAEL ATKINS			DR., SALISE	URY, MD.	21804		
	Sta	ite	31. Dete filed (Month, Day, Year)	32. Registrar's Sign	atura	orlatt				

DHMH 16 Rev 6/95

JUN 0 4 1996 Julia Davidson Randall

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State of Maryland / Department of Health and Mental Hygiene

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Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Dete of Deeth 3. Time of Death Yaar **Physician** 0555 A.M. 23 1996 May John /Medical 4e. Facility Nama (If not institution, giva straat and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Annapolls

If Under 24 Hrs. 8. Data of Birth
(Month, Day, Year)
Feb. 12, 1 Anne Arundel Medical Center Annapolis Anne Arundel 5. Social Sacurity Number 6. Sex 7. Aga (In vrs. lest birthday) Birthpiece (Stete or Foreign
Country) Funeral 1 M 2 F Months Deys 236 03 4233 81 Yrs. 1915 Virginia Director Usual Rasidanca of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-4 show the Medical Examiner must be notified at 1 Yas 2 No Director Maryland Anne Arundel Crofton 10e. Street end Number 10f. Zip Coda 10g. Citizan of What Country? Pages 1 and 2 should be filed within 72 hours after death within and of Hattle Hygiens.

Int: If fem 27 is marked other than "natural; or items 23a or inty or other traumatic event, ire Medical Examine I mail to inty or other traumatic event, ire Medical Examine I mail to 1454 Jordan Ave. 21114 United States Funeral 11 Maritai Status 12. Wes Decedant Evar in U,S. Armed Forcas? Was Dacedent of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Raca - American Indian Black, Whita, atc. M⊠Yes 2 No 1 Never Marriad 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas XX No Specify: Specify: White þ 3 Widowed 4 □ Divorced WWTT Yeer or Dates: Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grade complated) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) College (1-4or 5+) Division Manager NSA U.S. Government 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Grace Athey Raymond Riser 2 19a. informant's Name/Relationship (Type, Print) 19b. Malling Addrass (Streat and Number or Rural Routa Number, City or Town, State, Zip Coda) Charles Riser 7528 Stone Wall Drive Boonsboro Md. 21713 20a. Mathod of Disposition 20b. Pleca of Disposition (Nama of cemetary, cramatory or other place) 20c. Location - City or Town, Steta Data XX Burlal 2 Cramation 3 Ramovai from Steta permit. Paga Department of Important: If any Injury or once. Lakemont Memorial Gardens 5/25/96 4 ☐ Donation 5 ☐ Othar (Specify) Davidsonville Md. 21. Signature of Wunaral Sarvica Licenses 22. Name end Addrass of Facility Robert E. Evans Funeral Home, P.A. Juns 16000 Annapolis Rd. Bowie Md. 20715 23a. Part1. Entar the diseasa, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one ceuse on each line. Approximete interval Between Onsat and Death **Physician** /Medical Immediata Causa (Finel disaasa or condition rasulting in daath) Examiner Examiner The law requires that the death certificate be executed burial-transit Sequantially ilst conditions, if any, laading to Immedieta causa. Entar Undarlying Causa (Disaasa or Injury that Initiated evants rasulting in death) Last physician s tha burial P.O. Box 68760, Physician/Medical sata has been signed by the atta paga 2 should be detached for Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, þ Be Completed 24a. Was an autopsy performed? 24b. Ware autopsy findings available prior to complation of cause of death? cartificata 1 Tas 2 No 1 ☐ Yas 2 ☐ No Division of Vital Hospital or Attending Physician: director, 25. Was casa rafarred to madical examinar? 28. Placa of Death (Check only ona) Hospital: 1 Inpatient Othar: 4 Nursing Homa 5 Residence 6 Othar (Specify) 1 Yas 2 No Certification: To 2 ER/Outpetient 3 DOA this 27. Mannar of Death 28e. Dete of Injury (Month, Day Year) 28c. Injury et Work? 28d. Dascribe how injury occurred 28b. Tima of Aftar 1 Natural 5 Panding Invastigation after death. 1 ☐ Yas 2 ☐ No 2 Accident the 6 Could not be datamined 3 Suicide 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) in by 4 Homicide within 24 hours a To the Funeral C Medical 29a. Cartifiar 1 🗹 Certifying Physician: To tha bast of my knowladga, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar as stated. (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29c. License number causa of daath (Itam 23a) (Type, Print) med (Month, Day, Year) 32. Raoistrar's Signature State 29 Registrar

DHMH 16 Rev 6/95

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State of Maryland / Department of Health and Mental Hygiene 96

						Cei	rtificate of	Death		Reg. No.		
			1. Decedent's Neme (First, Middle, Last,						2. Dete of [		Vees	3. Time of Death
	Physic /Medi		Bryan Keith Robey						Month	21 Dey	1996	4:45 PM
	Exami		4e. Fecility Neme (If not institution, give	street end numbe	r)			4b. City, Tov	vn, or Location of De	eth 4c. Coun	ty of Deeth	
			1505 Carrera Lane					Arnol	-d	Anne	Arund	del .
	Funeral Director		220 02 2300	V	ige (In yrs. la 30	nst birthdey) Yrs.	If Under 1 Yee Months Deys		Min. 8. Dete of E (Month, I Augus 1	Birth Dey, Year) t 22,196	9. Birthi Cour 5 Mar	pieca (Stete or Foreign ntn) 'Yland
	P &		Usuel Residence of Decedent  10a, Stete 10b, County		10c City	, Town or Lo	cation					10d Incide Oh I lette
	Ba-f eho	ctor	Maryland Anne Art	ndel		ofton	Cation	_				10d. Inside City Limits 1 ☐ Yes 2 ☐ No
	23a or 2	Funeral Director	10e. Street and Number 1643 Fendall Court	:			10f. Zip Code 211			10g. Citizen of	Whet Cou	
020	be filed within 72 hours efter death with the Maryland that hygiene. d other than "naturel", or items 23a or 28a-1 show event, the Medical Examiner must be inclined at	by	11. Meritei Status  XՃ Never Merried 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	12. Wes Deceden Armed Forces 1  Yes 22 If Yes, Give Yeer or Detes	? No		Wes Decedent of I Yes, specify Cu 1 ☐ Yes 2 🖾 🛣	ben, Mexican,	in? (Specify Yes or I Puerto Rican, etc.)	No- 14. Re Bi	ace - Ameri eck, White, ify: Wh	
21215-0020	filed within 72 ho Hygiene. ther than "natur ent, the Medical	Completed	15. Decedent's Edu (Specify only highest grade Elementery/Secondary (0-12)	cation completed) College (1-4or	5+)	(Give	dent's Usuel Occu kind of work done DO NOT usa retir ter Spec	e during most ed)		16b. Kind of	Business/In	
0	filed within the than the than the than the than the than the than the the than the the the the the the the the the the		17. Fether's Nama (First, Middle, Last)			Compa	cci bpec	7-	r's Neme (First, Midd			
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7	s 1 and 2 should Health end Men tem 27 is market other treumatic	٢	Kenneth P. Robey  19a. Informant's Neme/Reletionship (Ty	ne Print)		19b Meilir	na Address (Stree		elle Ruth r or Rurel Route Nurr		n State 7i	in Code)
N	and 2 salth or n 27 le		Estelle R. Robey	Mother			Fendal			n Maryl		21114
e,	of Health item 27 in		20e. Method of Disposition	Hother	20b. Pla	ce of Dispo	sition (Neme of		Dete	20c. Location		
no	Peges nent of I nrt: If ite		1 X Burial 2 Cremetion 3 R	emovel from State	9		netory or other pl	·	EV.0 E / 0.6			
Baltimore,	고투루를		4 ☐ Donetion 5 ☐ Other (Specify)  21. Signeture of Funerel Service License	Ma	Kes		tion Cem  2. Neme end Add		5/25/96	Clint	on Ma	ryland
Ba	Depariment important		P. J. at &	6	1				Funeral	Home, P.	Α.	
	Physician /Medical Examiner pus us per per per per per per per per per per	Examiner	Immediate Ceuse (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury	Pul		as a consequence		osi's	Saico	ey Syr	die	1/95 (17m
Box 68760,	eath certificete be executed ettending physician and for use as the burial-transit	an/Medical	Cause (Diseese or Injury that initiated events resulting in deeth) Lest		Due to (or	es e conseq	uence of):					
P.0.	that the ded by the	y Physician	Pert II. Other significant conditions con	tributing to death	but not result	ting In the u	nderlying cause g	iven in Pert L		d tobacco use c	ontribute t	to the cause of death?
Records,	aw requires is been sign 2 should by	Completed by	Cardiomy	opat	hy	1.10 - 1	lands -	·	per	es en autopsy rformed?	80	/ere autopsy findings velleble prior to ompletion of cause deeth?
a	E as ag	- 1	Presumed	MAC	- (//	ycol	bacteri	mAYI	Um Cory	Yes 2 No	11	☐ Yes 2☐ No
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o	ng Phys fter this uneral di	ation: To	1 Yes 2 No  27. Mennar of Deeth 1 Naturel 5 Pending Investigation	1 ☐ Inpat 28e. Dete of In (Month, D	ury 2	R/Outpatler 28b. Time of injury	28c. Inje	4 LI Nur		e how injury occu		ify)
Division	구독등	Certification:	3 Sulcide 6 Could not be determined	28e. Plece of In building, e	njury - At hon tc. (Specify)	ne, ferm, str	eet, fectory, office			(Street end Nun own, Stete)	ber or Run	ral Route Number,
	he Hospital in 24 hours he Funeral I pletely filled	edical	29a. Certifier (Check only one) 1 Certifying Physical Examire	Ician: To the best ear: On the basis end menner s	ol examinatio	iedge, deeth on end/or inv	occurred et the t restigetion, in my	time, dete and opinion, deeti	plece, and due to the h occurred et the time	e cause(s) and n e, dete end place	nenner es s , and due t	stated. to the cause(s)
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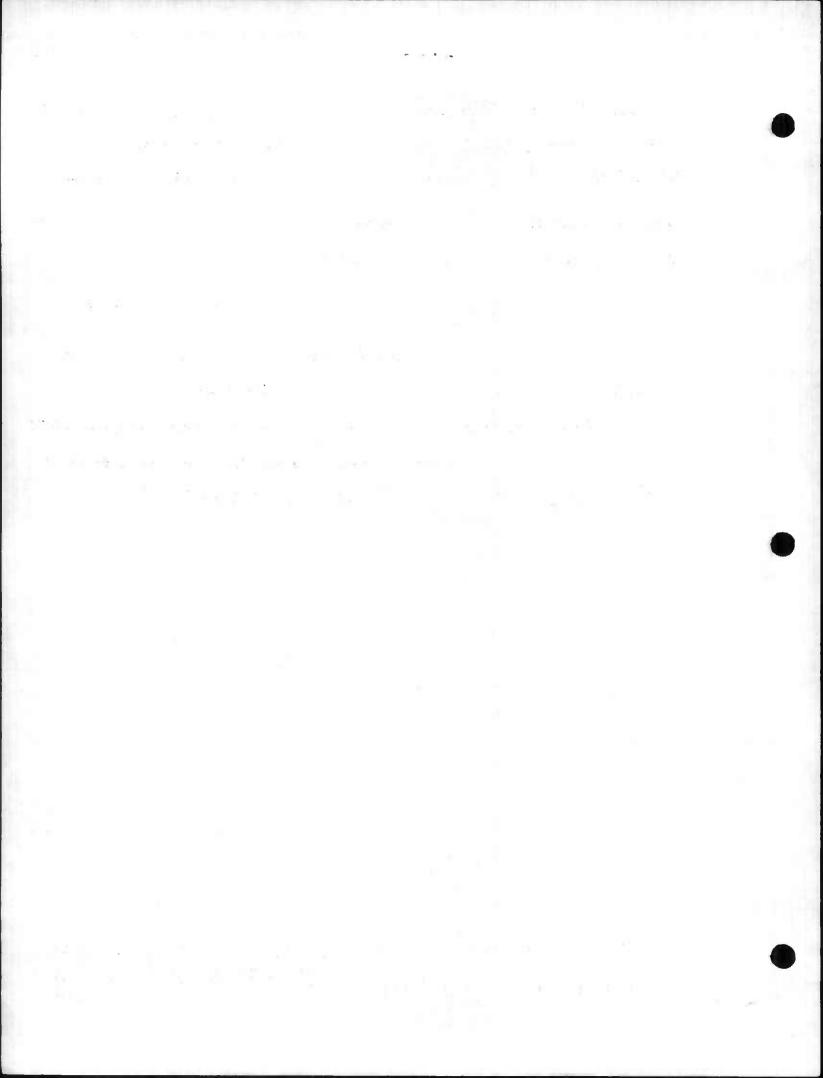
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# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

				State of W		Certificate of			eg. No.	1	1100
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	Physici		1 muis Ch	aples Sc	hantz-			Month	30 199	aar C	0500
	/Medi Examir		4a. Facility Nama (If not institution,				4b. City, Town, or Lo	Y IOM	4c. County of I		
	LAUIIII		Harford Memor	ial Hospita	0		Hanne d	e Grace	Harlo	ad.	
	Funeral				ga (in yrs. last birt	hday) If Under 1 Year	If Undar 24 Hrs.	8. Data of Birth (Month, Day,			e (Stata or Foraign
	Director		219-10-7728 Usual Residence of Dacedant	1,0 M 2 □ F	71	rs. Months Days	Hours Min.	6/2/19	24 (	Couintry)	
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005	hours urel',	d by	3 ☐ Widowed 4 ☐ Divorced	If Yas, Give Yaer or Datas:					Specify: U		
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Ë	artmen ortant: Injury		4 □ Donation 5 □ Othar (Sp			d Memorial			Aberdeen,	Mar	yland
Baltimore,	permit. Pages 1 end Department of Heelth Important: If Item 27 eny Injury or other tu 2002.		21. Signature of Funaral Sarvice L	icensae		22. Neme end Addr	ass of Fecility Cargo Fune Maryland	ral Home	P.A.		
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of Vital	ysician: The	Bec	25. Was cese refarred to medical axaminar?				26. Placa of Deatl	n (Check only on	a)		
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0	ng Pt fter th		27. Mannar of Death  ↓ Netural 5 □ Panding	28a. Date of Inju (Month, Da	ly Young 28b. T	ime of 28c. Inju	iry at ork?	28d. Dascribe ho	w injury occurred		
Sio	endile eath. or: A the fu	cati	2 ☐ Accident investige	ition	D.	M 10	Yas 2□No				
Division	or Attending after death. Director: After d in by the fune	Certification:	3 ☐ Sulcida 6 ☐ Could no 4 ☐ Homicida determin	250. Piece of in	jury - At home, let ic. (Specify)	monet, factory, office	plicable	28f. Location (St. City or Town	reet and Number on, Stata)	or Rural R	outa Number,
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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						C	eniiica	ite of	Death			Reg. N	0.		
Physician /Medical		1. Decedent's Neme (First, Mi		,	Harkin	s Sim	ons				2. Date of D Month May 2	D	<sub>y</sub> 996	Year	3. Time of Death 5:30 P.
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		Hart Heri						2		stre					rford
uneral	1	5. Social Security Number	6. S	ex □M 25xTF	7. Age (In yi	rs. lest birthda	y) If Und Month	er 1 Year s .Days	il Under a	Min.	8. Date of B (Month, L	lirth Dey, Year	)	9. Birthp	iace (Stete or Fore try)
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28a-f show notified at	-1	10a. State 10b. Cou			10c. (	City, Town or								11	0d. Inside City Lim
be notified Director		Maryland 1 10e. Street and Number	Harf	ord		Havre		Tace				10g. C	itizen of V	Whet Coun	
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ury or o		fy Burial 2 ☐ Cremetic 4 ☐ Donetion 5 ☐ Other								ry 5	/29/96	For	est 1	Hill.	Marylan
Important; If itam 27 eny injury or other tr once.		21. Signature of Funeral Servi	ce Licen	9097			22. Name	and Addre	ss of Fecility	/					
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r, page											1□	Yes	No	1□	Yes 2 No
certificate irector, pag 5 Be Co	1	25. Was case relarred to medi examiner? 1 ☐ Yes 2 No	-	Hospitai:				Oth	or:		(Check only		~	NSS	SKM
er this can din	2	1 ☐ Yes 27 No 27. Manper of Death	!	28e. Dete	of injury	☐ ER/Outpati 28b. Time		28c. Injur	y at A	7	me 5 Res 28d. Describe				) CAI
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F	Physic	ion	Decedent's Neme (First, Middle, Last)		2. Dete of Death Month D	3. Time of Death
	/Medi		Frances Dolores Sica		May 2	2 1996 4:21PM
7	Exami	ner	4a. Facility Neme (If not institution, giva street end number)	4b. City, Town, or l	1 6	c. County of Death
ŀ	Formula		5. Sociel Sacurity Number 6. Sax 7. Age (in yrs. last birthday)	Undar 1 Yaar If Under 24 Hrs.	de Grice	Harton State or Forming
L	Funeral Director		220-07-0888 1□ M 2⊠F 74 Yrs. Mc	onths Deys Hours Min.	8. Data of Birth (Month, Day, Year 03-18-192	9. Birthplace (State or Foreign Country) MD
	hend we		10a. Stete 10b. County 10c. City, Town or Locatio	n		10d. Inside City Limits
	Marylen Fied at	tor	MD Harford F	lavre de Grace		1∭2 Yes 2 □ No
	th the	Director	10e. Street end Number	Of. Zip Code	10g. C	Citizen of What Country?
	23a	rai	706 St. James Terrace	21078		USA
21215-0020	s 1 and 2 should be filed within 72 hours effer deeth with the Marylend f Health end Mentel Hygiena. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examiner must be notified.	by Funeral	1 ☐ Never Married 2 🔀 Married 1 ☐ Yes 2 🔀 No	Decedant of Hispanic Origin? (Sis, specify Cuben, Mexican, Puarti Yes 20 No Specify:	pecify Yas or No- o Rican, atc.)	14. Race - American Indien, Bleck, White, atc.  Specify: White
5-0	72 ho	ted	15. Decedent's Education 16a. Decedent's (Specify only highast grada complated) (Give kind	s Usuel Occupation	16b.	Kind of Business/industry
121	within on the state of the stat	Completed	Elementery/Secondary (0-12) Collega (1-4or 5+) life. DO N	of work dona during most of work IOT usa retired)	King	
	filed w Hygier frher th			Homemaker	<b>7</b>	Home
Maryland	d be f	Be c	17. Fether's Nema <i>(First, Middle, Last)</i> <b>Frank</b> Kalata		ne (First, Middle, Meide Othilia Ro	
ary	should be end Mentel a marked o	To		ddress (Street end Number or Ru		•
	1 and 2 Health e					de Grace, MD 21078
ore,			20e. Method of Disposition  20b. Place of Disposition cemetery, cremetor	n (Neme of ry or other plece)	Dete 20c. I	Location - City or Town, State
Baltimore,	permit. Peges Department of I Important: If its any Injury or o once.		4 Donetion 5 Other (Specify)  Bel Air Me		5/25/96 E	Bel Air, Maryland
Ва	Depe Impo		Mite	chell-Smith Fur vre de Grace, N	neral Home, MD 21078-	P.A. 3197
		10	23a. Part1. Enter the diseasa, or complications that caused the death. Do not anter the shock, or heart fellure. List only one ceuse on each line.	e mode of dying, such es cardiec	or respiretory errest,	Approximete Interval Batween
	Physician /Medical		Immediata Cause (Finei			Onset and Death
1	Examiner		disasse or condition resulting In daeth) a			weeks
		ě	Due to (or as a consequance	:e of):		1.100/-0
	icate be asscuted physician and s the burial-transit	Examiner	b. Renal factors  Sequentially list conditions.  Due to (gras a consequence)	e of:		weeks
0,	ifficate be axecuted g physician and as the burial-transit		Sequentially list conditions, if any, leading to Immediate cause. Einter Underlying Cause (Disease or Injury that Initiated events  Due to (vas a consequency cause. Einter Underlying Cause (Disease or Injury that Initiated events  Due to (or es a consequency cause)			weeks
68760,	hysic the b	edical	resulting in death) Last			
Box 6	5 0 6		d cerebose he	montage/	Strike	months
	death	Physician/N	Pert II. Other significant conditions contributing to death but not resulting in the under-	ying cause given in Pert I.	23b. Did tobacc	to use contribute to the cause of death?
P.0	at the	Phy	huber tens		1 □ Yes	2 No 3 Probably 4 Unknown
	es the	þ	hypertens			
of Vital Records,	The law requires that the death cer ate has been signed by the attendir paga 2 should be detached for use	Completed			24e. Wes en eut performed?	
Ä	The I	E O			1 ☐ Yas	2.12 No 1 □ Yes 2.12 No
/ita		Be	25. Wes casa referred to medical examiner?		eth (Check only ona)	
of V	physic this ce al dire	P	1 ☐ Yes 2 ☑ No Hospital: 1 ☑ Inpatient 2 ☐ ER/Outpetient 3		lome 5 Residence	
ion	Ter Ter	ation:	27. Menner of Death  1. Neturel 5 Pending 2 Accident Investigation  28e. Dete of Injury (Month, Dey Year)  28b. Time of Injury Injury	28c. Injury at Work? 1 Yas 2 No	28d. Describe how Inj	ury occurred
Division	Hospital or Attendia 24 hours after death. Funeral Director: A stely filled in by the fu	Certification:	3 ☐ Suicide 4 ☐ Homicida  6 ☐ Could not be determined  28a. Plece of Injury - At home, ferm, street, full building, etc. (Specify)	ectory, office	28f. Location (Street a City or Town, Ste	and Number or Rural Route Number, (http://doi.org/10.1001/10.1
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edicai (	29a. Certifier (Check only one)  12 Certifying Physician: To the best of my knowledge, deeth occurrence of examination and/or investigence of menner steted.	urred et tha tima, date and plece gation, in my opinion, daeth occu	, end due to tha causa( rred et the time, deta er	s) and menner as steted. nd plece, and dua to the ceuse(s)
	To the within 2 To the complet	Me	29b. Signature end title of certifiar MIRZA A-BACG	29c. License number		Pete signed (Month, Day, Year)
			1/329 11/1/2011 11 13/116	D 43115	5	5-23-96
			30. Name and address of person who completed causa of death (Itam 23a) (Type, Print)	)		
			622 South Union AVENUE	HAVRE DE	GRACE, M	13. 21078
	Sta Registr		31. Data flied (Month, Day, Year)  MAY 24 1996  32. Registrer's Signature Randoll	l		
			111111 1000			

State of Maryland / Department of Health and Mental Hygiene 96

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Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.    152 year							Cert	tificate of	Death			Reg. No.			
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Bearing Secretary (Secretary	r 28a	Je C	10e. Street and Number				10f. Zip Code				10g. Citizan of \	What Coun	itry?		
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20. Beautifully followed by Committee of Com	ā	A) 00 W AL				1!	9b. Mailing	Addrass (Street	and Numb	er or Rura	Routa Numb	er, City or Town,	State, Zip	Code)	
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Physician (Modical Examiner)    Professional Companies of the Companies of		-	Robert H. Bradshaw, Jr. 306 W. Main St Crisfield, MD 23a. Parl Enter the disease, or complications that ceused in death. Do not anter the mode of dying, such as cerdiac or respiratory errest, shock or heart failure. List only one cause on each limit.										21817	Approximata	
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State   Stat	VITa	certif	8	axaminar?	Hospital:			Ott	ar						
1   Nature   2   Accident   3   Suicida   4   Homloide   28a. Place of Injury - At homa, farm, street, factory, office   28f. Location (Street and Number or Rural Route Number, City or Town, Steta)   29a. Certifiar (Check only one)   29a. Certifiar (Check only one)   29b. Signemus end title of certifier   29c. Licensa number   29c. Licensa number   29d. Date signed (Month, Day, Year)   30. Nama and eddrass of person who complated ceuse of death (Itam 23a) (Typa, Print)   30. Data filled (Month, Dey, Year)   31. Deta filled (Month, Dey, Year)   32. Pagis Par's Signatura	0	this aldi	-		1 punpatiai			3LI DOA	4 LI NI					y)	
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State of Maryland / Department of Health and Mental Hygiene 96

						Cer	tificat	e of	Death	1		Reg. No.		11100
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	Examir		4e. Fecility Neme (If not Institution, gi	ve street and number)					4b. City, To	own, or Le	ocation of Deat	h 4c. Co	unty of Deat	h
			CALVERT MEMORIA								EDERICK		LVERT	
ı	Funeral Director		577-01-1525	Sex 7. Age 1□M 2X F	80	Vrs.	If Under Months	1 Year Deys		24 Hrs. Min.	8. Data of Bit (Month, Di Nov 8,	1915	Co	hpleca (Stata or Foraign unitry) ryland
	pue *		Usual Rasidance of Decedent  10e. Stete 10b. County		10c. City, To	wn or Lo	cation							10d. Inside City Limits
	the Maryt	Director	Maryland Calvert		,,		10f. Zlp		luntin	gtow	'n	40- 04	of What Co	1 ☐ Yes 2 No
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21215-0020	n 72 hours after death with the Maryland "natural", or forms 23a or 28a-f ahow suffeel Examilyer mant be notified at	by Funeral	11. Marital Status  1 □ Naver Married 2 ◯ Married  3 □ Widowed 4 □ Divorced	12. Was Decedant B Armed Forces? 1 Yas 2 N If Yes, Give Yeer or Detes:					Hispanic Or ban, Mexice Specify:		ecify Yas or No Rican, etc.)		Bleck, White	rican Indian, e, etc. lite
9	2 hou	pe	15. Decedent'a E		18	a. Deced	ant's Usua	al Occup	pation			16b. Kind	of Business/	
215	C 1 6	Completed	(Specify only highest gr Elamantary/Secondery (0-12)	eda complated)  Collega (1-4or 5	+)	(Give .	kind of wo OO NOT us	rk done se retire	during mos	it of work	ang			
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yla		2	Joseph S. Perrie,	Sr.					Gr	etch	en		St	ımmers
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ore,	of He item		20e. Method of Disposition		20b. Placa cemet	of Dispo	sition (Nem	ne of ther ple	ece)	1	Dete	20c. Locat	ion - City or	Town, Stete
altimore,	Pages 1 and ment of Health ant: If item 27 lury or other t		1  Buriel 2  □ Cramation 3  □ 4  □ Donation 5  □ Other (Speci		_		. *	_ '	etery	5,	/30/96	Clin	iton,	MD
Balt	permit. Pages Department of Important: If is any Injury or once.		21. Signeture of Funeral Sarvice Lice	ngee 4					ass of Facili	-	e. P.A.	. Owi	ngs. M	1D 20736
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j.	Physician /Medical		Immediete Ceusa (Final	D- B			0		act'		Llean	AF	.: 0	
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J Of	를 듣 등		27. Menner of Death	28e. Date of Injur (Month, Dey	y 28b	Time of Injury	2	8c. Inju			28d. Describe			
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	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edical	29e. Certifier  (Check only one)  (Check only one)	nysician: To the best of miner: On the basis of end manner sta	examination a	ge, deeth ind/or Inv	astigetion,	et the ti	ime, date en opinion, dea	nd placa, ath occur	end due to the red at the time,	date and pla	d menner es ice, end due	stated. to the causa(s)
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	15		30. Nama and address of person who		eth (ltem 220	) (Tyron	Print\		1,10	[				
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DHMH 16 Rev 6/95

MAY 3 0 1996

State of Maryland / Department of Health and Mental Hygiene 96

96 17764

						Certificate	of Dea	th	F	leg. No.		
			1. Decedent's Neme (First, Middle, La	st)					2. Date of Dee	ith	Wasi	3. Tima of Death
	Physici /Medi		Pauline McN	air	Simr	nons			May 29	, 1996	Year	5:30 am
	Examir		4a. Facility Nama (If not Institution, give	a street and number)			4b. City	, Town, or Loc	ation of Death	4c. County	of Death	
			Frederick memor	ial Hospita	1		Fr	rederic	k	Frede	erick	
	Funeral Director		5. Sociel Security Number 6. S 426-32-5117 Usual Residence of Decedent		(In yrs. lest b	Yrs. If Under 1 \ Months D	aar If Ur eys Hou	nder 24 Hrs. urs Min.	8. Date of Birth (Month, Day Nov • 5	Year) 1902	9. Birthp Coun Miss	elace (State or Foreign etry)
Mandand	Hed at	tor	10a. Steta 10b. County Md • Frede:			vn or Location Versville					1	0d. Inside City Limits 1 ☐ Yes 2 ☑ No
with the	3a or 28 at be not	al Director	10e. Street and Number 10049 Vista Ct	•		10f. Zip Co	<sub>de</sub> 773			U.S.A.	What Coun	try?
d 21215-0020	th and Mental Hygiene. 7 is marked other than "naturel", or items 23s or 28s-f show traumstic event, the Medical Exactiner must be notified at	by Funeral	11. Maritai Status  1 Navar Marriad 2 Married  3 XWidowed 4 Divorced	12. Wes Decedent E Armed Forces? 1 Yes 22000 If Yes, Give Year or Detes:		13. Was Decedent If Yas, specify	Cuban, Max	kicen, Puerto R	ify Yes or No- icen, etc.)		ca - Americ ck, White, V: Wh	
Maryland 21215-0020	giene. er then "netur the Medical	Completed	15. Decedent's E (Specify only highest gra Elementery/Secondery (0-12) 12	ducation ide completed) College (1-4or 5+		a. Decedent's Usual C (Give kind of work of life. DO NOT use r homemake)	one during etired)	most of workin	9	16b. Kind of B	own	
nd iii	Vent Th	Be	17. Fathar's Neme (First, Middle, Last					lothar's Neme	(First, Middle,	Malden Suman		
aryla	Mental arked o	To	Bud McNair				N	landy T	ullis			
Aar	is m		19e. Informent's Neme/Reletionship (	Type, Print)		b. Meiling Address (S					State, Zip	Code)
	if item 27 or other tr		John Coker (Son)			0049 Vista		Myersv			769	
Pages	5 = 5		20e. Method of Disposition 1   Burial 2 □ Cremetion 3 □	Ramovel from Steta		of Disposition (Name ary, crematory or othe	r place)	1		20c, Location		
altimore,	rtant		4 Donation 5 Other (Specification of Funeral Service Lices		Magee	Cemetery			/4 M	lagee, l	MISSI	ssippi
<b>8</b>	Department of Important: If any Injury or once.		and and XI	1		Donald B.	Thom	ngon F	meral	Home Md.	21769	
	nysician Medical xaminer		23e. Pert 1. Enter the disease or com shock, or heart fellura. List only Immediate Cause (Fine) disease or condition	chestions that coused to	he daath. Do	not entar the mode o						Approximete Intervel Batween Onset and Deeth
		iner	resulting in deeth)	A	ue to (or es e	consequence of):	- H	enct	- 0	2000		Yerrs
acute	physician and the burial-transit	Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying	b	ue to (or as e	consequence of):				3 4/ 3		
60,	cian	a E	Cause (Diseese or Injury	c								
ox 68760, certificate be executed	attending phys for use as the	Medical	that initiated events resulting in death) Last	D	ue to (or as a	consequence of):						
box death cert	or the	slan										
D et the	@ X	y Physician	Pert II. Other significant conditions of	ontributing to death but	not resulting	in tha undarlying ceus	e given in P	Pert I.	23b. Did to			the cause of death? bably 4 Unknown
Records, P.O.	peed	Completed by							24e. Wes e		ave	ere autopsy findings allable prior to mpletion of ceusa death?
	E 8	ШО							1 🗆 Y	as 2 No		]Yes 2□No
	certificate rector, pa	Be C	25. Wes cese referred to medical				26. P	Piece of Deeth				
	direc	To	axeminer?	Hospitel:	2 ER/0	utpatient 3 DOA	Other			ence 6 Oth	ar (Specify	(v)
	After fune		27. Menner of Deeth 1- Neturel 5 Pending 2 Accident Investigation		Year) 28b.	Time of Injury M	Injury at Work? 1 ☐ Yes		3d. Describe h	ow injury occur	rred	
- X	245	Certification:	3 Suicide 6 Could not be determined	28e. Plece of Injur building, etc.	y - At home, f (Specify)	erm, street, factory, of	fice	28	If. Location (S City or Town		ber or Rura	l Routa Number,
HOSDE	within 24 hours after To the Funeral Directory Completely filled in	edical	29e. Certifier (Check only 2 Medical Exam	ysician: To the best of niner: On the besis of e and manner state	xaminetion e	e, deeth occurred et t nd/or Investigetion, in	ne time, det my opinion,	e end plece, er deeth occurred	d due to the c i at the time, d	ause(s) end me lete and plece,	enner as st and due to	ated. the cause(s)
Tot	with To t	Σ	29b. Signature and tiple of certifier	29/1	1, .	29c. Li	cense numb	1646		9d. Data signe	d (Month,	Day, Year)
			30 Name and endress of gerson who	completed cause of day	ath (Item 23a)	(Typis, Print)	inth	5+0	Port	Frede	c. lc	m.0
4 -	Sta	10	31. Dete filed (Month, Dey Yay)	32 Redistrer	Signature	2	1111		0	1 1000	17017	

DHMH 16 Rev 6/95

Registrar

State of Maryland / Department of Health and Mental Hygiene

Physici		1. Decedent's Nam	na (First, Middla,	REGINAL	D	SHEPPAR	RD.			2. Data of Do	oath 7, 1996	Yaar	3. Tima of Death 7:30 PM
/Medic Examir		4a. Facility Nama (i		giva street and n				4b. City, To		ocation of Deal	th 4c. County	y of Death	7
Funeral Director		5. Social Security N 579-12-1 Usual Rasidance of	360	6. Sax 1 → M 2 □ F	7. Aga (In yrs 96	( last birthday) Yrs.	if Undar 1 Yaar Months Days		24 Hrs. Min.	8. Data of Bi (Month, Di Aug 4,	rth ay, Year) 1899		iaca (Stata or Foreig try) andria VA
h the Maryland r 28a-f ahow	ctor	10a. Stata Maryland	10b. County Montg	omery	10c. C	Silver	Spring	, Mary	/land	1		10	0d. Insida City Limit
vith th	Director	10e. Street and Nur					10f. Zip Coda				10g. Citizen of		
or Herne 234	by Funeral	12325 Ne 11. Marital Status 1 Nevar Marri 3 Wildowed	ied 2 Marrie	12. Was De Armed F	cedant Evar in I Forcas? 2 (***) 2 (***) 2 (***)		Vas Decedant of Yas, specify Cub		igin? (Sp n, Puarto	ecify Yas or No Rican, atc.)	United  14. Rac Bla  Specif	ce - Amarica ck, Whita, a	an Indian,
rithin 72 hours ne. han "natural", a Medical Ext	Completed	Eiamantary/Seco	ondary (0-12)	grada complated	(1-4or 5+)	(Giva I lifa. C	ant's Usual Occu kind of work dona OO NOT usa retire	du <i>ri</i> ng mos ed)			16b. Kind of B	lusiness/Ind	lustry
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nd z should be raith end Mental I	To	19a. Informant's Na	ame/Ralationshi		Son		g Addrass (Stree	t and Numb	er or Run	al Routa Numb	per, City or Town		Coda) Land 2074
of Health of Hem 27 I		20a. Mathod of Disp				Place of Dispos cematary, cram	sition (Nama of natory or other pla	ace)		Data	20c. Location	- City or To	wn, Stata
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Department of Important: If it any injury or once.		21. Signature of Fu	heral Sepvicial Li	Pan	04		Nama and Addr Lexander 38 Marl					MD. 20	7747
/Medical		immediate Ceuse ( disaasa or conditio rasulting In daath)	rt feilura. List o	nly one cases on	BLE A		myochri	•			1		Approximeta Intarval Batween Onset and Death
Certificate be executed unding physician and noise es the buriel-transit	n/Medical Examiner	immediate Ceuse ( disaasa or conditio	(Finel on white the control of the c	nly one cases on	Dua to		my o (Arclivance of):	•			1		Interval Batween Onset and Death
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Physician: The law requires that the death certificate be executed to this certificate has been signed by the ettending physician and rail director, page 2 should be detached for use as the buriel-transit	Certification: To Be Completed by Physician/Medical	immediate Ceuse (disaasa or conditio rasulting in death)  Sequentially list co if any, leading to in cause. Enter Unde Causa (Disaasa or that initiated events rasulting in death) I  Part II. Other significations of the condition of the conditio	int feilura. List of (Finel on (Finel on onditions, nadiata artying injury stast (Itcant condition of the co	a. Po 551 b	Dua to (  Dua to	cor as a consequence or as	uance of):  uance of):  uance of):  uanca	26. Piace har: 4 No invariant at invariant a	a of Deatursing Ho	23b. Did 1 □ 24e. We; perf 1 □ h (Check only) ma 5 □ Ras 28d. Dascribe 28f. Location City or To and due to the red at tha fima,	I tobacco use colly e 20 No sen autopsy ormed?  Yas 20 No ona) Idance 6 Ott how injury occur (Street and Numiwn, Stata)  cause(s) and midata and place, 29d. Data signer	3 Prob  24b. Wa ave cor of c  1 C  hear (Specify rred  annar as st and dua to ad (Month, I	The cause of death  the cause of death  abily 4 Unknown  are autopsy findings impletion of cause feath?  As 2 No  Routa Number,  eted. tha causa(s)  Day, Year)

DHMH 16 Rev 6/95

Marin e refero Se marinem x 8.7

Section 2.1

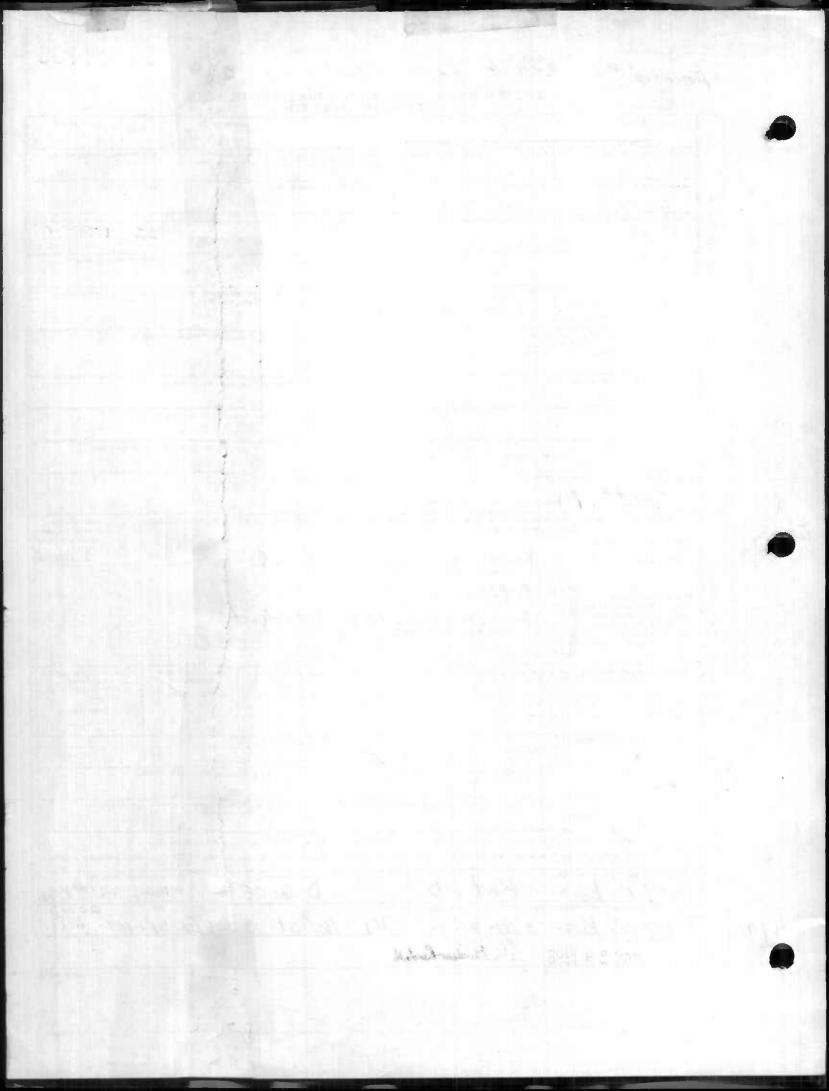
THE HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within the flows after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should filled within 72 hours after death with the State Dept of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

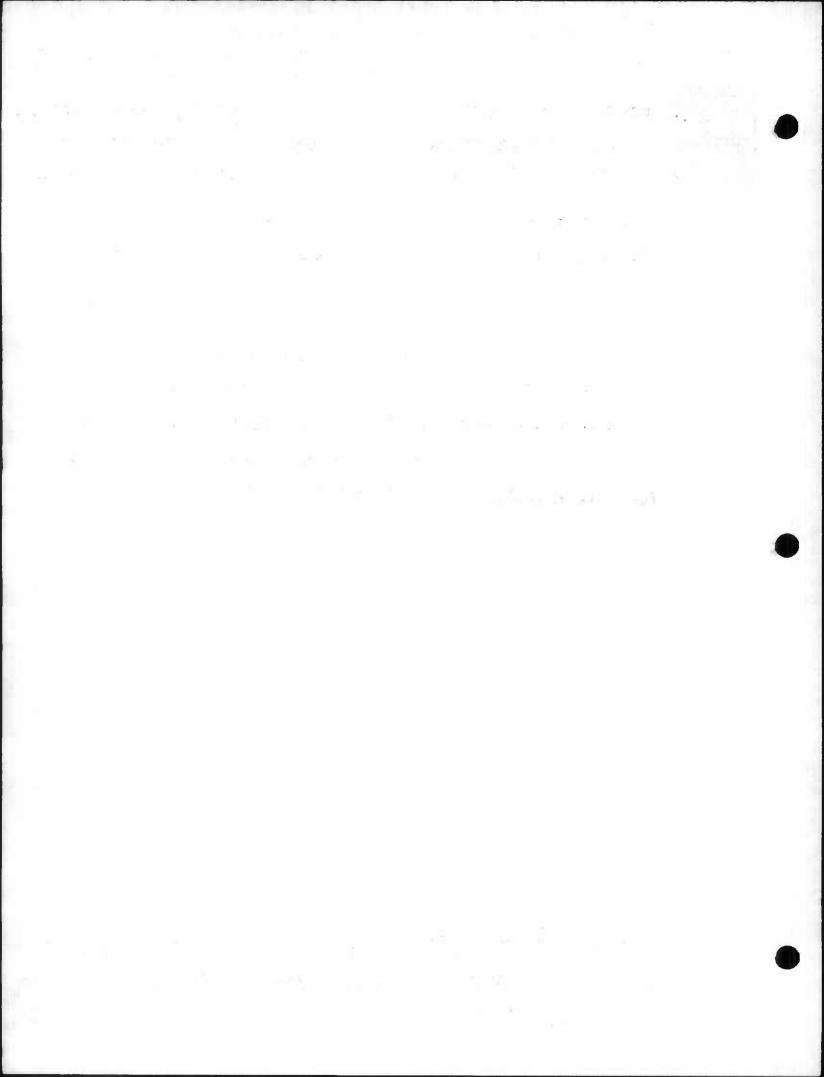
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Migdle, Los	"EMMETTO	SELDEN	FICATE O	F DEATH	2. DATE OF MONTH	DEATH DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 228-12-1589A	5. SEX 6.	AGE (In yrs. last birthday	) IF UNDER 1 YEAR MONTHS DAYS		(4.6. 44 69	<u>ЖЖ 4 6</u> виятн sy: Year) 18	8. BIRTH Counti	APLACE (State or Foreign Va.
TOR	9a. FACILITY NAME (If not institution, gived the state of the second of		CENTER		OR LOCATION OF			PG	EATH
DIRECTOR	10a. STATE MD . 10b. COU		10c. C	HYATTSV					10d. INSIDE CITY LIMITS? 1 2 YES 2 NO
FUNERAL	6500 RIGGS ROAD				101. ZIP CODE	783	10g.	. CITIZEN OF V	WHAT COUNTRY? USA
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1  IF YES, GIVE WAR	YES 2 NO	If yes,	specify Cuban, M	SPANIC ORIGIN? (S exican, Puarto Rica oucily:		Black	E — American Indian, k, Whita, atc.
COMPLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) 12 Yrs	College (1-4 or 5+) 3 Yrs	(Give kind o	s usual occupa I work done during use retired.)	most of working		ACHINIS		
200	17. FATHER'S NAME (First, Middle, Leet) HIRAM O. SELD	EN			18, MOTHER"	UNKNO		me)	
0 86	19a. INFORMANT'S NAME (Type/Print)					ural Route Number,	City or Town, Stat	te, Zip Code)	
	MARGUERITE C.  20a. METHOD OF DISPOSITION 1 M Burlel 2 Cremetion 3 Re	7 7 7 7	2037 206. PLACE AND DATE MT OLIVET	E OF DISPOSITION	Name of	NE, DO	20c. LOCATIO	N — City or To	
13	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	MI OLIVEI		AND ADDRESS O	T. RHIN	ES CO,	INC.	
ERITICALION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. Cerel	A A CONSEQUENCE AS A CONSEQUENCE TO VASC AS A CONSEQUENCE	V OFI: ulas	Acco	re	<b>S</b> ·		Onset and Death
MEDICAL CE	PART II. Other significant conditi	ons contributing to de	ath but not resulting	in the underly	ing cause give		WAS AN AUTO PERFORMED?		WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL. EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF DEATH	(Check only one)			
DY PRITS	1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJ (Month, Day,		ME OF 26c.	NJURY AT WORK?  YES 2 NO		pec(Y) IBE HOW INJURY	OCCURED	
ברבובה פ	3 Suicide 8 Could not b	26s. PLACE OF IN building, etc.	IJURY — At home, farm (Specify)	, street, factory, of	lice	28f. LOCATIO	ON (Street and Number), State)	mber or Rural F	loute Number,
COMPLE		SICIAN: To the best of my							) and manner as stated.
IO DE	29b. SIGNATURE AND TITLE OF CERTIF	markas	+MD OF DEATH (ITEM 27) (TYPE	oe, Print)	D-8	NUMBER 2006 6	29d.	May	(Month, Day, Year) 22 M) 1996 20918
	31. DATE FILED (Month, Day, Year)  MAY 2, 9 19	96 Jalia	SIGNATURE	30/	16"5	+ 514	VER	SPRI	NG, MD



State of Maryland / Department of Health and Mental Hygiene 96

						Certi	ficate of	Death		1	Reg. No.		11101
	Bloomle	•	1. Decedant's Name (First, Middla, I	Last)						2. Deta of Der Month		Year	3. Tima of Death
	Physic /Medi		. MACHERE	VMI SEW	ELL						27.	1996	9:05 a.m
	Exami		4a. Facility Name (If not institution,					4b. City, To	wn, or Loc	ation of Death		nty of Deeth	
			DOCTORS C	OMMUNITY H	OSPITAL			LANH	AM		PRIN	CE GEO	ORGE"S
	Funeral			Sex 7. A	ge (In yrs. lest bii		Under 1 Year			8. Date of Birt	h Vanel	9. Birth	pieca (Stete or Foraign
н	Director		239-88-2208	1 □ M 2 💢 F	48	Yrs.	Months Deys	Hours	Min.	(Month, De 11-24	-47	Nort	pieca (Stete or Foraign ntry) h Carolina
	ס		Usuel Rasidanca of Dacadant										
	how		10a. Stata 10b. County		10c. City, Tow	n or Locat							10d. Insida City Limits
	Ma Paris	Stor	Maryland Prince	George's			Uppei	r Marl	boro				XXYes 2 No
	1 th	Director	10e. Street and Number				10f. Zip Coda				10g. Citizan	of What Cou	ntry?
	h wil	o je	12701 Denny C	ourt				20774				USA	
	swithin 72 hours after death with the Manyand ilene. Then "natural", or flems 23a or 28a-f show the Medical Examinat must be notified at	Funeral	11. Maritai Status	12. Wes Dacedan Armed Forces	t Evar in U,S.	13. Wa	s Decedent of as, specify Cut	Hispenic Ori	gin? (Spe	cify Yas or No-	14. F	laca - Amari	
0	aftar Dr. ha		1 ☐ Navar Marriad 2 X Merried	1 ☐ Yas 2 🗙						tican, atc.)		Black, Whita,	_
02	al.	by	3 Widowed 4 Divorced	If Yes, Give Yeer or Datas:			Yas 2⊠No	Specify:			Spe	city: B1	ack
21215-0020	72 h	Completed	15. Decedant's (Specify only highast of	Education	16a	Decedan	t's Usual Occu	pation	t of workin	ia.	16b. Kind of	Businass/In	dustry
21	thin thin	nple	Elamentery/Secondary (0-12)	College (1-4or	5+)	lifa. DO	d of work done NOT use ratire	ed)	i or works	9	T	rivat	Δ
	77 70 84 85	Con		2+	Cı	edit	& Col1	lectio	n Ana	alyst		TIVAL	
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la		To	Charlie M	osley						Lois	Whitis	5	
Maryland	d 2 should th and Men 7 Is marked traumatics		19a. Informant's Name/Raletionship	(Type, Print)	196	. Meiling /	Addrass (Strea	t end Numbe	er or Rurai	Routa Numbe	r, City or To	wn, Stete, Zij	Coda)
	C = 01 -		Oliver Gerald Se	well, Sr/H	lusb. 12	2701	Denny (	Court,	Uppe	er Marl	boro,	MD 20	774
ore	of Haelt Item 2 other		20a. Mathod of Disposition		20b. Piaca o cemata	f Dispositi	on (Nama of ory or other pla	aca)	i	Data	20c. Locatio	on - City or To	own, Stata
Ĕ	Pages nent of int: if he iry or o		1 ☐ Buriai 2 ☐ Cremetion 3 4 ☐ Donation 5 ☐ Other (Spec		3		e Crema		5,	/31/96	Belts	sville	, MD
Baltimore,	구두주중		21. Signeture of Funarai Sarvica Lic	ensaa		22. N	eme end Addr	ass of Fecili	ty				
9	Depariment of the popular of the pop		Naman A. F.	Proentie			B. Jer					m 007	05
1			23e, Pert1. Entar tha disaasa, or co shock, or haart failure. List on	mplications thet cause	ed tha daath. Do	not anter t	74 Land	dover	cardiac or	raspiretory er	ver, r	4D 207	Approximata
	Physician		shock, or haart failure. List on	ly ona causa on aach	lina.								Interval Batween Onsat end Death
X	/Medical		Immadiata Causa (Final	Mak	chatic	1,	1100	(0.0	1.40/	1111-	Ha		
	Examiner		disaasa or condition resulting in death)	· Meta			1	Cari	LEY	001	171		
		ē		mala	Due to (or as a	consequa	Hue	bas	nol	ho	vicam	1:1100	11 month
	betr I Insit	盲		b. META	JAUJIJ	TU	-	•00	1124	2 1	TIONIV	TI CAPPI	11 / longer
	certificate be executed nding physician and use as the burial-transit	Examiner	Sequantially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury	and	Dua to (or as a	consaquai	nca or):	OC		1		1	
292	sicia sicia		Causa (Disaasa or injury thet Initieted events	с		1	71001	62.					
68760,	ficate phy sphy sphy	Medical	rasulting in daath) Last		Due to (or as a	nsequer	ica or):					i !	
×	n certific anding p usa as	Z		d									
Bo	att for	Physician/	Part II. Other elgoifficent conditions	contribution to donth	but not requiting it	n the unde	chilan anuna n	iven la Dart I		22b Did t	obanco una	annielle de 1	o the cause of death?
0	at the	ys	Pert II. Other significant conditions	contributing to death	but not rasulting i	n the unda	inying causa g	wen in Part i	•		· \/		
0	88	y P								10	788 200 N	0 3 Pro	bably 4 Unknown
ds	requires t ween signi hould be	d by								24a. Was	an autopsy	24b. W	/ere autopsy findings
Records,	v require	Completed								perfo	mad?	6/	reilebie prior to emplation of cause
3e	2 50	dm											daiath?
	The ata									101	as 2 No	) 1	□Yas 2 No
Vital	Physician: The this cartificata ral director, pag	Be	25. Was case refarred to medical axeminer?	Magnital: \$ /					of Death	(Check only o	ne)		
of	Physic this o	10	1 ☐ Yas 2 No	Hospital: 1 Inpat		·	3LI DOA		-	na 5 🗆 Rasio			fy)
<u>_</u>	Aftar funar	on:	27. Mannar of Daath  1 Natural 5 ☐ Pending	28a. Data of Inj (Month, D		Time of njury	28c. Inju			8d. Dascribe h	ow Injury oc	curred	
Division	Attending in death.	cati	2 ☐ Accidant invastiget				M 1	Yas 2					
$\leq$	after death Director: / d in by the	Certification:	3 Suicida 6 Could not datamins	d 288. Place of in	njury - At homa, fa tc. <i>(Specify)</i>	ım, straat	, factory, office		2	8f. Location (S City or Tox		m <i>ber</i> or Rur	al Routa Number,
	To the Hospital or Att within 24 hours aftar d To the Funeral Direct completaly filled in by												
	Hospital 24 hours Funeral ataly filled	edicai	Check with 2 Medical Ex	Physician: To the best	of my knowledge	dor invas	curred et the t	ime, dete an	d plece, e	nd due to the	euse(s) end	menner as s	nteted.
	within 2 To the F	Med	300)	and manner s	tated.								
	5 × 5 0	~	29b. Signature and title of certifier	An and	& M.	8		nsa number	0.0		29d. Data sig		
	0		2 dece	Velo Com	1		D-	534	82		May	2/4	1,1996
1	5/	}	30. Name and addrass of person wh	o complated causa of	daath (Itam 23a)	(Type, Pri	nt)	0	, I.			1 1 1	00.1
1			Saleer An	and, M.	D. 7343	H	anove	er po	ng	ray, 4	reen	belt,	4,1996 Md.2077
	Sta	ate	31. Dete filed (Month, Day, Year)	32. Regist	rar's Signature	1.11							
	Registi	rar	MAY 2.9 19	36 Stalk a	TRUBULON TO	Dall							
DHI	MH 16 Rev 6/9	5	3411.44	Υ.									
				1									



# Please Type or Print In Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

					Certi	ticate of	Death		Reg. No.		
hysician		<ol> <li>Decedent's Name (First, Middle, Las</li> </ol>						2. Date of D Month	eath Dey	3. 1 Year	Time of Death
/Medical	١.	RICHARD A. SHIN					4b. City, Town, or	MAY 25		11:	45 A.M.
Examiner	r	ta. Facility Name (If not Institution, give	street end number)				4b. City, Town, or	Location of Dea	th 4c. County	of Deeth	
		NORTH ARUNDEL HOSPI  5. Social Security Number 8. Se		(1	A B Cate of 1	f Under 1 Yee	G EN BURNIE		ANNE AF		
neral ector			3tM 2□ F	(In yrs. les		fontha Deys		. (Month, D	8, 1929	9. Birthpiaca ( Country) New Je	Stete or Foreign
remains over, the Medical Examiner must be notified at	- h	10a. State 10b. County		10c. City,	Town or Local	ion				10d. In	aide City Limits
eted by Funeral Director	5	Maryland Anne Ar	undel	00	lenton						□ Yes 🌪 No
를 들	5	10e. Street and Number				10f. Zip Code			10g. Citizen of \		
era	5	527 Michille Road	12. Wes Decedent &	ver in II S	12 14/0	21113	Historia Origin? (6	Pagify Vac or N		States	
by Funeral	2	1 Never Married 2 Merried	Armed Forces? 1√√Yes 2 □ No If Yes, Give		10	es, specify Cu	Hispanic Origin? (S ban, Mexican, Puer Specify:	to Rican, etc.)	Biad	ck, White, etc.	
te d	2	15. Decedent's Edi (Specify only highest grad			1	t's Usuai Occi	pation	diles	16b. Kind of B	usiness/industry	
Completed		Eiementery/Secondary (0-12)	College (1-4or 5+	+)			ipation a during most of wo ed)	rking			
		10 17. Father's Name (First, Middle, Last)			Plant	Superv		ma /Clast & Aidell	Pitmar Maiden Surnam	Compan	У
Be	5	Richard C. Shindl	۵				Edna Ha		e, Maiden Suman	10)	
10	-	19a. Informant's Neme/Relationship (T			19b. Meiling	Address (Stree	et and Number or R		per. City or Town	State Zin Code	1)
eny injury or other treumetic event, once.  To Be C			aughter			chille		enton Ma		21113	<i>'</i>
		20e. Method of Disposition  1 Burial 2 Cremation 3 I	Removal from State	cem		ory or other pl	, 1	Dete		City or Town, S	
	-	4 ☐ Donation 5 ☐ Other (Specify, 21. Signature of Funeral Service Licans		Mary			s Cemetet			ltenham	Md.
SOC SOC SOC SOC SOC SOC SOC SOC SOC SOC		Pobert E. E.	Evans !	Pres	160	00 Ann	ess of Facility Evans Fu apolis Rd	l. Bowie	Md. 207		
cian ical iner	- 1	23a. Pert1. Enter the diseese, or comp shock, or heart failure. List only of Immediate Cause (Final disease or condition resulting in death)	e. Vous	nzu	s a conseque	to		Le Tre		Inten	oximate val Between et and Death
ial-transit Examiner		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease of Injury	c	Due to (or e	s a conseque		Cea	Tje.	· fene	>	yee
as the bur Aedical		resulting in deeth) Last	d			100 01).				1	
or use as the bur		resulting in deeth) Last		not resulti	ng in the unde		iven in Pert I.	23b. Did	tobacco use co	ntribute to the c	ause of death?
ian/Medical		resulting in deeth) Last		not resulti	ng in the unde		iven in Pert I.		tobacco use co		cause of death?
be detected for use as the burner by Physician/Medical		resulting in deeth) Last		not resulti	ng in the unde		iven in Pert I.	1 [		3 Probably  24b. Were au available	4 Linknows topsy findings prior to on of cause
by Physician/Medical		resulting in deeth) Last		not resulti	ng in the unde		iven in Pert I.	1 C 24a. Was	Yee 2□ No	3 Probably  24b. Were au available completi	4 Linknows topsy findings prior to on of cause
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director, page 2 should be deteched for use as the bur for Be Completed by Physician/Medical		Pert II. Other significant conditions co	ntributing to death but	t 2□EF	VOutpatient	orlying cause g	26. Plece of De ther: 4□ Nursing I	24a. Was perf	Yee 2 No s an autopsy omed?  Yes	3 Probably  24b. Were au available completi of death?  1 Yas	4 Unknown topsy findings prior to on of cause ?
The function of the following privates the function of the fun		25. Was case referred to medical exeminer? 1 Yes 2 Deb 27. Menner of Deeth	Hospitai: Inpatien  28a. Date of Injury (Month, Day	t 2□EF		artying cause g	26. Plece of De ther: 4□ Nursing I	24a. Was peri	Yee 2 No s an autopsy omed?  Yes Divided	3 Probably  24b. Were au available completi of death.  1 Yas	4 Unknown topsy findings prior to on of cause ?
ne funeral director, page 2 should be deteched for use as the bureation: To Be Completed by Physician/Medical		Pert II. Other significant conditions co	Hospitai: Inpatien  28a. Date of Injury (Month, Day	t 2□EF Year) 2t	WOutpatient 3b. Time of Injury	3 DOA 28c. Inju	26. Piece of De ther: 4 ☐ Nursing I ury at ork? ] Yes 2 ☐ No	24a. Wat perfine the (Check only Home 5 Res 28d. Describe	Yes 2 No s an autopsy ormed?  Yes 2 No one) idence 6 Oth	3 Probably  24b. Were au available complete of death?  1 Yas  er (Specify)	4 Quaknowr topsy findings prior to on of cause?
re viter the certificate has been signed by the attending physical ne funeral director, page 2 should be deteched for use as the but attent: To Be Completed by Physician/Medical		Pert II. Other significant conditions co	Hospitai: Inpatien  28a. Date of Injury (Month, Day)	t 2 EF	VOutpatient 3b. Time of Injury e, farm, street	3 DOA 28c. Inju	26. Plece of De ther: 4 \( \text{Nursing t} \) ury at ork? \( \text{Yes} \) 2 \( \text{No} \) where \( \text{No} \)	24a. Wa: perf	Yes 2 No s an autopsy ormed? Yes 1 No one) idence 6 Oth how injury occur (Street and Numburn, State)	3 Probably  24b. Were au available complete of death?  1 Yas  er (Specify)  red  per or Rural Route	4 Quaknowr topsy findings prior to on of cause?  2 No
his certificate has been signed by the attending physicial director, page 2 should be deteched for use as the bur To Be Completed by Physician/Medical		25. Was case referred to medical exeminer?  1   Yes   2   New    27. Menner of Deeth    29. Accident   3   Sulcide   4   Homicide    29a. Certifier (Check only)   2   Medicat Examiner    2   Medicat Examiner   1   Certifying Physical Examiner    29a. Certifier (Check only)   2   Medicat Examiner	Hospitai: Inpatien  28a. Date of Injury (Month, Day  28e. Placa of Injury building, etc.  seclan: To the bast of ner: On the basis of e	t 2 EF	VOutpatient 3b. Time of Injury e, farm, street	3 DOA 28c. Injuly W 1 [ Actory, office coursed at the bigation, in my	26. Plece of De ther: 4 \( \text{Nursing t} \) ury at ork? \( \text{Yes} \) 2 \( \text{No} \) where \( \text{No} \)	24a. Wa: perf	Yes 2 No s an autopsy ormed? Yes 10 No one) idence 6 Oth how injury occur (Street and Number No. State) cause(s) and may date and place,	3 Probably  24b. Were au available complete of death?  1 Yas  er (Specify)  red  per or Rural Route	topsy findings prior to on of cause?
Arter this certificate has been signed by the attending physicial tuneral director, page 2 should be detected for use as the bur strion: To Be Completed by Physician/Medical		Pert II. Other significant conditions co	Hospitai: Inpatien  28a. Date of Injury (Month, Day  28e. Piaca of Injury building, etc.  scient: To the bast of ner: On the basis of e and manner atete	y - At home (Specify)  my knowle examination ed.	WOutpatient 3b. Time of Injury e, farm, street kdge, death och and/or inves	3 DOA 28c. Injunction of the ligation, in my	26. Piece of De ther:  yry at ork?  Yes 2 No  wime, dete end piece opinion, death occur	24a. Wa: perf	Yes 2 No s an autopsy ormed? Yes 10 No one) idence 6 Oth how injury occur (Street and Number No. State) cause(s) and may date and place,	3 Probably  24b. Were au available complete of death?  1 Yas  er (Specify)  red  per or Rural Route anner as stated, and due to the complete or the complete of the complete of the complete of the complete or the complete o	topsy findings prior to on of cause?

DHMH 16 Rev 6/95

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	:KIIIF	ICATE	: OF	DEA	IH_	P	EG. NO			
	1. OECEDENT'S NAME (First, Middle,	Lest)							2. DATE OF I	DEATH	.v	YEAR 3.	TIME OF DEATH
	BETTIE JAN								MAY	22	1996		7:30 A M
	4. SOCIAL SECURITY NUMBER 236-56-8516	5. SEX 1 M 2 XXF	5. AGE (In yrs. last	YRS.	IF UNDER	1 YEAR DAYS	HOURS	MIN,	7. DATE OF E (Month, Da Feb.	26,	1938	Country)	CE (State or Foreign
	9e. FACILITY NAME (If not institution,	give street and number)			96. CITY	TOWN (	R LOCATI	ON OF DE	ATH		9c. COUN	TY OF DEAT	Н
POR	NATIONAL NA	VAL MEDICAL	CENTER			В	ETHE	SDA			M	ONTGO	MERY
5	10a. STATE 10b. C			the CIT	Y. TOWN (	OR LOCAT	ION					10.	d, INSIDE CITY
DIRECTOR		ince William			odbr						340		LIMITS?
AL	10e. STREET AND NUMBER					101	. ZIP COD	E			10g. CITI2	EN OF WHA	T COUNTRY?
FUNERAL	1486 Ranger Loc	-					221					ed St	
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	EVER IN U.S. ARI YES 2 N R OR OATES	MED IO		If yes, sp		ın, Mexice	NIC ORIGIN? (S in, Puerto Ricei y:		or No—	14. RACE — Black, W Specify:	American Indian, hita, atc.  White
B	15. DECEDENT'S		16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON		16b. KIN	D OF BU	SINESS/IND	JSTRY	
COMPLETED	(Specify only highest Elementary/Secondary (0-12)	College (1-4 or 5+)	lite.	Do NOT u	work done se retired.) .ng M		st of worki	ng	Con	veni	ence	Store	
M	17. FATHER'S NAME (First, Middle, La	-11	1 11		6	anae		ILEMIO ALA	ME (First, Middle			Duore	
	Freamon Schar								1 A. D				
BE	19a. INFORMANT'S NAME (Type/Print)	)	190	b. MAILING	ADDRES	S (Street a	nd Numbe	r or Rurat	Route Number, (	City or Tow	n, State, Zip	Code)	
10	Becky Lutzke			1486	Ran	ger	Loop	#40	2 Woo	dbri	ldge,	Virgi	inia 22191
	20a. METHOD OF DISPOSITION 1XXBurlal 2 Cremation 3	and Divisions	20b. PLACE	AND DATE	OF DISPOS	SITION (N			-1	_		aty or Town,	
	1\(\sum_X\)Burial 2 \(\sum_Cremation\) 3 \(\sum_4\) Donation 5 \(\sum_C\) Other (Specify,	)		Plea	sant	Cen	neter	У	5726	Loc	ii, Wi	Iscons	sin
	21. SIGNATURE OF FUNERAL SERVI	CE LICENSEE #MOO	690				e Fu		al Home	. Ir	nc.		
	C VOWO VC	)P	'a wa	W					, Wisc			3555	
	shock, or heart fellowers in the state of th	8	ASTATIC OR AS A CONSECUTION	LUN		NCER							Interval Batween Oneat and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	G	OR AS A CONSEC										
ERTIF	that initiated events resulting in deeth) LAST	d	OR AS A CONSEC	DUENCE O	NF):								
	PART II. Other significant con	ditions contributing to	death but not r	esultino	In the u	nderivin	O CRUSA	given in	Part I. 24	a. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
EDICAL							, 01000	3,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		PERFO	RMED?	CE	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
ME													YES 2 NO
	DID TOBACCO USE CO	ONTRIBUTE TO CAL	JSE OF DEA	TH Y	ES 🗆	NO [	UNC	CERTAI	N 🗆				
ZA	25. WAS CASE REFERRED TO MEDIO EXAMINER?		28. PLAC	E OF OEA	TH (Check								
SIC	1 YES 2X NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE 4 Nu		ne 5 🗆 R	asidenca	8 Other (S)	pecify)			
PHYSICIAN:	27. MANNER OF DEATH  1 Natural 5 Pending			28b. TIR	ME OF JURY M	W	ORK? YES 2 [	] NO	28d. DESCR	BE HOW	INJURY OCC	CUREO	
TED BY	2 Accident Investig 3 Suicide s Could n 4 Homicide detarmin	28e. PLACE OF building, e	INJURY At hote. (Specify)	ome, farm,	street, fac	tory, offic	ca		28t. LOCATIO	ON (Street own, State		or Rural Rout	te Number,
COMPLET	and and	PHYSICIAN: To the best of examiner: On the basis of ex											nd manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CE	RTIEIER		0	1.0		29c. LIC	ENSE NU	MBER		29d. DATI	SIGNED (M	prith, Day,
2	30. NAME AND ADDRESS OF PERSO	ON WHO COMPLETED CAUS	E OF DEATH (ITE	M 27 (Typ	s, Prou			RES-		7 3477	DICAT	OFILE	W/ID
	A.I. BLACKMON	LT MC US	SN						L NAVA			CENT	E
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAF	R'S SIONATURE	0 .		_	_ 1) 15 [	TOWN D.	0 1911 /	Unne	-51000		
	MAY 3	1998 Julia	. Davolusi	Rando	M								

IMPORTANT if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HIGHTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE HIMERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be active for the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

24 hours after death. Page 6 may be retained by the hospital or attending physician. SALTIMORE, MARYLAND 21215-0020

Vo.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the law requires that the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1	X	1
1	}	

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR										
1. DECEDENT'S NAME (First, Middle, Less Charles	Henry			Tay1	lor		of DEATH	<sup>AY</sup> 1996	6 YEAR	3. TIME OF DEATH 11:29
4. SOCIAL SECURITY NUMBER 097-26-5515	1 🔀 M 2 🗆 F	AGE (In yrs. last I	birthday) IF UN YRS. MONTH	DER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	(Monti	OF BIRTH II, Day: Year)	933	6. BIRTI Count New	PLACE (State or Foreign York
9a. FACILITY NAME (II not institution, give Harford Memorial	Hospital.		9b. C	avre	De Grace	EATH		Hari	Ford	DEATH
RESIDENCE OF DECEDENT  10e. STATE  10b. COUN	тү		10c. CITY, TOW	N OR LOCA	TION					10d. INSIDE CITY
Maryland	Harford		Alc	erdee						LIMITS?
1400 S. Philade	elphia Blvd.			10	21001				U.S.	A.
11. MARITAL STATUS  1 Never Merried 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 5 1 IF YES, GIVE WAR O	YES 2 NO		If yes, s	CENDENT DF HISPA pecify Cuban, Maxic 8 2 NO Speci	an, Puerto I		a or No—	Spec	E — American Indian, k, White, atc. iite
15. DECEDENT'S ED (Specify only highest gra	DUCATION	16a. DECI	EDENT'S USUAL	one durina m	ION lost of working	16b	KIND OF BU	SINESS/INC	DUSTRY	
Elementary/Secondary (0-12) 12	College (1-4 or 5+)		Dervisc				Road	Cons	truc	tion
17. FATNER'S NAME (First, Middle, Last)	1 G				18. MOTNER'S N		M. R			
Charles H. Tay.	ior, Sr.	196	MAILING ADDE	RESS (Street	and Number or Rural		_	_		
Richard D. Tay	lor		5282 Sc				r, Ne			3077
20a. METHOD OF DISPOSITION  1 Burlei 2 Cremation 3 Ra 4 Donation 5 Other (Specify)			ND DATE OF DIS		lame of D., Inc.	5/2		ocation —	1000	own, State
21 SIGNATURE OF FUNERAL SERVICE				WW. IALCIAIF L	IND ADORESS OF F	T-		Homo	D	7
IMMEDIATE CAUSE (Final	Any Un or complications that ca e. List Dnly one cause of	on eech line.		Abe	ring-Care rdeen, Mo ode of dying, au	aryla	nd 2	1001 –	3399	Approximate interval Baty
23. PART i. Enter the diseases, o shock, or heart failure	Metastatic a. DUE TO (DR	on eech line.	Cance UENCE OF):	Abe	rdeen, Ma	aryla	nd 2	1001 –	3399	Approximate interval Baty
23. PART i. Enter the diseases, o shock, or heart failure immediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	metastatic a. DUE TO (DR b. DUE TO (DR c. DUE TO (OR d. DUE TO dee	AS A CONSEOU  AS A CONSEOU  AS A CONSEOU  AS A CONSEOU  Both but not re	UENCE OF): UENCE OF): UENCE OF):	Abenter the m	rdeen, Ma ode of dying, aud	aryla	nd 2' diac or reap	N AUTOPSY	3399 reat,	Approximate interval Batw Onest and D
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to the state of th

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

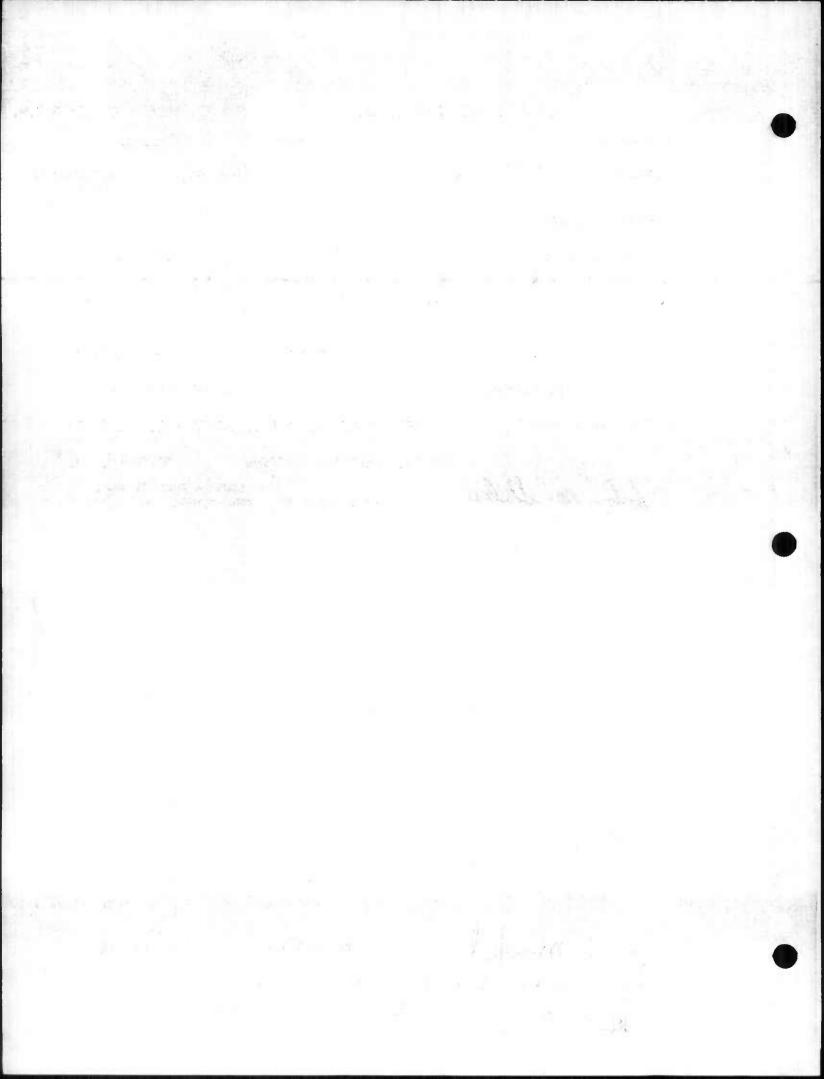
							7711		DEA			HEG. NO			
!	1. DECEDENT'S NAME (First	OWARD	LEE	THO	OMAS	;					2. DATE OF MONTH	DEATH D	AY	1996	3. TIME OF DEATH 12:20 P. M
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In	yrs. last bir	irthday) I	IF UNDER	1 YEAR	IF UNDER	1 24 HRS.	7. DATE OF			B. BIRTH	IPLACE (State or Foreign
	218-14-4397		1 🔀 M 2 🗆 F		73	YRS.	онтнѕ	DAYS	HOURS	MIN.	April 1	5°,	1923	Countr	ryland
_	9a. FACILITY NAME (If not in					9	b. CITY,			ON OF DE				NTY OF D	
힏	Home- 3101		ry Road					Cri	stle	ld, l	MD		S	omers	set
[ B	RESIDENCE OF DEC	10b. COUNTY	1	_	1	10c. CITY, 1	TOWN O	B LOCAT	TION					$\overline{}$	10d, INSIDE CITY
DIRECTOR	Maryland		nerset					isfi							LIMITS?
A	10e. STREET AND NUMBER							101	. ZIP COD	-			10g. CIT		VHAT COUNTRY?
BY FUNERAL	3101 Calva	ry Road	<u>E</u>							218	817			U.S.	.A.
5	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1			D					IC ORIGIN? (S		or No-	14. RACE	American Indian, t, White, atc.
Σ	1 Never Married 2 X 3 Widowed 4 Divo		IF YES, GIVE V							Specify.		ar, wide,		Specif	
		EDENT'S EDU													7111100
13	(Specify ont	y highest grade	completed)		(Give k	DENT'S US kind of work NOT use r	k done o	during mo	ON ost of workli	ng	16b. KI	ND OF BUS	SINESS/INC	JUSTRY	
7.	Grade 7	)-12)	College (1-4 or 5			ente					Co	nst.r	ucti	on	
COMPLETED	17. FATHER'S NAME (First, M	liciciin I nati			Carp	CITOC		_	10 MOT	MEDIC NAS	AE (First, Midd				
BE CO	James Edwaı		nas						16. MO1	Timl	ey Kii	klan	d.d		
TO B	19a. INFORMANT'S NAME (7										oute Number,				
F	Jean Thomas		<u> </u>		31	.01 C	alv	ary	Road	- C	risfie	eld,	MD :	21817	7
	20a. METHOD OF DISPOSIT  1 X Burlal 2 Crematic  4 Donation 5 Other	n 3 🗆 Rame	oval from State	20b. Pl	LACE AND egy, cremate DULLY	tory or other	DISPOS r place)	ITION (Na	ime of	6	/1/96			ield,	
	21. SIGNATURE OF PLHIRIA			1	1		22.1	NAME A	ND ADDRE	SS OF FAC	ILITY _	_			
	Robert	H Br	adshaw, J	au	1						ns Fur t Cı				21817
	23. PART I. Enter the d	Iseasas, or o	complications that	t causeti ti	ha death	n. Do not	antar	tha mo	da of dv	Ing. such	an cardia	or resol	ratory an	rest.	Approximate
	ahock, or h	aart fallura.	List only one cau	se on eac	h lina.						- 1	11111			Interval Between Onset and Death
	iMMEDIATE CAUSE (Fir disease or condition	nai		B	m.	1.00	w		Da. 0 '						Onset and Death
	resulting in death)		aDUE TO	(OR AS A C	ONSEQUE	ENCE OF):									
z			b	P	sta	state	e G	arcu	Jomes	21	Cen				
CERTIFICATION	Sequantisity list condit if sny, leading to imme	iona,	DUE TO	(OR AS A C	ONSEQUE	NCE OF):			~			0	1		
<u>S</u>	cause. Entar UNDERLY		c		Done	dog	jun	L =	Hyber	nong	Cell	ley	Tues	ua'	
E	that initiated events resulting in death) LAS		DUE TO	(OR AS A C	ONSEOUE	NCE OF):									
Ä	resulting in Loudin, Erro		d				-		-						
	PART ii. Other significa	nt condition	a contributing to	death but	not rasu	uiting in	the un	derlying	g causa :	given in i	Part I. 24	a. WAS AN		24b.	WERE AUTOPSY FINDINGS
EDICAL												PERFOR			AMILABLE PRIOR TO COMPLETION OF CAUSE
	/										_   '	YES 2	M NO	İ	OF DEATH?
Σ.	DID TOBACCO U	SE CONTI	RIBLITE TO CA	LISE OF	DEATH	VEC		JO E	1 11816	EDTAIN					1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO		AIDOIL TO CA			OF DEATH			1 0140	LKIMI					
S	EXAMINER?		HOSPITAL:			0	THER	t:	. c M o	aldana. (	8 Other (S				
¥	27. MANNER OF DEATH		28a. DATE OF	INJURY	-13	8b. TIME C	_	28c. INJ		asidenca	26d, DESCR		LUNITY OC	CUBED	
		Pending	(Month, D	lay, Year)		INJUR	M	WO	PRK?	¬ NO	200.0200.	/		DONED	
BY	0 0 0 1114	Could not be	28a. PLACE 8	FINJURY —	At home,	farm, stre	et, facto				28f. LOOKTI	ON (Street a	and Number	r or Rural F	loute Number
TED		datarmined	building,	atc. (Specify)	)						Offy or 1	own, State)			
7	29a. CERTIFIER (Check only	IFYING PHYSIC	CIAN: To the best of	my knowled	ige, death	occurred :	at the ti	me, data	and place	, and due t	to the cause(	a) and man	ner se ste	ted	
COMPLET															and manner as stated.
w II	29b. SIGNATURE AND TITLE	OF CERTIFIER	1	V	1	5			29c. LICI	ENSE NUM	BER				(Month, Day, Year)
TO B															
F	30. NAME AND ADDRESS OF William Gil							_ Cr	isfi	ലിപ്	MD 3	1817			
	31. DATE FILED (Month, Day,	Year)				21V C11	wc .	CI		CIU,	2				
	JUN 03 199	36 Ju	32. REGISTRA	-Karda	4										

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### Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

							00,		f Death		Re	g. No.		
	Physic	ian	1. Decedent's Nem	e (First, Middle,	Last)						Dete of Deet	h Dey	Yeer	3. Time of Death
	/Medi						OPPER,	JR.		MA	Y 17.	1996		11:35 P.
<i>}</i>	Exami	ner	4a. Fecility Neme (			umber)				vn, or Locatio	n of Death	4c. County		1
			5. Social Security N	ISET VAL		7 A //	for a 6 tab do at	If Under 1 Ye	SYKES or If Under 2		and the second production	HOM		
	Funeral Director		217-12-19		6. Sex 1⊠M 2□ F	7. Age (In yrs	. <i>Iast birtnday)</i> Yrs.	Months Dey		Min. (/	Dete of Birth Month, Day,	Year)	9. Birth	piece (State or Foreigntry)
			Usuel Residence of			79				INU	V. 23	, 1916	EMM.	ITSBURG, MD
yland	show of at		10a. Stete	10b. County		10c. C	ity, Town or Lo	cation						10d. Inside City Limit
Mar		tor	MARYLAND	HOWAR	D	SY	KESVIL	.E						1 ☐ Yes 2 💢 N
th	or 28	Directo	10e. Street end Nu	mber				10f. Zip Code	•		10	Og. Citizen of	What Co	untry?
uth w	238		950 SUN	ISET VAL	LEY DR.			217	784			U.S.	Α.	
r de	terms	Funeral	11. Meritel Stetus		Armed F	cedent Ever in U orces?	J,S. 13, V	Ves Decedent of Yes, specify Co	f Hispenic Orlg John, Mexican,	in? (Specify ' Puerto Ricar	Yes or No- n, etc.)		ce - Amer ck, White	ican Indien, o, etc.
72 hours after death with the Maryland	liene. r than "naturel", or items 23s or 28s-1 show the Medical Examiner naust be notified at	by F	1 ☐ Never Merr 3 🛱 Widowed	_	d 1 X Yes If Yes, G Yeer or	2 □ No ive Detes: WW	TT 1	I□Yes 2⊠N	o Specify:			Specif	y: 1	WHITE
hou	three series		3 pp 111001100	15. Decedent's		Detes: M.M.		lent's Usuel Occ	unation			16b. Kind of B		
.5	- 61	Completed		cify only highest	grade completed		(Give	kind of work don OO NOT use reti	e durina most	of working		TOD. TAILE OF D	u o ii i u o o o i	ndustry
d within	nd Mental Hygiene. marked other than imatic event, the M	mo	Elementery/Seco	naery (0-12)	COLLEGE	(1-4or 5+)	PRO.	JECTS MA	NAGER			CONS	TRUC	TION
e filed	d other	Be C	17. Father's Name	(First, Middle, L	ast)				18. Mother	's Neme (Fin	st, Middle, N	feiden Sumer	ne)	
d blu	Ments irksd	To	JAM	IES LEWI	S TOPPER	, SR.				MA	RGARE	T FLORI	ENCE	
2 sho	i and Mental I is marked or sumatic eve	ľ	19e. informent's No	eme/Reletionshi	p (Type, Print)		19b. Meilin	g Address (Stre	et end Numbe	r or Aural Ro	ute Number,	City or Town	Stete, Z	ip Code)
and	f Haalth and Meritem 27 is marks other traumatic		MARY MAR		EHART	Tee		SUNSET	ALLEY					
gas 1	If its		20e. Method of Disp		B Removei from	Stete	cemetery, cren	sition (Neme of netary or other p		De		20c. Location		
t. Pa	tant:			5 Other (Spe		NE		JOSEPH'		2/96		EMMITS	BURG.	, MD.
med	Department of Health ar Important: If item 27 is sny injury or other trsu once.		21. Signature of Fu	rel Service Li	censee	1.	22	. Name end Add	lress of Facility	SK	ILES	FUNERAI	HON	ME
			you	n ///	sia	روي		210 W. I	MAIN ST	. EMM	ITSBU	RG. MD		727
			23a. Page Enter to strock, or hee	ne disease, or c rt fallure. List o	omplications that nly one cause on	caused the dea eech line.	th. Do not ente	er the mode of d	ying, such es o	cardiec or res	piretory arre	961,	i	Approximate interval Between Onset and Deeth
	nysiclan Medical		Immediate Cause	(Finei	_								1	
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ata b	hysic the b	lica	thet initiated events resulting in death)		С		or es e consequ							3 1.5
Sertific	anding p	/Medical			d									
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requires that tha death	igned by be deta		chronic	angun	ia, c	000					1 🗆 Ye	2 200	3 Pr	obably 4 Unkno
alres	ngis c	d by									24a. Wes ar	autopsy		Vere sutopsy findings
	been si should	lete									perform		C	vailable prior to completion of cause of death?
N requ		100									1 □ Ye	o MN		☐ Yes 2☐ No
WB	has Je 2	E				<del></del>			28 Diace	of Deeth (Ch		6/4	'	LI Tes 2LINO
The law	has Je 2	e Completed	25. Was case refer	red to medical								nce 8 🗆 Ott	er (Spec	eifv)
The law	cartificata has ector, page 2	o Be	25. Was case reference examiner? 1  Yes 2 🔯		Hospitel:	inpatient 2	ER/Outpetien	3 DOA	Other: 4 Nur	sing Home			.0. (0,00	
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or Attending Physician: The law	or death. ector: After this cartificata has by tha funeral director, page 2	o Be	examiner? 1  Yes 2    27. Manner of Deett 1  Netural 2  Accident 3  Sulcide	No  h 5 Pending Investige 6 Could no	28e. Dete (Mon	of Injury oth, Dey Year)	28b. Time of Injury	28c. In W	ury et fork?	28d. lo	Describe ho	reet end Numi		ral Route Number,
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month Year 27,1996 ARCHIE VANBUREN MAY 12:20 P /Medical 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Fallston FALLSTON GENERAL ER HARFORD If Under 1 Yeer Birthplaca (Stete or Foreign Country) 5. Sociel Security Number 7. Age (In yrs. lest birthday) 8. Deta of Birth (Month, Day, Year) **Funeral** 1¼M 2□F Days Hours Min. Yrs. Director 233-20-7669 84 Dec. 16, 1911 West Virginia Usuei Residanca of Decedant with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. fnside City Limits "natural", or items 23s or 28s-f show 1 ☐ Yes 2 ☑ No Directo Maryland Harford Darlington 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? permit. Pages 1 and 2 should be filed within 72 hours after death 1 Department of Health and Mental Hygiene. Important: If itam 27 is marked other than "natural; or items 23a enty Injury or other traumatic event, the Medical Example 1980. 4303 Conowingo Rd. 21034 Funeral USA 12. Was Decedant Evar In U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-lt Yes, specify Cuben, Maxican, Puarto Rican, etc.) 14. Race - American Indian, Black, White, atc. 1 ☐ Yas 2 ☑ No If Yas, Giva Yeer or Detes: 1 ☐ Navar Married 2 ☐ Merried 1 ☐ Yas 2 ☑ No Specify: þ Specify: 3 ₩ Widowed 4 Divorced White Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Eiamantary/Secondary (0-12) Cotlege (1-4or 5+) Maintenance U.S. Government 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Malden Surnama) Be Otis Lenard Van Buren Virgie \_\_\_ Bostic 19e. Intormant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) William Van Buren - Son 106 Pyne Hills Rd., Rogersville, Tenn. 20b. Plece of Disposition (Nama of cematary, crematory or other plece) 20c. Location - City or Town, Stata 20a. Method of Disposition Deta 1 ☑ Burial 2 ☐ Crametion 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Othar (Specify) Air Memorial Gardens 5-31-96 Bel Bel Air, Md. 21. Signature of Funarel Sarvice L 22. Neme end Address of Facility Howard K. McComas III Funeral Home, P.A. 23a. Parf. Ehter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest,

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App. Approximata Intarvai Batw Onsat and Deeth Physician /Medical Immediata Causa (Final a. Hypertensive diseasa or conditior resulting in death) Examiner Examiner physician and the burial-transit law requires that the death certificate be executed Sequentially list conditions, if any, laading to immediata causa. Enter Underlying Ceusa (Disaasa or injury that initiated evants rasuiting in daath) Lest Dua to (or as a consequence of) Division of Vital Records, P.O. Box 68760 Physician/Medicai Due to (or es e consequança of): 88 for use as signed by the a Part If. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Dfd tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably W Unknown Dementia þ 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? page 2 s 1XYas 2 No certificate 25. Was casa referred to medical Be 26. Placa of Death (Check only ona) axaminar? Myes 2□ No Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 1 Inpatient 2€R/Outpatient 3□ DOA this 28a. Data of Injury (Month, Day Year) 27. Mannar of Deeth 28d. Dascribe how injury occurred 28b. Time of 1 Natural

Hospital or Attending Physician: funeral After death. after death Director: filled in by

5 Pending invastigation 2 Accident

6 Could not be datamined

28c. Injury et Work? 1 Yes 2 No 28a. Placa of fnjury - At homa, farm, straat, fectory, office building, atc. (Specify)

281. Location (Street and Number or Rural Route Number, City or Town, Stata)

(Check only one) 29b. Signeture and titla of certifiar

3 ☐ Sulcide

29a. Certifian

4 Homicide

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated.

\*Chief Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner stated. 29d. Dete signed (Month, Day, Year)

Vermis

OCME

MAY 29,1996

30. Name and addrass of person who complated cause of death (Item 23a) (Type, Print)

ennis hute MP 111 Penn Street, Baltimore, Maryland 21201 31. Data filed (Month, Day, Year)

State Registrar

32. Ragisrar's Signature MAY 3 0 1996

24 hours a

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within 24 ho To the Fune completely fi

BALTIMORE, MARYLAND 21215-0020 that death. Page 6 may be retained by the hospital or attending physician. The funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within-zer hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	0 7	0	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	5
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1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

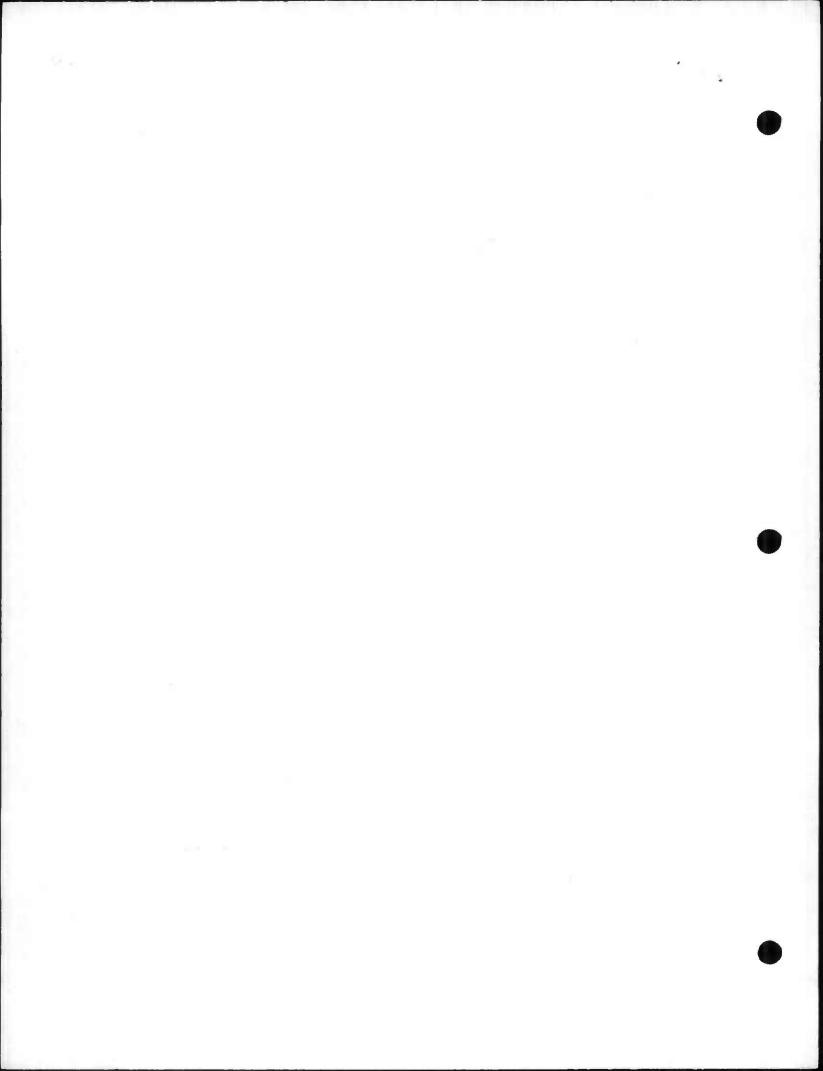
1. DECEDENT'S NAME (First, Middle, Last)

1. DECEDENT'S NAME (First, Middle, Last)

	REGISTRAR		CE	:KIIF	CAIL	OF	DEAL	п	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH	AY	YEAR	3. TIME OF DEATH
	MARY LUCILLE V								05 25	5 1	96	12:45 A M
	4. SOCIAL SECURITY NUMBER		B. AGE (In yrs. last		IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		a. BIRTH Country	PLACE (State or Foreign
	213-14-3638	1 🗆 M 2 💢 F	85	YRS.						910		vland.
· ·	9a. FACILITY NAME (If not institution, give s				9b. CITY, 1	rown c	OR LOCATIO	ON OF DE	ATN	9c. COU	NTY OF D	ÉÁTH
0	Bel Forest Nursing	g & Rehab.	Center		For	cest	Hil	1		H	arfo	rd
<u>입</u>	10e. STATE 10b. COUNTY	,		10c. CITY	, TOWN OR	LOCAT	ION					10d. INSIDE CITY
DIRECTOR	Maryland Har	ford			Bel	71.	_					LIMITS?
	10e. STREET AND NUMBER	2014			LCI	_	. ZIP CODE			10g. CITI	ZEN OF W	HAT COUNTRY?
FUNERAL	102 South Kelly A	Azanija Ar	ı+ 11				210	11				
3	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARI		13. W	AS DEC		_	IC ORIGIN? (Specify Yes		IISA 14. RACE	American Indian,
	1 Never Married 2 Married	FORCES? 1 [ IF YES, GIVE WAI		0	16.3	yea, sp	ocify Cubar 2 Tr NO	n, Maxicai	n, Puerto Ricen, etc.)		Black Specif	, White, etc.
ВУ	3 ☑ Widowed 4 □ Divorced	<u> </u>					**				арооп	White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		/GA	ve kind of w	JSUAL OCC	UPATIC	ON st of workin	a	16b. KIND OF BUS	SINESS/IND	USTRY	
삘	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIe.	Do NOT use	retired.)							
₹	8		Ho	memal	ker	_			Own I			
	17. FATHER'S NAME (First, Middle, Last)	G-1- 13	,						WE (First, Middle, Maiden			
B	William August  198. INFORMANT'S NAME (Type/Print)	Schwallen							e Mills			
임	William C. Wood								loute Number, City or Town			
	20a. METNOD OF DISPOSITION		20b. PLACE A	-				Str	eet, Maryl			
	1 Burial 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	oval from State	cemetery, crer	natory or oth	ner place)			_	1	CATION —		
	THE SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Ber Ai	r Mei			TONS		/28/96 Be	el Ai	r, M	aryland
	- 2400. V N	200.							omas III F	uner	al H	ome. P.A.
	Mary C.11	1- Comas			13	17	Coke	sbur	v Rd. Abi	nado	n. Mo	
	23. PART I. Enter the diseases, or canada ahock, or heart failure.	complications that d List only one cause	csused the det e on each ilne.	sth. Do no	ot enter th	he mo	de of dyle	ng, such	as cardlec or respi	ratory srr	est,	Approximate interval Between
	IMMEDIATE CAUSE (Final		, ,	. ,		1	,	0	A 1.	11.		Onset and Death
	disease or condition resulting in death)	Cereb	rovas	en	Lan	u	eci	Le	no Mu	ch	re	1 week
		DUE TO (C	OR AS A CONSEO	UENCE OF	- 7	15	A		10 -	V		1 10 0
징	Sequentially ilst conditions,	b	ID AS A COMPACT	12 O	-n/	a	un	1-	aun ?			yeurs
Į¥	if sny, lesding to immediate cause. Enter UNDERLYING	Con	roint.	The	/4	-	as. T	- 7	meline			1100-
CERTIFICATION	CAUSE (Disesse or Injury that initiated events	DUE TO (O	OR AS A CONSEQ	UENCE OF	//	1	- ur	~				1
듄	resulting in death) LAST	Re	heun	2004	g-vy		an	m	~ds			years
EDICAL	PART II. Other significant condition	s contributing to d	eeth but not re	sulting in	the unde	eriying	ceuse g	iven in i	Part i. 24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
ă		<del></del>							1 YE\$ 2	NO		COMPLETION OF CAUSE OF DEATH?
Σ							,		_			1 _ YE\$ 2 _ NO
ž	DID TOBACCO USE CONTI	RIBUTE TO CAU					UNC	ERTAIN				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE		OTHER:	ly one)						
ΙΥS	1  YES 2 NO	1 Inpetient 2 I		□ DOA	4 M Nursin			sidence	8 Other (Specify)			
	1 Netural 5 Pending	28a. DATE OF IN (Month, Day,		28b. TIME INJU	OF 2	_	RK?		28d. DEŞCRIBE NOW II	NJURY OCC	CURED	
BY	2 Accident Investigation	20- 01-05-05	(0) H (00)		M	1   Y		NO				
8	3 Suicide 8 Could not be 4 Nomicide determined	building, et	INJURY — At hon c. (Specify)	ne, farm, at	reet, fectory	y, office			281. LOCATION (Street a City or Town, State)	ind Number	or Rural R	oute Number,
Ē	200 CENTIFIED											
MPI	29e. CERTIFIER (Check only one)  1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.											
COMPLETED	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as etated.											
BE	296. SIGNATURE AND TITLE OF CERTIFIER	BO MIN	25	1-1	0		29c. LICE	NSE NUM	BER	29d. DATE	SIGNED	(Month, Day, Year)
10	Ladernoc.	o copo c	10	1			26	67	87	M	dy o	16, 1896
	DEPENDENT OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM			11	Hin	4500	100000	DA	1100	2 = // = //
	TERPEN SO	VILATA	-AU, M	1.0.	16	16	HAR	Joh	DKON	1711	4>1	04402/047
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	S SIGNATURE	P. I								
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232—72—2277  *** TREATMENT AND PROBLEMS OF SERVICE OF BUSINESS OF SERVICE OF		4. SOCIAL SECURITY NUMBER		6. AGE (in yrs. last b		1					a. BIRTHI	PLACE (State or Forei
B. RECITY TOWN OR LOCATION OF LOCATION OF DEATH  RESTORATED OF COUNTY  THE RESTORATED OF DECEDENT  100. STATE OF COUNTY  MARYNAL STATUS  11   No. STATE OF COUNTY  MARYNAL STATUS  12   No. STATE OF COUNTY  11   No. STATE OF COUNTY  12   No. STATE OF COUNTY  12   No. STATE OF COUNTY  12   No. STATE OF COUNTY  12   No. STATE OF COUNTY  13   No. STATE OF COUNTY  14   No. STATE OF COUNTY  15   NO. STATE OF COUNTY  16   NO. STATE OF COUNTY  16   NO. STATE OF COUNTY  17   NO. STATE OF COUNTY  18   NO. STATE OF COUNTY  19   NO. STATE OF COUNTY  19   NO. STATE OF COUNTY  10   No. STATE OF COUNTY  11   NO. STATE OF COUNTY  11   NO. STATE OF COUNTY  12   NO. STATE OF COUNTY  12   NO. STATE OF COUNTY  12   NO. STATE OF COUNTY  13   NO. STATE OF COUNTY  14   NO. STATE OF COUNTY  15   NO. STATE OF COUNTY  16   NO. STATE OF COUNTY  17   NO. STATE OF COUNTY  18   NO. STATE OF COUNTY  19   NO. STATE OF COUNTY  10   NO. STATE OF COUNTY  10   NO. STATE OF COUNTY  11   NO. STATE OF COUNTY  12   NO. STATE OF COUNTY  12   NO. STATE OF COUNTY  13   NO. STATE OF COUNTY  14   NO. STATE OF COUNTY  15   NO. STATE OF COUNTY  16   NO. STATE OF COUNTY  17   NO. STATE OF COUNTY  18   NO. STATE OF COUNTY  19   NO. STATE OF COUNTY  10   NO. STATE OF COU		232-72-4277	1 🗆 M 2 🔀 F	50	YRS. MONTHS	DAYS	HOURS MIN.			1946	,	,
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DE DU TOUR PROMERTS DOUCTON   Specify   Specif	E	2857 Browni	na Court				2100	0			**	CA
DE DU TOUR PROMERTS DOUCTON   Specify   Specif	3		12. WAS DECEDENT	EVER IN U.S. ARME	ED 13.	WAS DEC			N2 (Specify Yea	or No		A STATE OF THE PARTY OF THE PAR
Windows   Speciment   Specim		1 Never Married 2 Merried	FORCES? 1	YES 2 NO		If yes, spe	cify Cuban, Mexico	en, Puerto	Rican, atc.)	01110	Black,	White, etc.
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TY. RATHER'S NAME (First, Middle, Latel)  17. RATHER'S NAME (First, Middle, Latel)  18. MOTHER'S NAME (First, Middle,	E			(Give	kind of work done	during mos	st of working	10	b. KIND OF BOS	MESSAMOL	JSINY	
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TO DO TO DO	- 1									Surname)		
Tacy Dare Woodruff   19th MALINA ADDRESS (Timer and Number of Plant Route Number, City or Town, State 20 Committed 2   Committed 3   Committed 3   Committed 3   Committed 2   Committed 3   Committed 2   Committed 3   Committed 2   Committed 3   Committed 2   Committed 3   Committed 2   Committed 3   Committed 2   Committed 3   Committed 2   Committed 3   Committed 2   Committed 3   Committed 2   Committed 3   Committed 2   Committed 3   Committed 3   Committed 2   Committed 3   Committed 2   Committed 3   Committed 2   Committed 3   Committed 2   Committed 3   Committ	H		Cornwell	11 11								
TTACY DATE WOOCHUIT  200. PERCENTION CONTROL OF DEPOSITION (Name of Court, Abinacion, Maryland 200. PLACE AND LATE OF DEPOSITION) (Name of Court) (Name of Name of Name of Court) (Name of Nam		19a. INFORMANT'S NAME (Type/Print)		19b, I	MAILING ADDRES	S (Street o	nd Number or Rural	Route Nun	ber, City or Town	n, State, Zip	Code)	
309. METHOD OF DISPOSITION 10° Buttlet 2 Corresistion 3 □ Removel from State 2 □ Densition 5 □ Other (Specify) 21. SIGNATURE OF PURPAGE 21. SIGNATURE OF PURPAGE 22. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH YES □ NO □ UNCERTAIN □ 23. PART I. Enter they bleeseas, or complications that coused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, and in the second of the piece.  23. PART I. Enter they bleeseas, or complications that coused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, and in the second of the piece.  24. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH YES □ NO □ UNCERTAIN □  25. PART I. Enter they bleeseas, or complications that coused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, and in the second of the piece.  25. PART I. Enter they bleeseas, or complications that coused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, and in the second of the piece.  26. PART II. Other algnificant conditions.  27. PART II. Other algnificant conditions.  28. PART II. Other algnificant conditions.  28. PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.  26. PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.  26. PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.  27. WAS CASE REFERRED TO MEDICAL  28. PARCE OF DEATH YES □ NO □ UNCERTAIN □  28. PARCE OF DEATH YES □ NO □ UNCERTAIN □  29. PARCE OF DEATH YES □ NO □ UNCERTAIN □  29. PARCE OF DEATH YES □ NO □ UNCERTAIN □  29. PARCE OF DEATH YES □ NO □ UNCERTAIN □  29. PARCE OF DEATH YES □ NO □ UNCERTAIN □  29. PARCE OF DEATH YES □ NO □ UNCERTAIN □  29. PARCE OF DEATH YES □ NO □ UNCERTAIN □  29. PARCE OF DEATH YES □ NO □ UNCERTAIN □  20. PARCE OF DEATH YES □ NO □ UNCERTAIN □  20. PARCE OF DEATH YES □ NO □ UNCERTAIN □	- 1	Tracy Dare W	codruff		2857 Br	owni	na Court	. Ab	inadon	. Mar	vlan	d 21009
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1317 Cokesbury Road, Abincron, Ma.   23. PART I. Enter thy Sleases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, alone, dy heart failure. List only one cause on each line.   April 10   10   10   10   10   10   10   10		21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	1110. VO.	22.	NAME AN	D ADDRESS OF FA	CILITY				
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25. WAS CASE REFERREO TO MEDICAL  EXAMINER?  1 Say 1 Say 2 NO  27. MANNER OF DEATH  1 Natural  28. DATE OF INJURY  (Month, Day, Year)  28. DATE OF INJURY  (Month, Day, Year)  28. PLACE OF DEATH  28. DATE OF INJURY  (Month, Day, Year)  28. PLACE OF INJURY  (Month, Day, Year)  28. PLACE OF INJURY  (Month, Day, Year)  28. PLACE OF INJURY  (Month, Day, Year)  28. PLACE OF INJURY  (Month, Day, Year)  28. PLACE OF INJURY  (Month, Day, Year)  28. PLACE OF INJURY  (Month, Day, Year)  28. PLACE OF INJURY  (Month, Day, Year)  28. PLACE OF INJURY  At home, farm, stree1, fectory, office  28. LOCATION (Street end Number or Rural Route Num  City or Yown, Stete)  29. CERTIFIER  (Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, end due to the cause(a) and manner ea stated.  One)  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day)  29d. DATE SIGNED (Month)  29d. DATE SIGNED (Month)  29d. DATE SIGNED (Month)  29d. DATE SIGNED (Month)  29d. DATE SIGNED (Month)  29d. DATE SIGNED (Month)  29d. DATE SIGNED (Month)	CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (C	OR AS A CONSEQUE	ENCE OF):	9 4	× 61 11	ICA	24a. WAS AN / PERFORI	AUTOPSY MED?	24b. \	Approximatinterval Bat Onset and Ons
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27. MANNER OF DEATH  1 Natural S Pending Investigation   28a. DATE OF INJURY (Month, Day, Year)   28b. Time OF INJURY AT WORK?   1 YES 2 NO   28d. DESCRIBE HOW INJURY OCCUREO   1 YES 2 NO   1 YES 2 NO   28d. DESCRIBE HOW INJURY OCCUREO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   28d. DESCRIBE HOW INJURY OCCUREO   1 YES 2 NO   1 YES	MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions.	DUE TO (1)  DUE TO (1)  DUE TO (1)  DUE TO (1)  d.  One contributing to contri	OR AS A CONSEQUE  OR AS A CONSEQUE  OR AS A CONSEQUE  OR AS A CONSEQUE  OR AS A CONSEQUE  DESCRIPTION OF THE TENT	ENCE OF):  ENCE OF):  ENCE OF):  Ulting in the unit	G S	cause given in	Part I.	24a. WAS AN / PERFORI	AUTOPSY MED?	24b. \	Approximatinterval Bationset and Ons
2   Accident   Investigation   28e. PLACE OF INJURY — At home, farm, street, fectory, office   28f. LOCATION (Street and Number or Rural Route Num City or Town, State)    28e. CERTIFIER   Check only one)   2   MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER   29c. LICENSE NUMBER   29d. DATE SIGNED (Month, D. C. C. C. C. C. C. C. C. C. C. C. C. C.	MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in daeth)  Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant conditions in the condition of	DUE TO (C)  DUE TO (C)  DUE TO (C)  DUE TO (C)  DUE TO (C)  TRIBUTE TO CAL	OR AS A CONSEQUE  OR AS A CONSEQUE  OR AS A CONSEQUE  OR AS A CONSEQUE  OR AS A CONSEQUE  DESCRIPTION OF THE TENT	ENCE OF):  ENCE OF):  ENCE OF):  Ulting in the use of t	G S	cause given in	Part I.	24a. WAS AN / PERFORI	AUTOPSY MED?	24b. \	Approximatinterval Bationset and Ons
2   Accident   Investigation   2   Accident   Suicide   3   Suicide   5   Could not be determined   28e. PLACE OF INJURY — At home, farm, street, fectory, office   28i. LOCATION (Street end Number or Rural Route Num City or Yown, Stete)   29e. CERTIFIER   Check only one)   2   MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) and manner ea stated. One)   29e. SIGNATURE AND TITLE OF CERTIFIER   29e. LICENSE NUMBER   29e. LICENSE NUMBER   29d. DATE SIGNED (Month, Date of County of the County of	SICIAN: MEDICAL CERTIFICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions in the condition of	DUE TO (C. DUE TO (C.	OR AS A CONSEQUE  OR AS A CONSEQUE  OR AS A CONSEQUE  OR AS A CONSEQUE  DESCRIPTION OF THE THE THE THE THE THE THE THE THE THE	ENCE OF):  ENCE OF):  ENCE OF):  Ulting in the us  OF DEATH (Check	Q €	cause given in	Part I.	24a. WAS AN / PERFORI 1 YES 2	AUTOPSY MED?	24b. \	Approximatinterval Bat Onset and Ons
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4 Homicide determined N. C. CRTIFIER (Check only or lown, Stere)  29e. CERTIFIER (Check only or lown)  2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner ea stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, D. C. C. C. C. C. C. C. C. C. C. C. C. C.	PHYSICIAN: MEDICAL CERTIFICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions in the condition of	DUE TO (C. DUE TO (C.	OR AS A CONSEQUE  OR AS A CONS	ENCE OF):  ENCE OF):  ENCE OF):  Ulting in the use of t	NO only one) R: sing Home 28c. Wol	Cause given in  UNCERTAII  5 % Residence	Part I.	24a. WAS AN / PERFORIT 1 YES 2	AUTOPSY MED?  AUTOPSY MED?  AUTOPSY MED?	245.	Approximatinterval Bationset and Ons
296. SIGNATURE AND TITLE OF CERTIFIER  GOVERNMENT DATE  296. LICENSE NUMBER  296. DATE SIGNED (Month, D  MAY 27  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)	BY PHYSICIAN: MEDICAL CERTIFIC	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions are understood to b	DUE TO (C. DUE TO (C.	OR AS A CONSEQUE  OR AS A CONSEQUE  OR AS A CONSEQUE  OR AS A CONSEQUE  OR AS A CONSEQUE  DEATH  26. PLACE  ER/Outpatient 3   NJURY  (Neer)  21.	ENCE OF):  ENCE OF):  ENCE OF):  Ulting in the unit uniting in the uniting in the uniting in the uniting in the unit uniting in the uniting in the uniting in the uniting in the unit uniting in the unit	NO Only one) Plant Home 28c. Wol 1 You	Cause given in  UNCERTAII  5 % Residence	Part I.  8	24a. WAS AN / PERFORIT 1 UYES 2	AUTOPSY MED? NO NO	24b. \	Approximal Interval Bai Onset and Onset and WERE AUTOPSY FIN MAILLABLE PRIOR TO COMPLETION OF CA OF DEATH?
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296. SIGNATURE AND TITLE OF CERTIFIER  GALLICENSE NUMBER  296. LICENSE NUMBER  296. DATE SIGNED (Month, D  MAY 27  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)	ED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in daeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions in the condition of	DUE TO (C. DUE TO (C.	OR AS A CONSEQUE  OR AS A CONSEQUE  OR AS A CONSEQUE  OR AS A CONSEQUE  OR AS A CONSEQUE  DEPLOY OF THE TENT OF TH	ENCE OF):  ENCE OF):  ENCE OF):  ENCE OF):  OF DEATH (Check  OTHE I  DOA 4 Nur  NUTRY  M  OF INJURY  M  OF OCCUPRED at the 1	NO Only one) R: sing Home 26c. INJL 1 Yetory, office	Cause given in  UNCERTAII  5 AReaidence  JRY AT  RRY  ES 2 NO	Part I.  6 Other 28d. DE 28f. LOC	24a. WAS AN / PERFORIT 1 UYES 2	AUTOPSY MED?  AUTOPSY MED?  AUTOPSY MED?  Autopsy occurrence of the state of the st	UREO Or Rural Ro	Approximatinterval Bat Onset and Ons
9 Grand DME 021809 MAY 27  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)	ED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in daeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions in the condition of	DUE TO (C. DUE TO (C.	OR AS A CONSEQUE  OR AS A CONSEQUE  OR AS A CONSEQUE  OR AS A CONSEQUE  OR AS A CONSEQUE  DEPLOY OF THE TENT OF TH	ENCE OF):  ENCE OF):  ENCE OF):  ENCE OF):  OF DEATH (Check  OTHE I  DOA 4 Nur  NUTRY  M  OF INJURY  M  OF OCCUPRED at the 1	NO Only one) R: sing Home 26c. INJL 1 Yetory, office	Cause given in  UNCERTAII  5 AReaidence  JRY AT  RRY  ES 2 NO	Part I.  6 Other 28d. DE 28f. LOC	24a. WAS AN / PERFORIT 1 UYES 2	AUTOPSY MED?  AUTOPSY MED?  AUTOPSY MED?  Autopsy occurrence of the state of the st	UREO Or Rural Ro	Approximatinterval Bat Onset and Sonset and
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)	COMPLETED BY PHYSICIAN: MEDICAL CERTIFIC	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions in the conditions of th	DUE TO (1)  DUE TO	OR AS A CONSEQUE  OR AS A CONSEQUE  OR AS A CONSEQUE  OR AS A CONSEQUE  OR AS A CONSEQUE  DEPLOY OF THE TENT OF TH	ENCE OF):  ENCE OF):  ENCE OF):  ENCE OF):  OF DEATH (Check  OTHE I  DOA 4 Nur  NUTRY  M  OF INJURY  M  OF OCCUPRED at the 1	NO Only one) R: sing Home 26c. INJL 1 Yetory, office	Cause given in  UNCERTAII  5 AReaidence  JRY AT  RK?  ES 2 NO	Part I.  S Other  28d. DE  28f. LOC  City  to the ce  time, dete	24a. WAS AN / PERFORIT 1 UYES 2	AUTOPSY MED?  AUTOPSY MED?  AND NO  AN	UREO or Rural Ro	Approximat Interval Bat Onset and I Onset
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45 PRASHU 1810 BEZAIRMO FALLICA MA SIDET WID 674 (17	BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions are understood to be used t	DUE TO (1)  DUE TO (1)  DUE TO (1)  DUE TO (1)  DUE TO (1)  DUE TO (1)  TRIBUTE TO CAL  HOSPITAL:  1   Inpatient 2    28e. DATE OF II  (Monit, Day  28e. PLACE OF II  28e. PLA	OR AS A CONSEQUE  OR AS A CONSEQUE  OR AS A CONSEQUE  OR AS A CONSEQUE  OR AS A CONSEQUE  DESCRIPTION  OF AS A CONSEQUE	ENCE OF):  ENCE OF):  ENCE OF):  ENCE OF):  Ulting in the use of t	NO Only one) R: sing Home 26c. INJL 1 Yetory, office	Cause given in  UNCERTAII  5 AResidence  PRY AT  18C?  18C?  20 NO  end place, end due  outh occurred at the  29c. LICENSE NUE	Part I.  S Other  28d. DE  28f. LOCCHY  to the ce  time, date	24a. WAS AN / PERFORIT 1 UYES 2	AUTOPSY MED?  AUTOPSY MED?  AUTOPSY OCCU  AND NO  AUTOPSY	24b. 1  UREO  Or Rural Ro  d.  ceuse(s)	Approximat Interval Bat Onset and I Onset
31. DATE FILED (MONT), Day, Tolar) 32. /FEGISTRAR'S SIGNATURES	BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in daeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant conditions in the condition of	DUE TO (1)  DUE TO	OR AS A CONSEQUE  OR AS A CONS	ENCE OF):  ENCE OF):	NO only one) R: sing Home 28c. INJL Woll 1 y tory, office	UNCERTAII  UNCERTAII  SAResidence  JRY AT  ES 2 A NO  end place, and due eath occurred at the  29c. LICENSE NUR  0 2 1	Part I.  6 Othor  28d. DE  281. LOC City  to the ce  1ime, dete	24a. WAS AN / PERFORI 1 UYES 2	AUTOPSY MED?  AUTOPSY MED?  A NO  HJURY OCCL  Ind Number of the due to the  29d. DATE	24b. VAREO  Or Rural Ro  d.  Coupe(s)  Signed (i	WERE AUTOPSY FINAMALABLE PRIOR TO COMPLETION OF CALOF DEATH!  1 YES 2 K No.



HARFORD

YEAR

USA

96

3. TIME OF DEATH

10d, INSIDE CITY

14. RACE — American Indian, Black, White, atc.

Black

1X YES 2 □ NO

Approximata

Interval Batween Onset and Death

8AM

after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

permit. Pages 1, 2, 3

burial-transit

use as the

page 5 should be detached for

director,

funeral

filled in by

RECORDS,

requires that the

OR ATTENDING PHYSICIAN: The law

FUNERAL

BY

COMPLET

notified at be 1 must examiner removal. medical the cremation, traumatic event, and com o burial, prior to attending physician rital Hygiene prior to other 1 0 the atten Injury, 30 any signed t shows has been Dept. of h 23 this certificate has with the State Dirked, or Item Item

CERTIFICATION

PHYSICIAN: MEDICAL

BY

ETED

COMPL

BE

2

marked,

TO THE HOSPITAL OR ATTENDING PH TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death wi IMPORTANT: If Item 28 is marke

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH HAZEL LENA WILLIAMS MAHAY 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Yea 240-60-0498 JUN 1014 38 1 M 2 55 Se. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 453 BATTERY DRIVE DE GLACE HAVLE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY Md. Havre De Grace Harford 10g, CITIZEN OF WHAT COUNTRY? 10e. STREET AND NUMBER 101. ZIP CODE 453 Battery Drive 21078 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)
 I YES 2 NO Specify: 11. MARITAL STATUS 1 Never Married 2 Married
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Nurse Medical Industry 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Charlie McDonald Isabelle Rodgers 19e. INFORMANT'S NAME (Type/Print) Ms. Bertha Coston 453 Battery Dr. Havre De Grace, Md. 20a. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State 4 ☐ Donation 5.☐ Other (Specify) \_\_ 21. SIGNATURE OF FUNERAL SERVICE LIDEA 552 Lewis St. Houre de la 23. PART I, Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition A CUTE COLONARY ARTERY
DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) SCJD
DUE TO (OR AS A CONSEQUENCE OF): Sequantially ilat conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa

> 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 YES 2 NO

HYPERTENSION

DIABETES MELLITUS

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL

PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i.

EXAMINER? HOSPITAL: OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA

27. MANNER OF DEATH 1 X Natural 8 Pending

resulting in death) LAST

Investigation 2 Accident 3 Sulcide 6 Could not be datermined 4 Nomicide

26a. DATE OF INJURY (Month, Day, Year) NA

28b. TIME OF M M 28s. PLACE OF INJURY — At home, term, street, tectory, office building, stc. (Specify)

28c. INJURY AT WORK? 1 YES 2 NO

28d, DESCRIBE NOW INJURY OCCURED

NA 28t, LOCATION (Street and Number or Rural Route Number, City or Town, State) NA

29a. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.

NA

296. SIGNATURE AND TITLE OF CENTIFIER Garusunt L ~

021809

29c. LICENSE NUMBER

29d, DATE SIGNED (Month: Day, Year) MOR 1996

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

9.S. PRABHU BELAIR MO FALLSION MD 21047 410 879 6574

9.5. PRABHU 1810 BELAIR NO 31. DATE FILED (MORIN, Day, YOUT) 24 1996 School Sudvalar Raylett

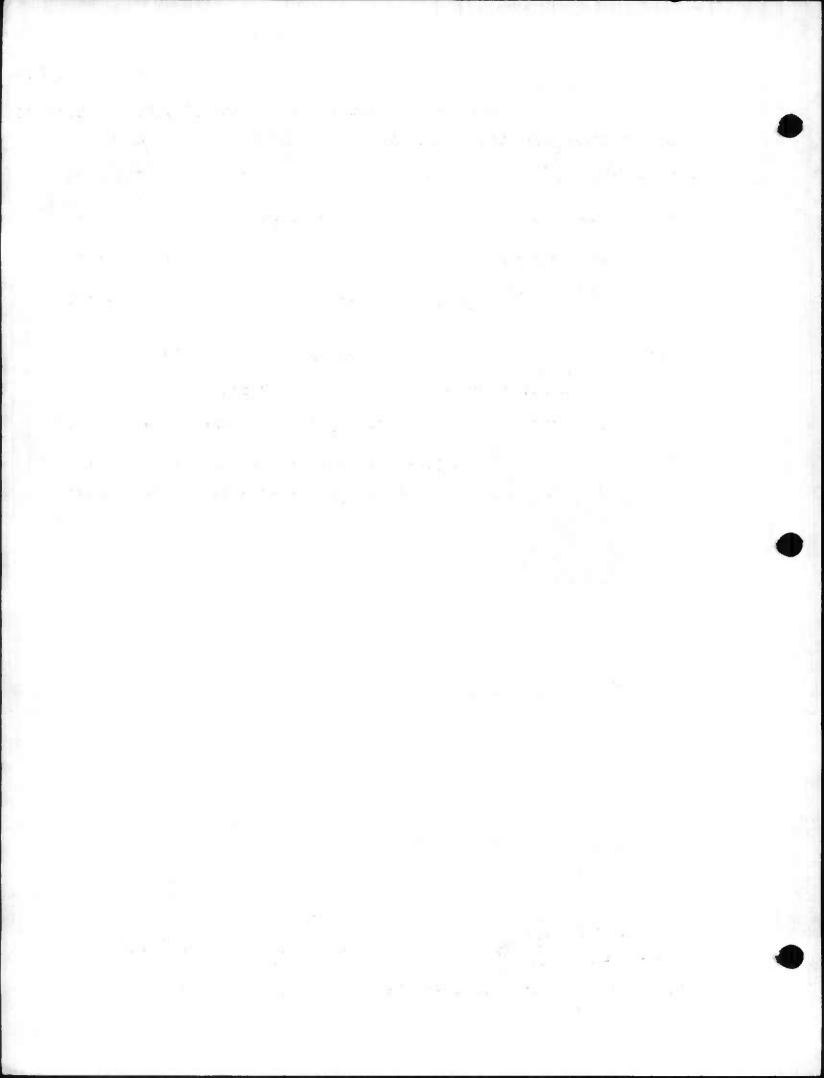
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State of Maryland / Department of Health and Mental Hygiene

				Otate of Mary	Tarre		Certificate of		wientanny	Reg. No.	96	17777
	Physic /Medi		Decedent's Nema (First, Middle, La.	RAND	OLF	Н	WROTE	EN, JR.	2. Deta of De Month MAY	30 199	Yeer	3. Time of Death  12:22 PN
?	Exami	ner	4a. Fecility Neme (If not Institution, given THE MEMORIAL		AT :	EAS	STON	4b. City, Town, or EAS	Location of Deet TON		y of Deeth ALBOT	
	Funeral Director		5. Social Sacurity Number 2 1 8 - 2 4 - 2 5 2 1  Usuel Residence of Decedent	ax 7. Aga (In IX M 2□ F	-	st birti	Months De	ear if Under 24 Hrs bys Hours Min		rth ay, Year) 1/26	9. Birthple Country Delaw	ce (Stete or Foreign
	h the Maryland r 28a-f show	tor	10a. Stete 10b. County MD Caroli		c. City,	, Town	or Location	ederals	bura		100	d. inside City Limits 1 □ Yas 2 □ No
	th with the 23a or 28a	ai Director	10e. Street and Number 311 Academy A	venue			10f. Zlp Coo			10g. Citizan of United		
020	72 hours after death with the Maryland "naturel", or items 23s or 28s-f show added Exampler must be notified at	by Funeral	11. Maritel Status  1 □ Never Merried 2 ☒ Married  3 □ Widowed 4 □ Divorced	12. Wes Decedent Ever Armed Forces? 1∑ Yes 2 ☐ No If Yas, Give Yeer or Datas: W		s. [ ]	13. Was Decedant If Yes, specify 0	of Hispanic Origin? ( Cuban, Mexican, Pue No Specify:	Specify Yas or No rto Rican, etc.)	5- 14. Ra Ble Specifi	ce - Amarican ick, White, etc fy: Wh	
Maryland 21215-0020	within	Completed	15. Decedent's Ec (Specify only highest gra Elementery/Secondery (0-12)	lucation de completad) College (1-4or 5+)			Decedent's Usuel Oc (Give kind of work do life. DO NOT use re ade Fore	one during most of wo tired)	orking	16b. Kind of E	Business/Indu	
nd 2	事事	Be Co	17. Fether's Neme (First, Middle, Last)			-	uuc 1016		ame (First, Middle			- II
yla		To		dolph Wro	ten			Elval				
Mai	122 Tra		19e. Informent's Neme/Reletionship (1997)  Joanne W. Wrot				Meiling Address (Str 1 Academ					
re,	of Health of Health filem 27		20e. Method of Disposition	2	20b. Ple	eca of	Disposition (Name or cremetory or other	f	Dete	20c. Location		
imo	Pages ment of I ant: If Its ury or o		Marial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify		Hil		Crest Ce		5-2-96	Feder	alsbu	irg. MD
Baltimore,	permit. Pages 1 a Department of Hei Important: if item eny injury or othe		21. Signature of Funerel Sarvice Licen	5 bus				m-Hawki		w Fune		
,	Physician /Medical Examiner	er.	23e. Part1. Enter the diseesa, or companies, or heer feilure. List only immediate Cause (Finel disaase or condition resulting in deeth)	a Arteriose	Dr.	we	ot enter tha mode of Card onsequence of):				ir	Approximete Intervel Between Poset end Death
Box 68760,	certificate be executed nding physician and use as the burial-transit	n/Medical Examiner	Sequentielly list conditions, if any, leading to Immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in deeth) Last	c			onsequence of):					
Ö.	death cer ne attendir ed for use	Physician/W	Part II. Other significant conditions of	ontributing to death but no	ot result	ting in	tha underlying cause	given in Part I.	23b. Did	tobacco use co	ontribute to ti	he cause of death?
s, P.O.	ires that the death cert signed by the attendin d be detached for use	by Phy							10	Yss 2□ No	3 Proba	bly Winknown
Division of Vital Records,	aw requisite been 2 should	Completed								an eutopsy ormed?	svaile	a autopsy findings ebie prior to pletion of cause sth?
al	ate pag		OF 116						10		101	Yes 2 No
5	Physician: this certific	To Be	25. Wes case referred to medical examiner?  1) Yes 2 No	Hospitel: 1 ☐ Inpatient	2 1 E	R/Out	petient 3 DOA	Other	eth (Check only Home 5 Resi		her (Snecify)	
sion o	al or Attending Physical after death.  I Director: After this od in by the funeral di		27. Menner of Deeth  1 Naturel 5 Pending 2 Accident Investigation	28e. Dete of injury (Month, Day Ye	2	28b. TI	lme of 28c. I	njury et Work? 1 □ Yes 2 □ No		how Injury occu		
DIX	tal or Atterns after de al Directe led in by t	Certification:	3 Suicide 6 Could not be 4 Homicide determined	28e. Pieca of Injury - building, etc. (S	At horn	ne, fer	m, street, factory, offi	Ce	28f. Location ( City or To	Street end Num wn, Stete)	ber or Rural F	łoute Number,
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edicai	29a. Certifier 1☐ Certifying Phy (Check only one) 2 Medical Exam	vaician: To the best of my iner: On the basis of exa and manner stated.	y knowl mlnetic	ledge, on end	deeth occurred at the for Investigation, in m	e time, dete end plec ny opinion, deeth occ	e, and due to tha surred et the time,	cause(s) and m dete end piece,	enner as stat , end due to th	ed. ne cause(s)
	To To To To To To To To To To To To To T	Σ	29b. Signature and with or cominer	12			29c. Llc	ansa number		29d. Data sign	ed (Month, De	iy, Year)
				3	411		7	24769		513	1 196	
			30. Name and eddress of person who d					Court	Faston	MD 21	601	
	Sta	ite	L. Thomas Divi	32. Registrer's	Signetu	re ,	D. d. m	court,	Laston	NIU ZI	.001	7-
	Registr	ar	Jun 4 30	and to	wia	107 V-	Marinese					

DHMH 16 Rev 6/95



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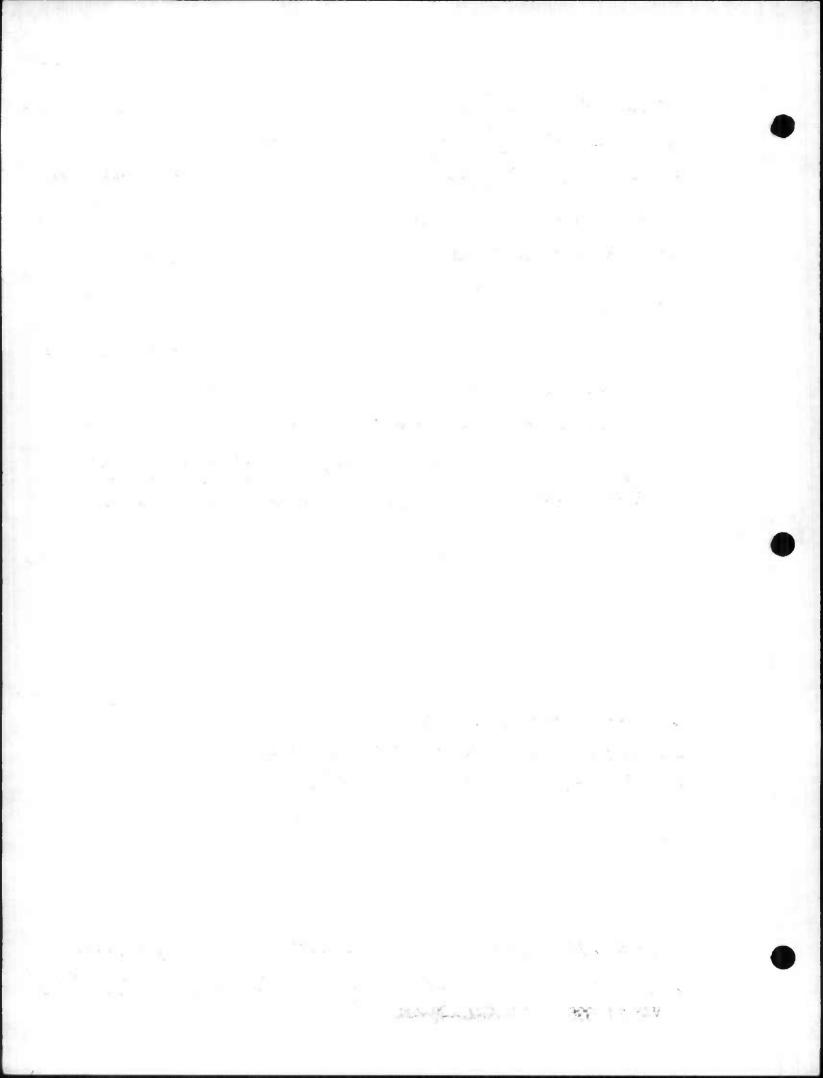
				State of Maryla		rtificate of			Reg. No.	6 1	7778
Г	Physic	ian	1. Decedent's Neme (First, Middle, Last					2. Dete of Dee Month	oth Day	Year	3. Time of Death
ı.	/Medi	cai	CHARLES DEA				4b. City, Town, or Lo		30 , 19 4c. County		4:53 PM
-	Examile Funeral Director	ner	SAINT JOSEPH M 5. Social Security Number 6. Sec	EDICAL CEN	TER s. lest birthdey) Yrs.	If Under 1 Yeer Months Deys	TOWSON M		D BALT	IMOR	E ace (Stete or Foreign Sylvania
	Maryland H ehow	tor	Usual Residence of Decedent  10a. State 10b. County  Maryland Calvert		City, Town or Lo	ocation				10	od. inalde City Limits
	th with the 23e or 28 unt be not	al Director	10e. Street end Number 11256 Sitting Bu	ull Trail		10f. Zip Code 2065	57		10g. Citizen of V Unit		tates
020	d within 72 hours after death with the Maryland jiene. I then "natural", or items 23s or 28s-f show the Modes! Examiner must be notified at	by Funeral	11. Marital Status  1 Never Married 2 Married  3 Widowed 4 Divorced	12. Was Decedent Ever in Armed Forces?  1X Yes 2 □ No It Yes, Give Year or Dates: 4 4 —		Was Decedent of It Yes, specify Cub	Hispanic Origin? (Spo en, Mexican, Puerto Specify:	ecify Yes or No- Rican, etc.)		e - America ck, White, e	itc.
21215-0020	filed within 72 ho Hygiene. ther than "naturent, the Medical	Completed	15. Decedent's Edu (Specify only highest grade Elementery/Secondary (0-12)	cation e completed) College (1-4or 5+)	(Give	dent's Usual Occu kind of work done DO NOT use retire	pation during most of work ed)	ing	Westi:	ngho	use
Maryland 2	be file d othe event,	To Be Co	12 17. Fether's Neme (First, Middle, Last) John Wirick		supe	IVISOI	18_Mother's Name Harrie	Chape			
Mary	20 0 0 0	-	19a. informant's Name/Relationship (Ty				t and Number or Rura				
Baltimore,	1 an Heal em 2		Helen Lois Wiri  20a. Method of Disposition  1 Burlai 2 Cremation 3 GR  4 Donetion 5 Other (Specify)	20b.	. Placa of Dispo		ing Bull June 31996 metery	Dete	Lusby 20c. Location - rownsvil	City or Tov	vn, Stete
Balti	permit. Pages Department of Important: If It any Injury or once.		21. Signature of Funeral Service License	F. Beep	//	2. Name and Address	ess of Facility Ra	iusch Funs I Part Rep			20676
	Physician		23a. Part1. Enter the disease, or compliance, or heart teilure. List only or	cations that caused the de ne ceuse on each line.	eath. Do not ent	er the mode ot dy	ing, such as cardiac o	or respiratory an	rest,		Approximate Interval Between Onset end Death
	/Medical Examiner	-	immediate Cause (Final disease or condition resulting in death)	AORTIC D	OISECT					H	OURS
Box 68760,	eath certificate be executed attending physician and I for use as the buriel-transit	n/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Indiated events resulting in death) Last	Due to	(or as a conseq						
P.O. B	0 0 0	Physician/M	Part ii. Other significant conditions con	tributing to death but not re	esuiting in the u	nderfyling cause gi	ven in Part i.		obacco use cor		the cause of death?
of Vital Records, I	law requires that the as been signed by the 2 should be detache	Completed by F						24a, Was o	en autopsy med?	con	re autopsy findings ilable prior to npletion of cause eath?
Ä	0 - 0	Com						1 🗆 Y	es XINo	10	Yes 21 No
/ita	ysicien; This cartificate director, par	Be	25. Was case referred to medical examiner?				26. Place of Deetl	(Check only o	ne)		
of	5 00	2	10 195 20 100		ER/Outpatier	I 3LI DOA	her: 4 Nursing Ho				)
Division	After fune	Certification:	27. Manner of Death  T Netural 5 Pending 2 Accident Investigation 3 Sulcide 6 Could not be determined	28a. Date of Injury (Month, Day Year) 28e. Piece of Injury - At	28b. Time or Injury	M 1	Yes 2 No	28d. Describe h			Route Number,
S O	To the Hospital or Attent within 24 hours after death To the Funerel Director: completely filled in by the		29a. Certifier 1 Certifying Phys	building, etc. (Spec stclan: To the best of my kr	cify)		me, date and place,	City or Tow		anner as sta	ated.
n	the Ho hin 24 I the Fu npietel	fedical	(Check only 2 Medicat Examir	ner: On the basis of examinand manner atated.	nation and/or in	vestigation, in my	opinion, daeth occurr	ed at the tima, o	late and place,	and due to	the cause(s)
	To the within To the compile	Σ	29b. Signature and title of certitler	- withican	mD		826		IAY 30,		
			30. Name and address of parson who co	THICUM, M.	.D., 7		K ROAD T	OWSON,	MARYLA	AND 2	21204
	Sta Registr		31. Date filed (Month, Day, Year)  JUN - 3 19	32. Registrer's Sign		all					

DHMH 16 Rev 6/95

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State of Maryland / Department of Health and Mental Hygiene Q 5

*	_	1. Decedent's Neme (First, Middle, Las	.41		Certificate of		2. Dete of Dee	leg. No.		When I at Dane
Physic	ian	A	Dilliams				Month	Dey	Year	Time of Death
/Medi	cal	40.140		>			May	1		3:45 P.M
Exami	ner	4a. Fecility Neme (If not institution, give			-	4b. City, Town, or	Location of Death	4c. County		
		Laurelwood No			W Hadaad Maa	EIKtON		Cec		
Funeral Director		A41-03- 2021		o (In yrs. lest birth	dey) If Under 1 Year Months Deys		8. Dete of Birth (Month, Dey June 2	Year) 3,1922	9. Birthplece Country) Delau	(State or Foreign
pu *		Usuel Residence of Decedent  10a. Stete 10b. County		10c. City, Town	or Location				10d.	Inside City Limits
the Marylar 28a-f show	ctor	Md. Cecil		EIKt						I □ Yes 2 No
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	23e. Pert1. Enter the disease, or co shock, or heart feiture. List on	omplications that caused the	e deeth. Do n	ot enter the	mode of dyir	ng, such es ce	ardiec or respiratory	arrest,	Approx	dmate di Between
Examiner	Immediate Cause (Finel disease or condition resulting in death)		e to (or as a c	onsequenca	of):					Day
ing physe as the	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury thet initiated events resulting in deeth) Last	c. / M SCCL	e to (or as a control of to (or es e co	onsequence SYEW onsequence	of): <u>b</u> Est; of):	- A2H	BETES WERM			DAY TON THE
death de ette ed for	Pert II. Other significant conditions	contributing to death but r	not resulting in	the underlyi	ing cause giv	ren In Pert I.	23b. Die	d tobacco uee con	tribute to the ca	use of death
5 60							10	Yee 2□No	3. Probably	4 Unknov
s been s 2 should pleted								s an autopsy formed?	24b. Were auto available p completion of death?	orior to
							10	Yes 2 No	1 ☐ Yes	2 No
certificate rector, pag	25. Was case referred to medical exeminer?	Hospitai:			044		f Deeth (Check only	one)		
T. T	1 Yes 2 No  27. Menner of Deeth 1 Neturei 5 Pending 2 Accident investigat	28a. Dete of injury (Month, Dey Y	2 ER/Out (ear) 28b. Ti		DOA Oth	Nurs		bidence 6 Othe b how injury occurre		
to the Hospital or Attanding P within 24 hours effect death of the Funeral Director: After the completely filled in by the funeral Medical Certification:	3 Suicide 6 Could not determine	be		m, street, fee	ctory, offica			(Street end Numbe own, Stete)	or or Rural Route	Number,
within 24 hours e within 24 hours e completely filled Medical Ce	29e. Certifier (Check only one) Certifying I 2 Medical Ex	Physician: To the best of n aminer: On the basis of ex end menner stete	aminetlon end	deeth occur Vor investige	rred et the tir etion, in my o	ne, dete end p pinion, deeth	pieca, end due to the occurred at the time	e ceuse(s) end mer e, date and piace, a	nner es steted. nd due to the car	J88(S)
Within To the comp	29b. Signeture and title of certifier	_			29c. Licens	e number		29d. Dete signed	(Month, Day, Ye	ar)
n	Alena.	11/1 5	9.		DO	74	62	5-3	4-61	
5.14	30. Name and address of parson wh	o completed cause of deal	th (item 23e) (	Type, Print)		7	د س		0 70	2192
1/4	Kalanda 1	JASPPA 1	27	118 1	100+1	4 54	63 Ste	2A. KI	KTON	mi
State	31. Dete filed (Month, Day, Year)	32. Registrer's	Signature	.010	VKII		~ / (-	111.	101-1	1111

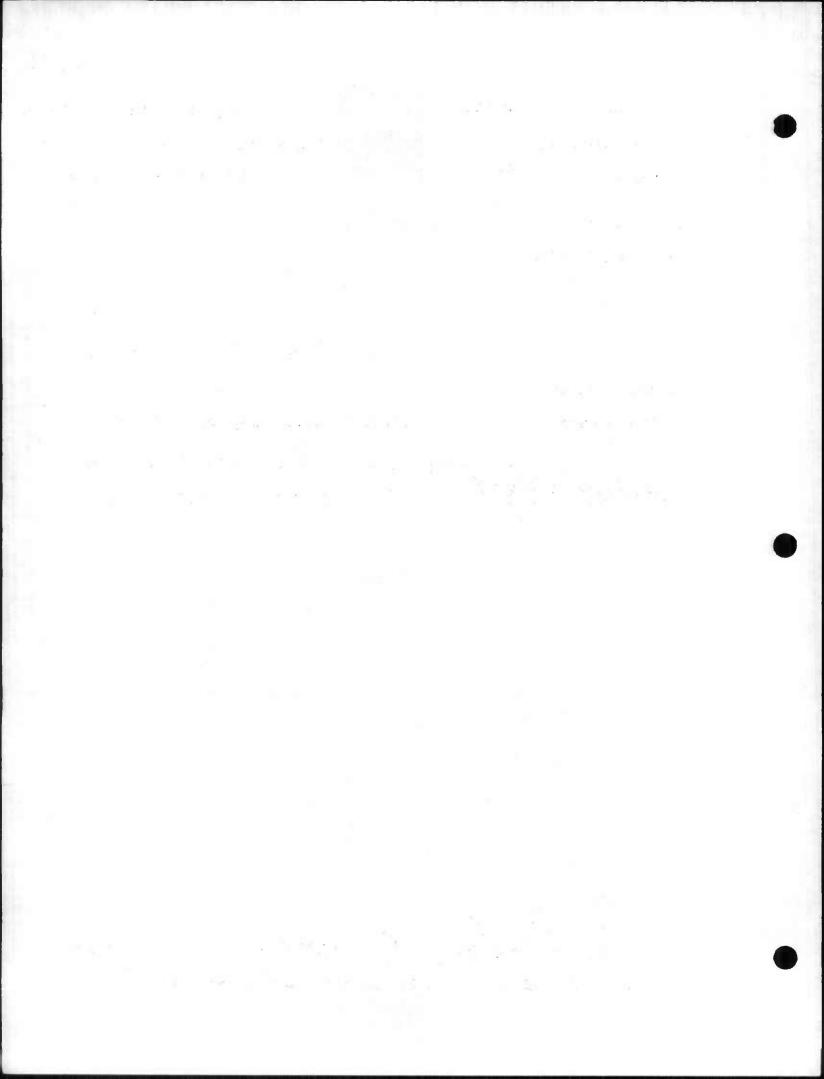
DHMH 16 Rev 6/95

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State of Maryland / Department of Health and Mental Hygiene 9 6

artment of Health and Mental Hygiene 96 1778

						Cer	rtificat	e of	Death			Reg. I	No.		17701
			1. Decedent's Neme (First, Middle, Las	st)							2. Dete of Month	Deeth		Veen	3. Time of Death
J	Physic /Medi		HILDA ARLI	ME MITI	LIAMS						May	29,	о <sub>еу</sub> 199	Yeer 6	5:40 PM
	Examir		4a. Fecility Neme (If not institution, give	street end numbe	r)				4b. City, To	wn, or Lo	cation of De	eth	lc. Count	y of Death	
	14.5		17537 River D	rive					Piney					Mar	y's
	Funeral Director		226-20-7127	ex 7. / □ M 2⊠ K	Age (In yrs. las 72	t birthdey) Yrs.	If Under Months	1 Year Deys	If Under Hours	Min.	8. Dete of (Month, Apr 1	Birth Dey, Yea 2, 1	924	9. Birthr Cour Wash:	plece (State or Foreign ntry) ington DC
	and w		Usuel Residence of Decedent  10a. Stete 10b. County		10c. City, T	Town or Lo	cation							1	10d. Inside City Limits
	the Mery	ector	Maryland Charles		Wal	dorf	10f. Zip	Code				10- (	Dain on of	Whet Cour	1 ☐ Yes 2 No
	23e or	Funeral Director	3004B Pilgrim Squ					2	20602				US	SA	
21215-0020	should be filed within 72 hours after death with the Menfand of Mental Hyglens. marked other than "natural", or items 23s or 28s-f show imatic event, the Medical Exeminer must be notified at	by	11. Meritel Stetus  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. Was Deceder Armed Forces 1 ☐ Yes 2 ☐ If Yes, Give Yeer or Detes	? No		Nes Deced f Yes, sped 1 □ Yes		Hispenic Ori en, Mexican Specify:		cify Yes or Rican, etc.)	No-		ce - Americ ock, White, fy:	
5-0	72 h natur	Completed	15. Decedent's Ed (Specify only highest gra	ucation de completed)	•	18e. Deced	dent's Usua kind of wo	ei Occup	pation during mos	t of workir	na	16b.	Kind of B	Business/In	dustry
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7	filed within Hyglena. other than		12 17. Father's Neme (First, Middle, Last)			Memb	ersh	ip (	lerk	de Mana	Class Sed				fle Assoc.
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Maryland	12 12 18 18	-	19e. Informent's Neme/Reletionship (1 Betty Henderson	Type, Print)					and Number						) Code)
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Ë	00- 2		1 Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specific		0				cem	. 6	-3-96	Che	elter	nham,	MD
<u>=</u>	permit. Pag Depertment Important: I any Injury o		21. Signature of Edheral Service Copp	11-1	Ca-	22	. Neme en	nd Addre	ess of Fecilit	ly				Literry	. 12
n	SEE S		Remarkin M M	atthews	300658	H	untt	Fu	nera	1 Ho	ome,	Inc	•	2000	4 0156
			Berjamin M. M 23e. Pert1. Enter the diseese, or comp shock, or heert fellure. List only	ollcations that caus	ed the deeth.	Do not ente	er the mod	le of dyl	ng, such es	cardiac o	r respiretor	ri, arrest	MD	2060	Approximate
	Physician		snock, or neert fellure. List only	one ceuse on eech	line.		1-	<	2 >	~				1	Intervel Between Onset and Death
6	/Medical		Immediate Cause (Finel disease or condition		Van	an	om	sel	050	ext				1	months
	Examiner		resulting In death)	θ.	Due to (or e	s e conseq	uence of):		1	Y				-	,,,,,,,,,,
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	and trens	Examiner	Sequentially list conditions,	0.	Due to (or e	s e conseq	uence of):		1		1	8			1
50,	clan buriel		Sequentielly list conditions, if any, teeding to immediate cause. Enter Underlying Cause (Disease or Injury	C					1/						
68/60	death certificate be executed e attending physician and of for use as the buriel-trensit	edical	thet initieted events resulting in death) Last		Due to (or es	e consequ	uence of):			(				- 1	
ROX	eath certific attending pl	an/M		d										-	
O.	the att	Physician/	Pert II. Other significant conditions or	entributing to death	but not resultir	ng in the ur	nderlying o	ause gi	ven in Pert I		23b. D	ld tobac	co uee co	ontribute to	o the cause of death?
7.	that the	by Phy									1	□ Yee	2□ No	3 Pro	bebly 400 Unknown
Hecords,	law requires that the de as been signed by the a 2 should be detached	Completed b	-								24e. W	es en au rformed?	topsy	av co	dere autopsy findings vallable prior to ompletion of cause deeth?
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	D 2 2		27. Menner of Deeth  12 Neturel 5 Pending 2 Accident investigation	28a. Dete of In (Month, D	jury 28 Sey Year)	3b. Time of Injury	M 2	8c. Inju Wo 1	ryet rk? ]Yes 2 □		28d. Descrit	e how in	jury occu	rred	
DIVISION	3 0 0 >	Certification:	3 Suicide 6 Could not be determined	286. Piece of I	njury - At home etc. <i>(Specify)</i>	e, ferm, stre	eet, fectory	y, office		4		n (Street Town, Ste		ber or Rura	ai Route Number,
	To the Hospital or A within 24 hours effer To the Funeral Directompletely filled in b	edicai C	29a. Certifier (Check only one)	reician: To the bes	of examinetion	dge, deeth	occurred restigation	at the ti	me, dete en opinion, dee	d plece, a	and due to to	ne cause ne, dete a	(s) end m ind plece,	enner es s , and due te	iteted. o the ceuse(s)
	o the	Me	29b. Signeture end title of certifier	1111		1 1	290	c. Licens	se number			29d. E	Dete signe	ed (Month,	Dey, Year)
	- > F 0		DOP	- Ant	1E/1	A	] ]	>	264	17		5	7-3	0-9	16
			30. Neme and endress of person who of J. P. Jarboe,		death (Item 23			Bld	g., Le	eonar	dtown	, MD	206!	50	
	Sta Registr		31. Dete filed (Month, Day, Year) JUN 0 4	1996 Pegls	ter's Signature	clear R	ardall								



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Dete of Death 3. Time of Death **Physician** DAVID EDWARD WATKINS, SR. MAY 28, 8:45 PM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Months Deys Hours Min. A Date of Birth (Month, Dey, Yer APRIL 26, 16601 LIVINGSTON ROAD **ACCOKEEK** PRINCE GEORGE'S 5. Social Security Number 9. Birthplece (Stele or Foreign Country) 1919 WEST VIRGINIA 7. Age (In yrs. last birthday) **Funeral** 236-14-1251 77 Yrs. Director Usual Residence of Deceden the Maryland 10a. Stete 10b. Counts 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner mant be notified at 1 ☐ Yes 2 XNo Directo MARYLAND PRINCE GEORGE'S **ACCOKEEK** 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? ò 234 16601 LIVINGSTON ROAD 20607 UNITED STATES Funeral Hems: 12. Was Decedent Ever in U.S. Armed Forcas?

12. Wes 2 □ No If Yes, Give Yaar or Datas: 194 Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indian, Black, White, atc. 1 Never Married 2 Married ò Baltimore, Maryland 21215-0020 1 ☐ Yes 2XX No Specify: þ Specify: 3 Widowed 4 □ Divorced 1945 WHITE "netural". Completed 16a. Decedent's Usuai Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry uges 1 and 2 should be filed within t of Health and Mental Hygiene. If Item 27 is marked other than Elementary/Secondary (0-12) College (1-4or 5+) Ò 10 SERVICE TECHNICIAN SECURITY COMPANY 17. Father's Name (First, Middla, Last) 18. Mother's Neme (First, Middle, Meidan Sumeme) 8 DAVID WATKINS MARGARET PAULINE HORTON 19a. Informent's Name/Relationship (Type, Print) 19b. Maliing Addrass (Street end Number or Rural Route Number, City or Town, State, Zip Code) JO ANN FEARSON - DAUGHTER 207 MANASSAS DRIVE, MANASSAS, VIRGINIA 22111 Pages 1 sment of He 1 Buriai 2XX remation 3 Ramoval from State 20b. Plece of Disposition (Neme of cematery, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, State permit. Page Department of Important: If any injury or THE HUNTT CREMATORY MAY 30, 1996 WALDORF, MARYLAND unim Service Ligerisee THE HUNTT FUNERAL HOME, INC. rai MARK G. BROHAWN M00053 P.O.BOX 156, WALDORF, MARYLAND 20604 23a. Pert1. Entar tha disease, or complications that causad the daath. Do not enter the mode of dying, such es cardiac or raspiratory arrest, shock, or heer feilure. List only one cause on each line. Approximete Interval Between Onset end Deeth Physician (Ercuous /Medical tmmediate Cause (Finel disease or condition resulting in death) Examiner Examiner the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or es e consequence of and Box 68760. physician that the death certificate be Physician/Medical Due to (or as a consequenca of): attending | P.O. Part II. Other significant conditions contributing to death but not rasulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? à 1 | Yes 2 | No 3 | Probably 4 | Unknown signed be det Records, þ 24b. Wera eutopsy findings available prior to completion of cause of deeth? 24e. Was en autopsy performed? Completed Deed has 1 ☐ Yes 2 🛣 No certificate 1 ☐ Yes 3(XNo Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, 25. Was case referred to medical Be 26. Plece of Death (Check only one) Hospitai: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home STAResidenca 8 Other (Specify) 1 Yes 2XXNo 2 27. Manner of Death 28e. Date of Injury (Month, Day Year) 28d. Describe how Injury occurred 28b. Time of Medical Certification: 28c. Injury et Work? 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicida 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Pieca of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homleide 29a, Certifier 🕵 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and pleca, end due to the cause(s) and manner es steted. 2 Medical Examiner: On the basis of examinetion end/or invastigetion, in my opinion, daath occurred at the time, dete and place, and due to the ceuse(s) and mannar stated. 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year)

D12597

BORIS G. VLALUKIN, M.D., 9131 PISCATAWAY ROAD, CLINTON, MARYLAND 20735

32. Registrar's Signature

Julia discussion Randall

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

JUN 0 4 1996

31. Data filed (Month, Dey, Year)

MAY 30, 1996

**DHMH 16 Rev 6/95** 

State

Registrar

REG. NO.

Pages 1, 2, 3 should permit. burial-transit after death. Page 6 may be retained by the hospital or attending physician. funeral director, page 5 should be detached for use as the ysician and completely filled in by the prior to burial, cremation, or removal. hours requires that the death certificate be executed the attending physician Mental Hygiene prior to signed by t Health and s certificate has been s in the State Dept. of H d, or Item 23 show DR ATTENDING PHYSICIAN: The law this c

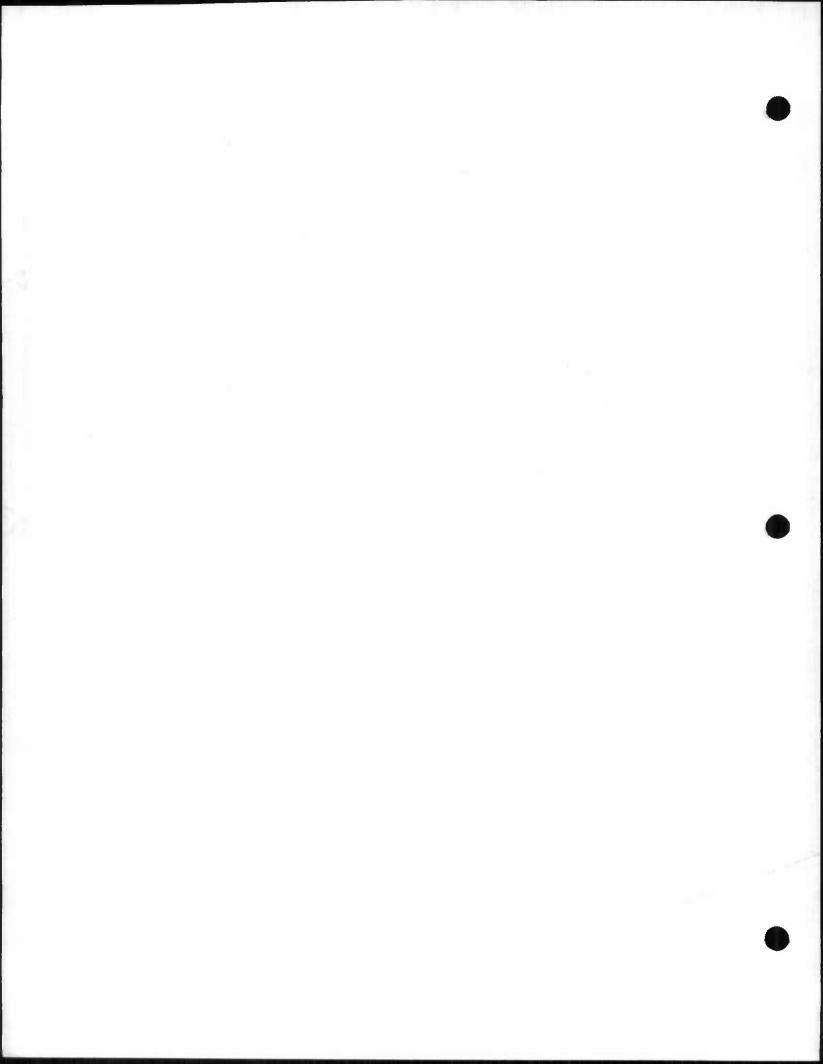
BALTIMORE, MARYLAND 21215-0020

BOX 68760

DIVISION OF VITAL RECORDS, P.O.

FUNERAL C HOSPITAL

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Betty Weaver JUNE 996 8:49 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign Country) 12,1924 MONTHS DAYS HOURS MIN. 1 M 2 F 72 Feb. 217-12-1182 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Union Memorial Hospital Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 X YES 2 NO Maryland City Baltimore FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2217 Southorn Rd. 21220 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Maxican, Puerto Rican, stc.) 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Married Specify: White 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Housewife Homemaker 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Wilbur Carr Edith Lemmon 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) August E. Weaver Sr. 2217 Southorn Rd. Baltimore, Md. 21220 90 20e. METHOD OF OISPOSITION
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1 Descriptio 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must Mary's Cemetery 6/6 Silver Run, Md medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE FLETCHER FUNERAL HOME . Westminster, Md. 254 E. Main St. Nancy 23. PART I. Enter the diseases, or complications that caused the death. Do not siter the mode of dying, such as cardiac or respiratory arrest, shock or heart fellure. List only one cause on each line. Approximata nterval Betwe Onset and Death IMMEDIATE CAUSE (Final event, the disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Acute min. OUE TO (OR AS A CONSEQUENCE OF): ANTERY traumatic SYEARS CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other 1 DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 Injury. PART II. Other significent conditions contributing to desth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO апу COMPLETION OF CAUSE PARILIPRY SERVUS OVARIAN 1 | YES 2 | NO shows 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO WUNCERTAIN PHYSICIAN: 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL 1 VES 2 NO EXAMINER? HOSPITAL OTHER: inpatient 2 - ER/Outpetient 3 - DOA 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 2 Accident 5 Pending DIRECTOR: After the hours after death v 1 YES 2 NO BY Investigation 26e. PLACE OF INJURY — At home, farm, atreat, factory, office building, atc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcida 6 Could not be COMPLETED 4 Homicide datarmined 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as attend. = TO THE HOSPITA
TO THE FUNERA
be filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and menner as stated. 29c. LICENSE NUMBER AT 24389 29h. SIGNATURE AND TITLE OF CERTIFIER 29d. OATE SIGNED (Month, Day, Year) BE M. Mark mo JUNE 3 1996 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MICHELLE MIREANT HISPITAL 21218 ma UNION MEM. 50000. 31. DATE FILED (Month, Day, Year) 32. MEGIŞTRAP'S SIGNATURE Julia d'Author Randell JUN 05 1996



### Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

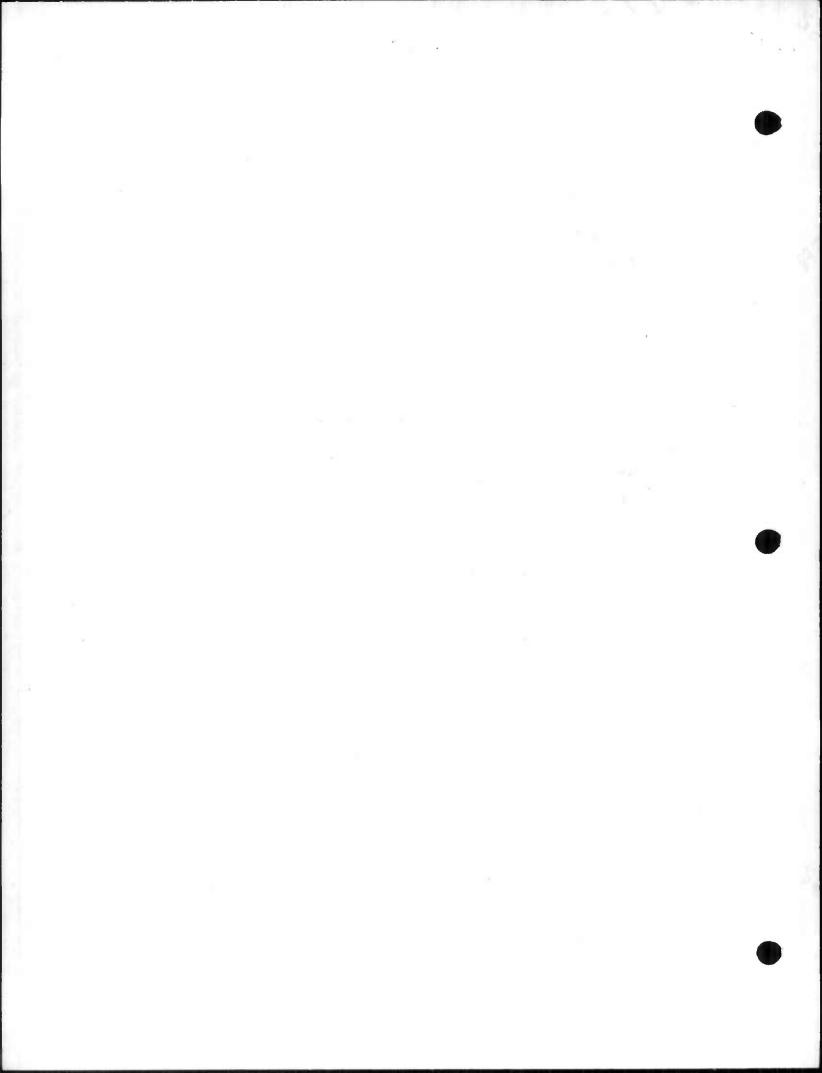
Certificate of Death

17784

	_		00/1	nicate of	Death		Reg. No.			
Physicia /Medic		1. Decedent's Nama (First, Middle, Last)  JAMES V WILLIAMS	. SR.			2. Deta of De Month JUNE	0 4	3. Time of Death 1996 0250 A.		
Examin Funeral	er	4a. Facility Nama (If not Institution, give street and number) St. Mary's Hospital  5. Social Security Number 6. Sex 7. Age (In yrs. I.	last birthday)	If Under 1 Yaar			St.	Mary 's  9. Birthplace (State or Foreign		
Director	0	5. Social Security Number 2 15-34-3242 6. Sex 10XM 2 F 7. Age (In yrs. In Standard Property of Security Property Property of Security Property of Security Property of Security Property P	8 Yrs.	Months Days	Hours Min.	Sept.	27,19	37 MD		
filed within 72 hours efter death with the Meryland Hygiene. Hygiene 14 hygiene 15 hours efter them 23s or 28s4 show ont, pre Medical Examiner man be notified at	tor	10a. Stata 10b. County 10c. City	Mechan	icsvil	.1e			10d. Inside City Limits 1 ☐ Yes 2 🛣 No		
	Direc	10e. Street and Number 40 Skyview Dr.		10f. Zip Coda	20659		10g. Citizen of V			
	Funeral Director	11. Maritel Status 12. Was Decedant Evar in U,	Hispanic Origin? (Speen, Maxican, Puarto	ecify Yes or No	U.S	e - Amarican Indien,				
ours efter ral', or its	þ	1 ☐ Never Merried 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced  Armed Forces? 1 ☐ Yes 2 ☐ No II Yas, Give Yeer or Datas:		Yas ŽÜNo		rican, atc.)	Specify	w. White		
be filed within 72 hours efficiel Hygiene. d other then "neturel", or event, the Medical Exerci	Completed	15. Decedant's Education (Specify only highast grada completed)  Elamentery/Secondary (0-12)  Collage (1-4or 5+)	IIIa. DC	nt's Usual Occup nd of work dona NOT usa ratire	pation during most of work od)	ing	16b. Kind of Bu	usinass/Industry		
od is bo	To Be Co	17. Father's Name (First, Middle, Last)  James Roger Williams	1 a	Incer	18. Mother's Neme					
5 12 B 2	-	19a. Informant's Name/Ralationship (Type, Print) Ruby V. Williams				al Route Number, City or Town, Stata, Zip Coda) Naldorf, MD 20601				
- 5 E E		Burial 2 Cramation 3 Demove from State		tory or other pie	ardens 6	Data / 7 / 96	20c. Location - Waldo	City or Town, Stata		
permit. Pages Depertment of Important: If It any Injury or once.		21. Signelure of a naral Service Licensee  MO09	FUNERAL HOME, INC. Plata, MD 20646							
		23a. Part 1. Entar the disease, or compilications that causad tha deeth shock, or haart lailura. List only one cause on eech line.						Approximata Interval Between		
certificate be executed and inding physician and isse as the buriel-transit	/Medical Examiner	Sequentially list conditions, if any, leading to immadiata cause. Enter Undartying Cause (Disaase or Injury	r as a consequer as a consequer	ence of):						
		d								
requires thet the death	by Physicia	Pert II. Other significant conditions contributing to death but not resu					23b. Did tobacco usa contribute to the cause of deat  1  Yee 2 No 3 Probably 4 Unkno			
N 20 W	Completed b						an autopsy med?	24b. Wara autopsy findings available prior to completion of cause of death?		
E ag	Be Cor	25. Was casa referred to medical			26. Placa of Deat	1 🗆 N		1 □ Yes 2 No		
P m 15	2		ER/Outpatient 28b. Tima of	AUGA	har: 4□ Nursing Ho	ma 5□ Rasid	danca 6 □Oth	(//		
D 9 5	atlon:	27. Manner of Death  1 Natural 5 Pending (Month, Day Year)  2 Accident Invastigation	ryat irk? ]Yas 2 □ No	28d. Dascribe how injury occurred						
al or Attendir s after death. M Director: Af ed in by the fu	Certification:	3 Sulcide 4 Homicida 6 Could not be datermined 28e. Piece of Injury - At hor building, atc. (Specify,	_	28f. Location (Street and Number or Rural Route Number, City or Town State)						
To the Hospital or At within 24 hours after of To the Funeral Direct completely filled in by	edical	29a. Cartifiar (Check only one)  1 Certifying Physician: To tha best of my know one)  Madical Examinar: On the basis of examination and mennar stated.								
To the within 2 To the complet	Σ	29b. Signature and title of certifier			4285		-	d (Month, Day, Year)		
		30. Nama and address of person who completed causa of death (Itam William D. Boyd II MD, 17 Jef	fferson	St. Le	onardtown	, MD 20	0650			
Sta	te ar	31. Data liled (Month, Day, Year)  JUN 0 5 1996   July 200	ura.	rdall	107					

DHMH-16 Rev 1/89

		1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAI CERTIF	RTMENT OF H	HEALTH AND		HYGIENE REG. NO.			
		1. DECEDENT'S NAME (First, Middle, Las Alice E. Willin					2. DATE OF MONTH	DEATH	1996	12:30 P	
pin		4. SOCIAL SECURITY NUMBER 220-01-9437	1 D M 2 DXF 81	(In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		6-1914	MARY	ACE (State or Foreign	
ages 1, 2, 3 should	стов	Deer's Head Cen			Salish	OR LOCATION OF D	N OF DEATH  9c. COUNTY OF DEATH  WICOMICO				
Pages	DIRE		OMICO		SALISBUR					Dd. INSIDE CITY LIMITS?	
ALIMOKE, MAKYLAND 21215-0020  beath. Page 6 may be retained by the hospital or attending physician.  funeral director, page 5 should be detached for use as the burial-transit permit.  xaminer must be netified at once.	FUNERAL	DEER S HEAD CEN	TER	ER				10g. C	U.S.A.		
	BY FUR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR C	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES			INIC ORIGIN? (S an, Puerto Rica l'y:	Specify Yes or No- in, atc.)	ecify Yes or No— 14. RACE — Ame Black, White Specify: WH		
	LETED	15. DECEDENT'S EC (Specify only highest gra Elementary/Secondary (0-12)	DUCATION de completed) College (1-4 or 5 +)	College (1-4 or 5 +)  (Give kind of we life. Do NOT use			16b, KI	ND OF BUSINESS/	275,574,00		
	1 1	10 17. FATHER'S NAME (First, Middle, Last) JAMES WILLING		HOMEMA	KER	200	AME (First, Midd	OWN HON			
		190. INFORMANT'S NAME (Type/Print) DAN PUSEY		City or Town, State, MARYLAN		2					
		20a. METHOD OF DISPOSITION 1 to Burlel 2 Cremetion 3 Re 4 Donation 6 Sther (Specify)	movet from State car	b. PLACE AND DATE metery, crematory or of TURNER S	CEMETER	Y ND ADDRESS OF FA	DATE 6/6	NANICOE			
death. death. funera	Ц	· Duald	( Sme	end	BOUND	S FUNERA	L HOME			RYLAND	
ned withhere hours after completely filled in by the ial, cremation, or remova; event, the medical		23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	Possible 1	nyocardia	al infar		ch as cardiec	or respiratory	arreat,	Approximata Interval Between Oneet and Death 5 minute	
executed and com burial, matic en	NOI	Sequentially list conditions, if any, leading to immediate	Possible P	A CONSEQUENCE O OU LITTON AT S A CONSEQUENCE O	embolis	SIN				5 minute	
e physical D	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	· ·	A CONSEQUENCE O						Years	
~ をまる	AL CER	PART II. Other algolficent condition	ona contributing to death t					SIS	Y 24b. W	Years  ERE AUTOPSY FINDINGS	
ines that signed by fealth an	MEDICA							PERFORMED?	AM CC OF	MILABLE PRIOR TO DMPLETION DF CAUSE F DEATH? YES 2 NO	
has b		DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL	TRIBUTE TO CAUSE C	OF DEATH YE		UNCERTAI	N 🗆				
Sician: The certificate It the State It or Item	PHYSICIAN:	EXAMINER?  1 YES 2 X NO	HOSPITAL: 1X Inputlent 2 ER/Out		OTHER:	e 5 🗆 Residence	6 Other (Sp	pecify)			
문 사람들	ву Рн	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation			M 1 1	RK? YES 2 NO	26d. DESCRI	BE HOW INJURY O	CCURED		
DIRECTOR: After hours after death Item 28 Is ma	ETED.	3 Suicide 6 Could not be determined		спу)			City or To	N (Street and Numl own, State)		e Number,	
# 2 k k	COMPLET	(Check only one) 2 MEDICAL EXAMIN	StCIAN: To the best of my know NER: On the basis of examination	riedge, death occurs on and/or investigation	ed at the time, deta	and place, and due	to the cause(s	e) and menner as a place, and due to	tated. the cause(a) ar	nd manner as stated.	
TO THE HOSPI TO THE FUNER be fied within IMPORTANT:	TO BE	296. SIGNATURE AND TITLE OF CERTIFI	Likeary	MO	Polosti	29c, LICENSE NUI D1600		29d. D.	ATE SIGNED (M	Cy 6	
	3		P.O. Box 2018	3; Salish		21802-20	018				
		MAY 0 4 1996									



SALTIMORE, MARYLAND 21215-0020	OD ATTENDING DUVERDAY. The law requires that the death cartificate he secured within 22 hours death Date 2 may be seen to seek by the best to the best by
5	2 Pouga affect death
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	o that the death cartificate he menuted within
IN OF VITAL REC	DUVCIPLAM: The law consists

THE FUSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 28 hours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be a with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR												7700
	1 - STATE REGISTRAR	STATE OF N	/ARYLAND /	DEPAF ERTIF	ICATI	T OF H E OF	DEAT	AND N		YGIEN G. NO.	E		
1	1. DECEDENT'S NAME (First, Middle, Last)	: 0							2. DATE OF D	_			TIME OF DEATH
	Helen	WIL							5	2	96	11 5 pm M	
		i. SEX	6. AGE (In yrs. les		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BI (Month, Day,	RTH Yearl		8. BIRTHPI Country)	LACE (State or Foreign
	20, 12 02/1	☐ M 2 💢 F	73	YRS.	MONTHS	DAYS	HOURS	MIN.	Jan. 2		1923		York
-	9a. FACILITY NAME (If not institution, give street				9b. CITY	, TOWN O	R LOCATIO	ON OF DE	HTA		9c. COU	NTY OF DEA	TH
0	Althea Woodland N	ursing	Home		Si	lver	Spri	ing			Mont	gome	ry
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y. TOWN (	OR LOCATI	ION					1.	Od. INSIDE CITY
E E	Maryland Prince	George	t <sub>s</sub>			/ille							LIMITS?
	10s. STREET AND NUMBER	000180		117	*****		ZIP CODE	 E			10g. CITI		AT COUNTRY?
EB	6700 Belcrest Roa	d #217				2	20782	)				. A.	
FUNERAL		2. WAS DECEDEN	T EVER IN U.S. AR	MED	13.	WAS DECE	ENDENT O	F HISPAN	IC ORIGIN? (Sp.	ecify Yes			- American Indian, White, atc.
	1 Never Married 2 Married	FORCES? 1	YES 2 N	ID		If yes, spe			n, Puerto Rican,	atc.)		Black, Specify:	
) BY	3 🔀 Widowed 4 🗌 Divorced							to annexe					White
TEC	15. DECEDENT'S EDUCAT (Specify only highest grade co		16a. DE:	CEDENT'S	USUAL O	CCUPATIO during mos	N It of workin	g	16b. KIND	OF BUS	INESS/IND	USTRY	
Ä	Elementary/Secondary (0-12)	College (1-4 or 5 -	)										
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	4	Cour	nselo	r (Re	egisti			ce) Uni			of Ma	ryland
	Michael Balash					l			ME (First, Middle,		Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)		404	44 A H 44 C	100000				nisnick				
임	Tillie A. Balash								loute Number, Cit				20702
	20a. METHOD OF DISPOSITION		20b. PLACEA					1 17 Z 1	7, Hya			City or Town	
	1 X Burial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	I from State	cemetery, crei	matory or o	ther place)	tion	a 1 C	0 m 0	5/30/96	Cott	tarob.	City or low!	n, State
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE , 1	1 0022	SDUI	22	NAME AN	D ADDRES	SE OF FAC	HITY				
	( ) ) ( ) ( ) ( )		1-11						s Sons				
	23. PART I. Enter the diseases, or con	ean /	hull	Jul D	47	739 B	alti	more	Ave.,	Нуа	attsv	ille,	MD 20781
	anock, or heart failure. Lis	t only one cau	se on each line.	mn. Do i	iot enter	tne moc	se or ayı	ng, such	as cardiac p	or respi	ratory arr	eat,	Approximata interval Between
	IMMEDIATE CAUSE (Final disease or condition	104008								Onset and Death			
	disease or condition resulting in death)  a. Caudo Pulmonary Herbert  Due to (or as a consequence of):										lonum		
-												lomin	
RTIFICATION	Sequentially list conditions, If any, leading to immediate  Due to for as a consequence of:											10.142	
8	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  Coronary Attery divide  Coronary Attery divide  DUE TO (OR AS A CONSEQUENCE OF):  Hypettentive Causeliovasular divides										15 yhl		
E	that initiated events	DUE TO	OR AS A CONSEC	VENCE OF	7:				1	_			
H	resulting in death) LAST	- Hy	perton	4uve		Can	elio	vasu	lac o	like	2010		18 425
101	PART II. Other aignificant conditions of										AUTOPSY	245.9	ERE AUTOPSY FINDINGS
MEDICAL	Ceho kon V	asulas	acua		4					PERFOR	MED?	A	MAILABLE PRIOR TO OMPLETION OF CAUSE
<u>a</u>	Roman an	sulfice		000			-		- 10	YES 2	NO	0	F DEATH?
	Neuropaic	10	0910 1	A 01.	0 6000	( .	- 0.	1	_			1	YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL	242/11	0419,1	ACK N	LIM.	28. PL/	ACE DF DI	EATH (Che	ck only one)		_		
SICIAN:		OSPITAL:	ER/Outpatient 3	□ DOA	OTHER	₹:			8 Other (Spec	office)			
PHY	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIM	E OF	28c. INJU	IRY AT		28d. DESCRIBE		JURY OCC	URED	
BY F	1) Natural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2 NO												
ED B	3 Suicide 6 Could not be	28e. PLACE O	F INJURY — At hor	me, ferm, s	treet, fact	ory, offica			281, LOCATION	(Street e	nd Number	or Rural Rou	rte Number,
	4 Homicide determined		,						City or Tow	n, state)			
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of	my knowledge, des	th occurr	d at the t	lme, data a	and place,	and dua t	to the cause(s)	and man	ner sa stat	ıd.	
OM	one) 2 MEDICAL EXAMINER:												nd manner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIER	. ^					29c, LICE	NSE NUM	BER	1	29d. DATE	SIGNED (N	fonth, Day, Year)
0	manum 1	$N \cdot D$					0	178	42	- 1	<b>b</b> 5	126	106

NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D

3311

32. REGISTRAR'S SIGNATURE

Talido Tessale # B102

31. DATE FILED (MO

Hyaltsville md. 20782

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-		IPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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DING	After	death	S III
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OR A	DIRE	hours	Hem
PITAL	BAL	27 1	H I
HOS	FUNE	withi	TAN
표	THE	flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	<b>IPOR</b>

DIVISION OF VITAL RECORDS, P.O. BOX 68760

Pages 1, 2, 3 should

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BALTIMORE, MARYLAND 21215-0020

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATN 11:5 Bernard AILEN 26007 No 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 5. SEX . DATE OF BIRTH B. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS 07-02-54 577-76-6247 41 1 XM 2 F Washington DC YRS. Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN Holy Cross Hospital DIRECTOR Silver Spring Montgomery RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Wheaton 1 1 YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2217 Shorefield Road #523 20902 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 X Married IF YES, GIVE WAR OR DATES 1 TYES 2 NO Specify: Specify: Black 84 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Letter Carrier Government. 12th 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Sumame; Bernard Allen Wilson, Sr. Ruth Flood BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Rosanne Wilson/Wife 2217 Shorefield Rd #523, Wheaton, MD 20902 20s. METNOD OF DISPOSITION
1 X Burial 2 Cremetton 3 Removal from State 20c. LOCATION - City or Town, Stata 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 4 Donation 6 Other (Specify) Lincoln Cemetery 5/30 Suitland, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY J. B. Jenkins Funeral Home Sandrely Tonic 7474 landover Road, Landover, MD 20785 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart feliure. List only one ceuse on each line. Interval Batween IMMEDIATE CAUSE (Final ACUTE MYOCARDIAL INFARCTION Onset and Death disease or condition 1 HR quiped in reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): ACQUIRED IMMUNE DEFICIENCY SYNDROME YEARS CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events reaulting in death) LAST PART II. Other algoriticent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 YES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL: 2 ER/Outpetient 3 DOA YES 2 NO OTHER: 4 Nursing Nome 6 Residence 6 Other (Specify) 27. MANNER OF DEATN 26a. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 28b. TIME OF Natural 1 YES 2 NO BY Investigation 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be COMPLETED 4 Nomicide 29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(a) and manner ea stated. 2 MEDICAL EXAMINER: On the basis of axamination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TATLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 2 30. NAME AND ADDRESS OF PERSON, WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) au bea

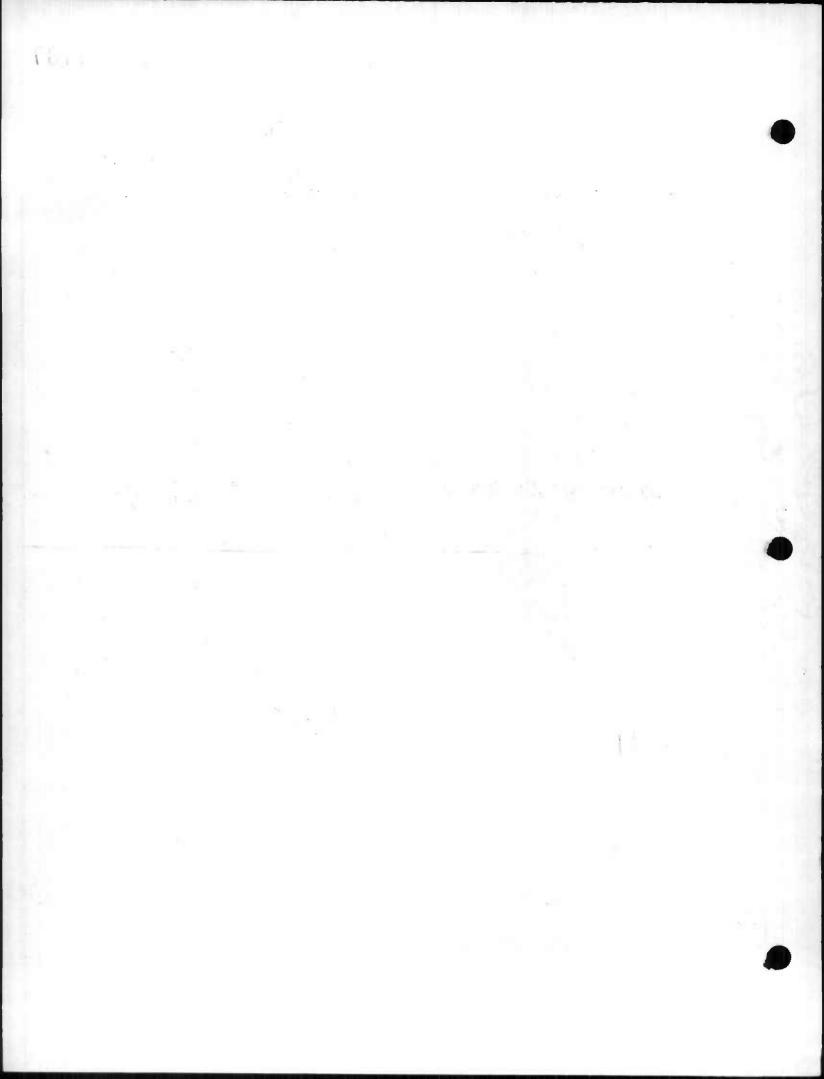
32. REGISTRAR'S SIGNATURE

Jalia Skudger Raylall

31, DATE FILED (Month, Day, Year)

MAY 29 1996

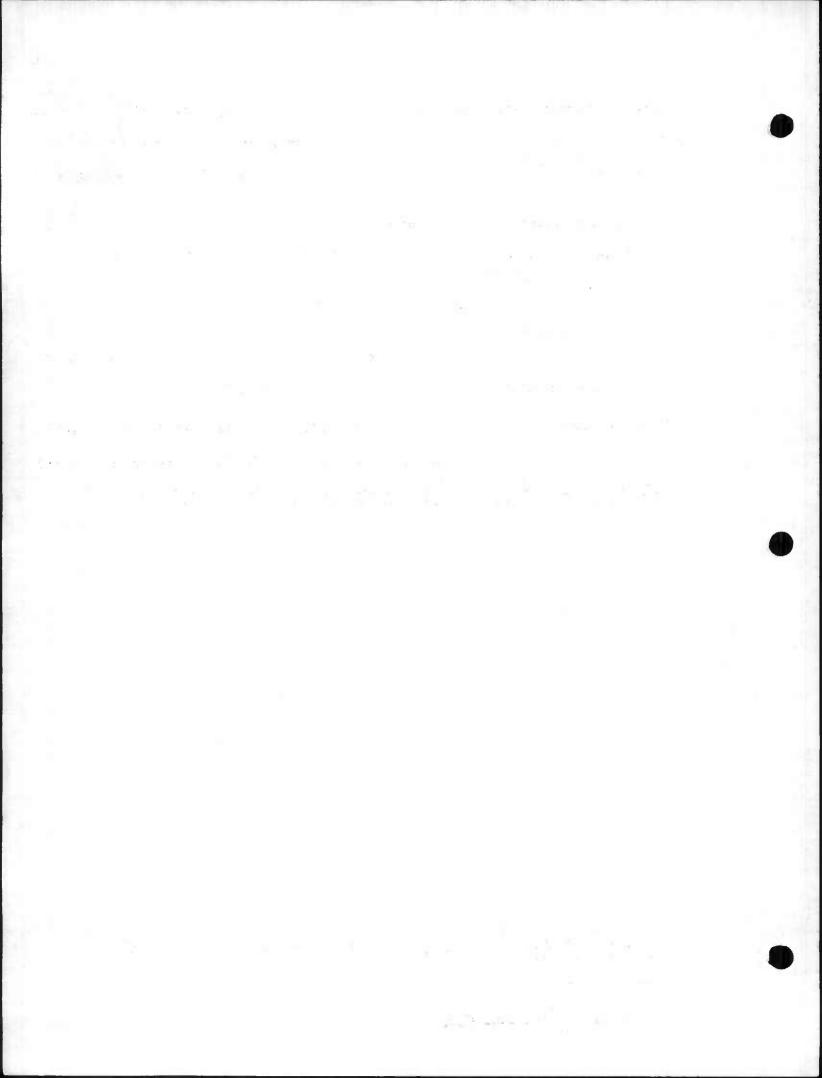
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### Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 17788

						Ce	rtificat	e of	Death		F	leg. No.		
			1. Decedant's Nama (First, Middl	a, Last)							2. Data of Dea			3. Tima of Death
	Physiclan /Medical		Charles Lawrence Williams Jr.								Month May			1:30 AM
	/iviedic xamir		4a. Facility Nama (If not institution		-	4b. City, To	wn, or Lo	ocation of Death						
	AGIIIII	ICI	1894 Crownsvil	le Road					Anns	poli	c		Arun	
r.	1		5. Social Sacurity Number	6. Sax	7. Aga (In vi	rs. last birthday	If Undar	1 Yaar		24 Hrs.				
	neral ector		214 36 3100	X⊠M 2□F	56	Yrs.	Months	Days	Hours	Min.	8. Data of Birth (Month, Day Dec. 10	1020	Cou	placa (Stata or Foraign
_			Usual Rasidance of Decadant		1 20				1		Dec. 10	,1737	was	hington D.
dend	within 72 hours efter deeth with the Maryland ene. han "natural", or items 23a or 28a-f show ha Medical Examiner must be notified at		10a. Stata 10b. County		10c.	City, Town or Lo	ocation							10d. Insida City Limits
Man		ŏ	Maryland Anne	Arunde1		1	.1.							XXYas 2□No
the		Director	10e. Street and Number	Arunder		Annap	10f. Zip	Coda			1	Iog. Citizen of	What Cou	into/2
A S		1894 Crownsvi	1 Dood					/ 0 1						
the	234 seth	Funeral			and at Free la	11.0	Mar Dans		401	-1-0 (0-		United		
er d	Per	un.	11. Marital Status	Armed I			If Yas, spec	city Cuba	inspanic Or an, Maxicai	n, Puarto	ecify Yas or No- Rican, atc.)		ce - Aman ick, Whita,	ican Indian, , atc.
s of	5 1	by F	1 Navar Marriad 22 Marr	If Van (	2 □ No Giva = 5.0		1 🗆 Yas	2 No	Specify:			Specia	v: Whi	to
hour	9	Q P	3 ☐ Widowed 4 ☐ Divorced		Datas: 58-	8-64								
72	The Medical	Completed	15. Decedan (Specify only higha	l's Education et grada complated	1)	16a. Decedent's Usual Occupat (Giva kind of work dona du life. DO NOT usa retired)			ation during mos	t of work	ing	16b. Kind of E	Businass/Ir	idustry
ithi.	N N	du	Elamantary/Secondary (0-12)	Collaga	Collaga (1-4or 5+)									
filed with Hygiene.	/em, m	S	12			Mana	ger							Service
E E		Be	17. Fethar's Nama (First, Middle,						18. Moth	ar's Nama	a (First, Middla,	Ma <i>ldan Sum</i> ei	me)	
should be	tic	ို	Charles Lawren	ce Willia	ams, Sr	•			Ju	lia (	C. Tucke	r		
Section 1 of the section of the sect			19a. Informent's Neme/Ralations	hip (Type, Print)		19b. Maili	ng Address	(Street	and Numb	er or Run	al Routa Numbe	r, City or Town	, Stata, Zi	p Coda)
1 and Heelth	T L		Eileen Williams	3		1894	Crow	nsvi	11e F	bao	Annapol	is Mars	v1and	21/01
es 1 and of Heelth	other		20a. Mathod of Disposition			. Place of Dispo	osition (Nar	na of			Data	20c. Location	- City or T	own, Stata
Pages nent of l	7 6		1 ☑ Burlal 2 ☐ Cramation 4 ☐ Donation 5 ☐ Othar (S)			ort Lin				51/	29/96	Dra o m to		Manual and 1
permit. Pages Department of H	- P		21. Signatura of Funaral Sarvice				2. Nama an				29/90	prent	wood	Maryland
Dep	any Ir		101.4	2			Robert	E.	Evan	s Fu	neral H	ome. P.	Α.	
	.,,,,,,,,		Nover (	. 600	ms,	1/12 1	6000	Ann	anoli	e Rd	BOWIE	Marala	nd 20	07.15
			23a. Part1. Entar tha disaasa, or shock, or haart fallura. List	complications that only ona causa on	causad tha da aach iina.	ath. Do not an	tar tha mod	a of dyin	g, such as	cardiac	or raspiratory an	rast,	į	Approximata Intarval Batween
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tificete be axe	e pro	edicai												
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or Attending after daeth.	fu	ţ	Natural 5 Pandin	9	nth, Day Yaar)	Injury	M		k? Yas 2 □	No		Local Name		
dae	y the	Ca	3 ☐ Sulcida 6 ☐ Could r	ot be	ea of Injury - At	homa, farm, st					28f Location (S	treet and Num	her or Bur	ral Routa Number,
or Attendation	5	Certification:	4 ☐ Homicida determ	build build	ding, atc. (Spec	cify)	eat, ractory	, onice			City or Town		Dor Or Fig.	ar riodia ridiliber,
pital	8		One Continue And a state											
To the Hospital within 24 hours a	completaly filled in by the	edicai	29a. Cartifiar (Check only one) Certifyin	Physician: To the Examiner: On the	basis of axamir	nowledga, daat nation and/or In	n occurred a vastigetion,	at the tin In my o	ne, dete en pinion, daa	d piece, th occurr	end due to the c ed at the time, d	ausa(s) and m lata and place,	annar as a end dua t	itated. to tha ceusa(s)
To the within 2	app.	¥	29b. Signature and title of certifies	and ma	nnar statad.		00-	Linna				Od Data alam	- d /Ad	Day Varid
5 ₹ F	8 8	3	210. Signature and title of certified	1,00	1				a number	/		9d. Data signe	/	
IA	A		Many!	worn	man	~		00	8//	8		0/2	3/5	76
10	11	Ī	30. Nama and addrass of person		use of death (Its	am 23a) (Type,	Print)		/	2 .	Annoi		и.	
			STANLEY 1. U	VATKIN	SUR	906 1	1EST	6A1	1 = 10	D	DNNAI	OUS 1	10 2	1401
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R	egistra	ar	MAY 2 y 1996	Jahr dans	Karken	Ш								



DIVISION OF VITAL RECORDS, P.O. BOX 68760

HE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	HE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	ed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	DRTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE	THE THE	be filed	IMPOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

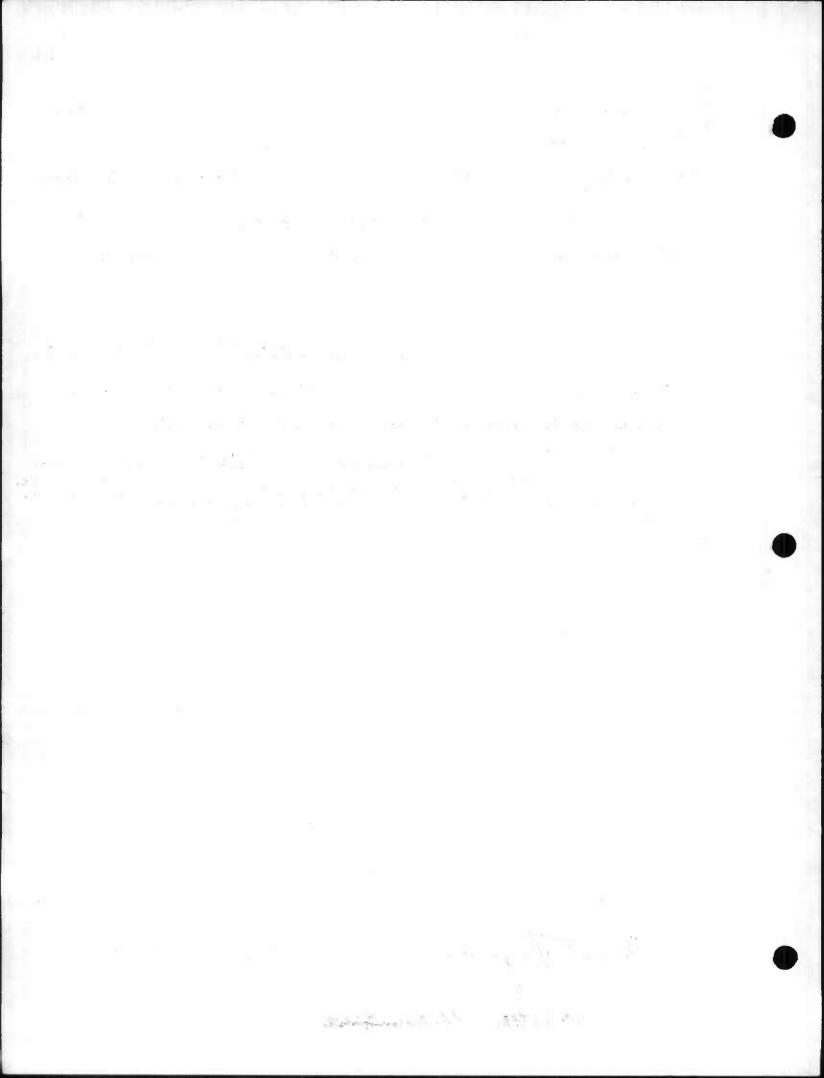
REGISTRAR		CERTIF	ICATE OF	DEATH	REG. N	0.			
1. DECEDENT'S NAME (First, Middle, Lest) RONALD HARRIS				15 18	2. DATE OF DEATH	DAY 24 /	YEAR 3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 577-58-1233	5. SEX 6. AI	GE (In yrs. lest birthday)  53 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	March 6,		8. BIRTHPLACE (State or Foreign Country) Washington, D		
9a FACILITY NAME (If not institution, give HOLY CROSS HOSPIT				SPRING	EATH	9c. COUNTY OF DEATH MONTGOMERY			
RESIDENCE OF DECEDENT  10a. STATE  10b. COUN  MARYLAND  MON			Y, TOWN OR LOCA			THE	10d. INSIDE CITY LIMITS?		
10e. STREET AND NUMBER	NTGOMERY			f. ZIP CODE			XX YES 2 ☐ NO EN OF WHAT COUNTRY?		
10827 BUCKNELL DE				20902			S.A.		
11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 TY IF YES, GIVE WAR O	ES 2XXVO	If yee, sp		NIC ORIGIN? (Specify in, Puerto Rican, etc.)	fes or No- 1	14. RACE — American Indian, Black, White, etc. Specify: BLACK		
15. DECEDENT'S ED (Specify only highest grad	ie completed)	16a. DECEDENT'S (Give kind of v life. Do NOT us	USUAL OCCUPATE work done during me	ON ost of working	16b. KIND OF I	USINESS/INDU			
Elementary/Secondary (0-12)	College (1-4 or 5+) 5+			ION INST	BALTIM	ORE CIT	TY SCHOOL SYST		
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Meld				
TIBERIOUS WILLS				GLADY	S SOLLERS				
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	end Number or Rural	Route Number, City or 1	own, State, Zip C	Code)		
GERTRUDE T. WILI	LS (WIFE)	10827	7 BUCKNE	LL DRIVE	, SILVER	SPRING	MD. 20902		
20g, METHOD OF DISPOSITION 1 Website 2 Cremation 3 Res 4 Donation 6 Other (Specify)	moval from Stata	20b. PLACE AND DATE COMPLETE CEMBERS OF DESCRIPTION					ty or Town, State , MARYLAND		
21. SIGNATURE OF FUNERAL SERVICE L	La Coest	Sino		ND ADDRESS OF FA	o o i i i		JENKINS INC. D.C. 20011		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or injury	b	AS A CONSEQUENCE OF							
that initiated events resulting in death) LAST	DUE TO (OR a	AS A CONSEQUENCE O	F):						
PART M. Other significent condition  My Condition  My Condition  DID TOPACCO USE CON	spendent loion	diabe	tes me	lliles	PERI 1 TYES	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEA	TH (Check only one						
1 YES 2 YNO	HOSPITAL:	Outpetient 3 DOA	OTHER: 4  Nursing Hor	ne 5 🗆 Realdence	6 Cher (Specify)				
27. MANNER OF DEATH  1 Natural 5 Pending Accident Investigation	26a. DATE OF INJU (Month, Day, Ye		JURY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HO	W INJURY OCCI	URED		
3 Suicide 6 Could not b	26e. PLACE OF INJ building, atc. (	IURY — At home, ferm, (Specify)	street, factory, offi		261, LOCATION (Stree City or Town, Str		or Rural Route Number,		
Grack Orny	SICIAN: To the best of my li						ed. e cause(a) and menner as stated.		
296. SIGNATURE AND THE OF CONTIF	1 mo			29c. LICENSE NU	417	1 P	Signed (Month, Day, Year)		
RAMIK GILLOTA		F DEATH (ITEM 27) (Type	GIA A	venue	Wheat	ton 1	16 20902		
MAY 28 1996	32. REGISTRAR'S						DHMH-16 Rev 1		

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and the temperature

# Please Type or Print in Black Indeiible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

							Cer	tificate d	of D	eath			Reg. No.				
			1. Decedent's Nama (First, Middla, L	.ast)								2. Data of De	ath			3. Time o	f Death
	Physic		Thomas H. Ye	tter. S	r.							Month June	Day		Yaar 996	0840	4
	/Medi Examir		4a. Facility Nama (If not institution, g						4b.	. City, To	wn, or Lo	cation of Deat	0.3 h 4c. (	County of		00.0	
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	Funeral		A .	Sax	7. Aga	(In yrs. last birt	thday)	If Undar 1 Ya		If Undar	24 Hrs.	8. Data of Bir (Month, Da				aca (Stata	or Foreign
	Funeral Director		221-16-3545	10XM 2□ F	6		Yrs.	Months Da	lys	Hours	Min.	June 1	i <i>y, Year)</i> 1 102	Q T	J41m	Do 1	Laware
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	/land		10a. Stata 10b. County		1	10c. City, Town	or Lo	cation							10	Od. Insida C	Ity Limits
	Man	tor	Maryland Cecil					10000		Ear	lvil	1e				Yes Yes	2 🗆 No
	the 28	Directo	10e. Street and Number					10f. Zip Coo	da	242			hat Count	irv?			
	With Miles		2 Bay Boulevard					2191	9			United Sta				25	
	leath m 2	Funeral	11. Marital Status	12. Was Dec	cedant Ev	ar in U.S.	13. V			panic Orie	gin? (Sp	ecify Yas or No				an Indian,	
	Hero	Fun	1 ☐ Navar Married 2 🗓 Married	Armed F	orcas? 2 □XNo		H	Yas, specify (	Cuban,	Maxican	, Puarto	Rican, atc.)			, Whita, a		
21215-0020	is within 72 hours after death with the Maryland ison.  Then "natural", or Nerna 23a or 28a-f show the Medical Examine must be notified at	by	3 ☐ Widowed 4 ☐ Divorced	If Yas, G	iva		1	☐ Yas 2☐X	No	Specify:				Specify:	Whi	Lte	
Ö	tura tura	Pa	15. Decedent's	111.00		168	Deced	ant's Usual Oc	ccupati	lon			16b. Kin	d of Bus	iness/Ind	ustry	
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212	within iena. then	E O	Elemantary/Secondary (0-12)	Coilega	(1-4or 5+)	Sur	erv	isor o	f O	laint Dera	enan	ice &	Educ	at10	on /		rict
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lan	d be entai	To Be	Charles F. Yett	er					W	1111e	na F	I. Yett	er (N	lee:	Hew]	lett)	
Z	d 2 should be filed v th and Mental Hygie 7 is marked other t traumatic avent, th	F	19e. Informent's Name/Ralationship			19h	Meillo	n Address (St				al Routa Numb					
Maryland			Mrs. Nancy Norto		r (W			-									
	if Health if Health item 27 is other tra		20a. Mathod of Disposition	10000				sition (Name o		ш, г	I I	Data				wn, Stata	
5	H H Or o		1 Burial 2 ☐ Cramation 3		Stata	cematar	y, cran	natory or othar	place)		J	June 7,					
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Baltimore,	Demit. Pages Department of H Important: If its any injury or of		21. Signatura of Funaral Sarvice Lio	ensee Md.L				Nama and Ac bhart				100					e St.
_	and -		(HANdka H.	GEBHAR	M00	862						nt, De	lawar	e Ne	1972	astle,	De.
			23a. Part1. Entar tha diseasa, or co shock, or haart failura. List on	mplications that	caused th	na daath. Do r	not ante	ar tha moda of	dylng,	such as	cardiac o	or raspiratory a	rrest,			Approxima Intarval Be	ta tween
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	death certificate be executed e attending physician and of for use as the burial-transit	Examiner	Sequentially list conditions,  Dua to (or as a consequence of):														
ó	an ar		Sequentially list conditions, if any, leading to immediata causa. Entar Undarlying Cause (Disaasa or injury												I		
68760,	s ysic	Medical	Cause (Diseasa or injury that initiated evants  Dua to (or as a consequence of):										-				
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X	attending p	2		d											<u> </u>		
Bo.	that the death led by the atter detached for u	Iclan	Part II. Other significant conditions	contributing to c	leath but	not resulting in	the ur	dadvina causa	niven	in Part I		23b Did	tohacco i	ree cont	ribute to	the cause	of death?
0	the sy th	Physi		oonline stang to	Journ Day		, ,,,,,	outry ing out ou	a girai.		•		Yes 2			ebly 4K	
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Records,	een sign											24a. Was	an autop	sv	24b. Wa	ra autopsy	findings
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Vital	Physician: The this certificate ral director, pag	a	25. Was casa rafarred to medical examiner?	Monniteir							of Deet	h (Check only	ona)				
of	Physic this of the din	2	1 ☐ Yas 2 No		Inpatient		-	3LI DOA	Other	4 🗆 140		ma 5 Rasi				)	
L L		ertification:	27. Manner of Death Natural 5 ☐ Panding	28a. Data (Mor	of Injury oth, Day 1		ima of njury		Injury a Work?			28d. Describe	how injury	occurre	d		
sio	Attending or death. ector: After by the fune	cati	2 Accidant invastigati					М	1 🗆 Ya	as 2 🗆							
Division		E I	3 ☐ Sulcida 6 ☐ Could not determina	20a. Flac	e of Injury	/ - At homa, fai (Specify)	rm, stre	et, factory, off	ice			28f. Location ( City or To	Street and wn, Stata)	1 Number	r or Rura	Routa Nun	nber,
	rs after or all of in led in	O															
	To the Hospital or within 24 hours afte To the Funeral Dir completely filled in	edicai	29a. Cartifiar Certifying F	hysician: To the	a best of	my knowledga	, daath	occurred at th	a tima	, data an	d piace,	and dua to tha	causa(s)	and man	nar ss st	ated.	e)
	he Hi in 24 he Fi		(Check only 2 Medical Exp	and nar	nnar state	d.	301 1114	astigation, in	ny opn	non, daa	ar occur	ao at tha tima,	Jula and	piace, ai	10 000 10	ina causa(	*/
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	^		Cultur	taw	her	MO	)	1)	3	15	13	5	6	13	19	6	
	12		30. Nama and addrass of person who	complate cau	isa of dee	th (Itam 23a) (	Type, I	Print)						1	10	D	
			Andrew Langsam,	//				Elkto	n,	Mary	1and	21921		-	P()		
	Sta	ite	31. Data filed (Month, Day, Year)		Registrar'	s Signatura											
	Registr		JUN	0 4 1996		L. lia Day	do	Birde	2								



				State	of Mary	/land / [		rtment of tificate of		nd N		giene	b	1//91
Physi	cian	1. Decedent's Name MICHA		YATES							2. Deta of Dec Month		Year	3. Time of Death
/Med		MICHA	150	IMILO	,						MAY	26, 1	.996	3:40 AM
Exam	iner	4a. Facility Nama (if	not institution, gi	va <i>street and</i> n	umber)				4b. City, Tow				ty of Deeth	
		PRINCE	GEORGE	S HOSE	PITAL	CENT	CER	E.R.	CHEVE				ICE G	EORGES
Funera Directo		5. Social Security No. 577–17–64		Sax 1 M 2 F	7. Aga (h	n yrs. iast bir 20	thday) Yrs.	If Under 1 Yea Months Days		4 Hrs. Min.	8. Dete of Birt (Month, Day Nov 20	1975	Cour	plece (Steta or Foreign htry) ington, DC
9		Usuel Residence of									1			
Merylar F show	tor	N/A	10b. County	A	10	c. City, Tow		ation  igton, D	. C.				1	0d. Inside City Limits 1 ☐ Yes 2 No
r 284	Director	10e. Street and Num						10f. Zip Code	5			10g. Citizen of	What Cour	ntry?
3a o	0	5929 Eas	st Capit	ol Stre	et SE	#101	6		20019			Unite	d Sta	tes
Naryland 21215-0020 2 should be filed within 72 hours after death with the Menyland and Mental hygiene. Is marked other than "natural", or items 23s or 28s-f show summitic event, the Medical Examiner must be notified at	y Funeral	11. Maritel Stetus 1 XNever Marrie	ed 2 Married	12. Wes De Armed F 1  Yas If Yes, G	cedent Eve Forcas? 2 XNo Sive	No _		Vas Decedent of Yes, specify Cu		in? (Sp Puerto	ecify Yas or No- Rican, etc.)		Race - American Indien, Bleck, Whita, etc.  ecity: Black	
Nour Park	d by	3 Widowed		Yeer or					0.00					
21215-0020 d within 72 hours af jiene. r than "natural", or the wedical E and	Completed	Flementery/Secon	15. Decedent's E fy only highest gr ndery (0-12)	ada completed College	e (1-4or 5+) lifa. DO NOT usa retired)				e during most ed)	nost of working				Justry
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Tale of the control o	Be	17. Father's Nama (									e (First, Middle,	Meiden Surne	me)	
re, Maryland s 1 and 2 should be file f Heelth and Mental Hy tem 27 is marked othe other traumatic event,	ို	Michael 19e. Informent's Ne							Bob	bie	Hodge			
permit. Pages 1 and 2 Department of Heelth a Important: if item 27 is			DS.t	10) 8DD	Js.	Mt. (	22 A 5	ret Ceme Neme end Addi Lexande 538 Mar or the mode of dy	tery ress of Facility r S. Po 1boro	ope Pike	Forest	Homes		20747 Approximate Interval Between Onset and Death
/Medica Examine	1	Immediate Causa (f disease or condition rasulting in death)		a	Due	to (or es a	consequ	uence of):	+ W	buy	nds			
O, exec an an	ŭ	Sequentially list con if eny, laeding to import cause. Entar Under Ceuse (Disease or I that initiated events	mediete tying			(0.00.0		3,100 0.7.						
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death death	sicia	Pert II. Other signific	cant conditions	contributing to	death but no	ot resulting is	n tha un	deriving cause o	iven in Pert i.		23b. Did t	obacco usa c	ontribute to	the cause of death?
T.O.	by Physician/M										10			bably 4 ☐ Unknow
w requi	Completed											an autopsy med?	av	ere autopsy findings ailable prior lo impletion of cause death?
	5										10	as 2 No	18	Yes 2□ No
VITAI Iclan: T certificat rector, p	Be	25. Was case referre	ed to medical					- 63	28. Place	of Deet	h (Check only o	ne)		1
OT VITA Physician: r this certific and director,	To	exeminer?	No	Hospitel: 1	Inpatient	XXER/OU	tpatient	3□ DOA O	ther: 4 Nur	sing Ho	ma 5 🗆 Rasio	lence 8 🗆 O	har (Specif	(y)
C 2 2 2 2		27. Manner of Deeth 1 Neturel 2 Accident	5 Pending Invastigation	n 5-21	e of Injury onth, Day Ye	28b. 1	Time of njury	28c. Inju		,	28d. Describe h			-st
or A free in by	Certification:	3 ☐ Suicide Thomicide	6 Could not be determined	289. Piec	ce of Injury ding, etc. (S	At home, fe	rm, stre	et, fectory, office	,		City or Toy	Street and Num	Aber or Run	A POUTE Number,
Hospital of 24 hours a Funeral Dietaly filled	dicai	29a Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the Cherk any Cherk and Cherk a												

State Registrar

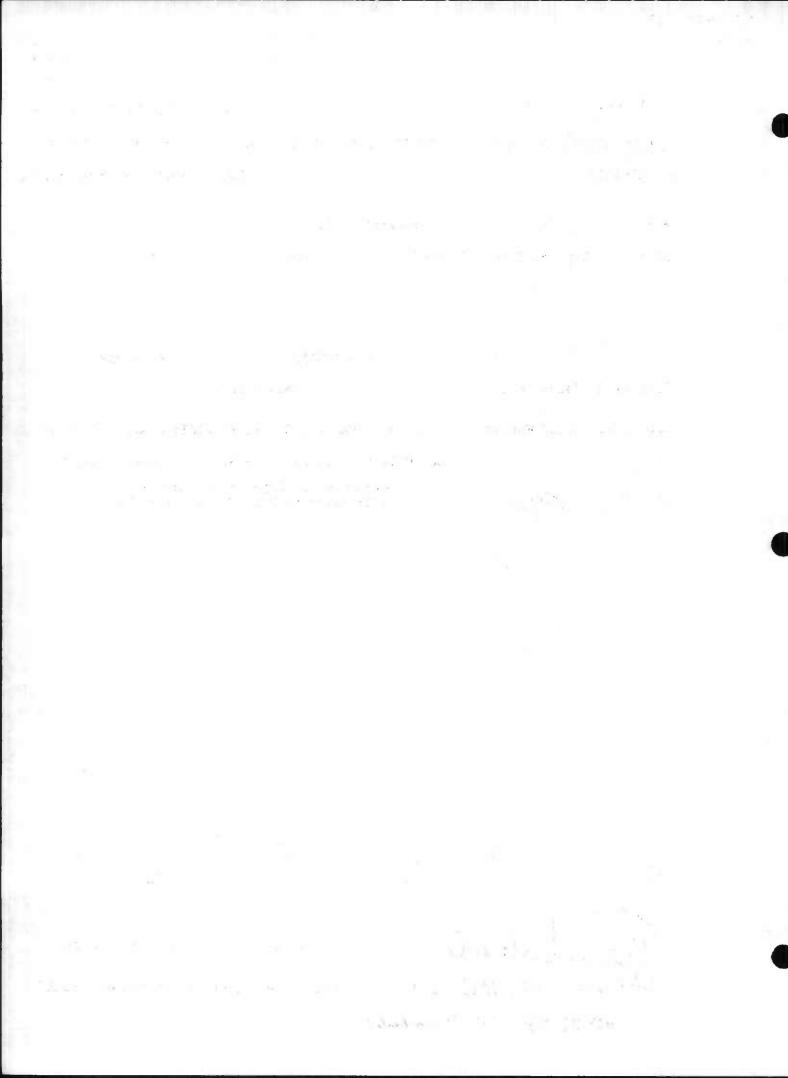
29c. Licansa numbar O.C.M.E 29d. Data signed (Month, Day, Year) MAY 26, 1996

e of death (Item 23a) (Type, Print)

21201 32. Registrer's Signatura

MAY 31 1996

Julia Studior Ranfall



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Dete of Deeth 3. Time of Death Month May 1996 Regina E. Zajicek 25, 9:25 AM 4c. County of Deeth

**Physician** /Medical **Examiner Funeral** Director 72 hours efter death with the Marylend 7 is marked other than "nature!", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at Director Funeral by Completed Hyglene. Be 20

1. Decedent's Neme (First, Middle, Last) 4a. Facility Nama (If not institution, give street end number) 4b. City, Town, or Location of Death Frederick
If Under 24 Hrs. 8. Data of Birth
(Month, Dey, Year)
17 19 Frederick Memorial Hospital Frederick If Under 1 Yaar . Age (In yrs. lest birthday) Deys 1 M 2 XF Months 158-09-1660 Yrs. May 17, 1919 Usuei Residence of Dacedant 10a Stete 10b. County 10c. City, Town or Location Frederick Maryland Woodsboro 10e. Street and Number 10f. Zlp Coda 10g. Citizan of Whet Country? 10702 Etzler Mill Road 21798 U.S.A. 12. Was Dacedant Ever in U,S. Armed Forcas? 1 ☐ Yes 2 ☑ No If Yas, Give Year or Detes: Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, atc.) 11 Marital Status 1 Nevar Married 2 Merried Saltimore, Maryland 21215-0020 1 Yes 2 No 3 Widowed 4 Divorced 16a. Decedent's Usuel Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) Bookkeeper Bookkeeping permit. Peges 1 and 2 should be file Depertment of Heelth end Mental Hy Important: If flem 27 Is marked othe any injury or other traumatic event, 900cs. 17. Father's Name (First, Middle, Last) 18. Mother's Nema (First, Middle, Meiden Sumame) Joseph John Mooney Katherine Boyle 19a. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Donna Baker - Daughter 20752 Airmont Rd., Bluemont, Va. 22012 20b. Pieca of Disposition (Neme of cemetery, cremetory or other piece) 20a. Method of Disposition 20c. Location - City or Town, State 1 K Burlai 2 Cremetion 3 Removel from Steta Resurrection Cemetery 5/28/96 4 ☐ Donetion 5 ☐ Other (Specify) Clinton, Maryland 21. Signature of Funerel Sarvice Licenses 22. Neme and Address of Facility George P. Kalas Funeral Home 6160 Oxon Hill Rd. Oxon Hill, 23e. Pert1. Enter the resease or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or hear failure. List only one cause on each line. **Physician** /Medical Immediate Cause (Fine) disease or condition resulting in death) oneumonia Examiner Due to (or es a consequence of): The law requires that the death certificate be executed attending physician and for use as the buriel-transit Sequentielly list conditions, if eny, leading to immadiete cause. Enter Underlying Cause (Disease or Injury that Initieted events Due to (or es e consequence of) Box 68760, Dua to (or es e consequence of) resulting In deeth) Last

Physician/Medical Examiner þ Completed

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24a. Wes an autopsy

Md.

20745

1 Yas

24b. Were autopsy findings available prior to completion of cause of death?

Birthplace (Stata or Foraign Country)

10d. Insida City Limits

1 Yas 2 No

New Jersey

14. Rece - Amarican Indian, Bleck, White, etc.

Specify: White

26. Piece of Deeth (Check only one)

1 ☐ Yes 2 ☐ No

25. Was case referred to medical exeminer? 1 Yas 2 No 27. Manner of Deeth

5 Panding investigation

6 Could not be determined

1 Inpatient 28a. Date of Injury (Month, Day Year)

Hospitei:

2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of Injury

28e. Pieca of Injury - At home, ferm, street, fectory, offica building, etc. (Specify)

28c. Injury et Work? 1 Yes 2 No

Other: 4 ☐ Nursing Homa 5 ☐ Rasidance 8 ☐ Other (Specify) 28d. Describe how injury occurred

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

29e. Certifier (Check only one)

1 Netural 2 Accident

3 ☐ Suicide

4 Homicide

12 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end place, and due to the cause(s) and menner es stated.

2 Medical Examiner: On the basis of examinetion and/or investigetion, in my opinion, deeth occurred et the time, date and place, and due to the cause(s) and menner stated.

29b. Signeture and title of certifier

29c. License number

29d. Dete signed (Month, Dey, Year)

30. Neme end address of person who

completed cause of deeth (Item 23e) (Type, Print)

State Registrar

31. Dete filed (Month, Day, Year)

32. Registrar's Signeture

division of Vital Records, P.O.

the

signed by

peen : hes

certificate

this

After

I Director: /

24 hours effer Euneral Direct pletely filled in b

within 2

death.

efter Hospital

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funeral

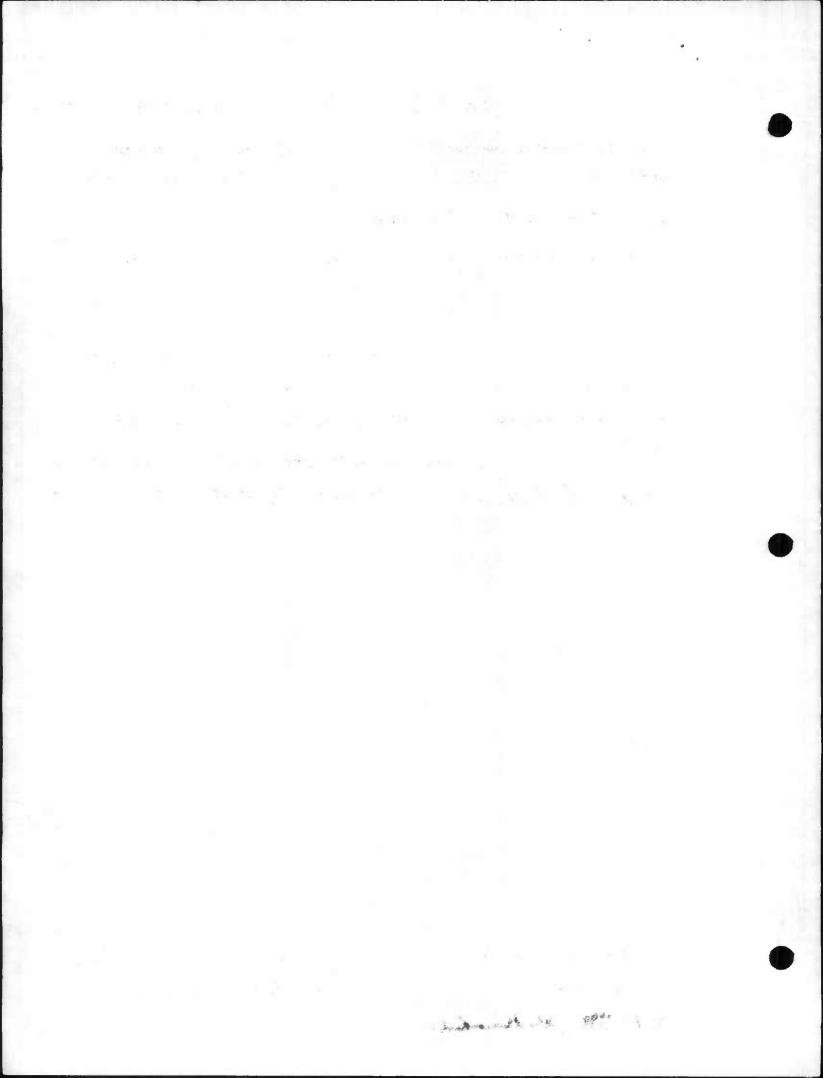
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2

Certification:

edicai

or Attending Physician:



y the hor	he detach		H once.
PEPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hot	FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		TANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	STATE OF M				OF HEALT		MENTAL HYGII						
	1. DECEDENT'S NAME (First, Middle, Last)				IOAIL	OI DE	4111	REG. N		_	3. TIME OF DEATH			
	John E. Ames	Cn						MONTH	DAY	YEAR				
		5. SEX	6. AGE (In yrs. I	nat hirthrian)	IF UNDER 1	YEAR IE INC	ER 24 HRS.	June ]	7,	996				
		1 M 2 F		YRS.		DAYS HOURS	1	(Month, Day, Year)		U. BIRTI	HPLACE (State or Foreign ry)			
	220-14-3965	- 50	70	THS.				6-18-25			Md			
1 ~	9a. FACILITY NAME (If not institution, give stre				9b. CITY, T	OWN OR LOCA	TION OF D	EATH	9c. COU	NTY OF E	HTABO			
Ö	St Martin's Hom	e for t	the Ag	ed	Cat	onsvi	71e		Ba	1 ti	more			
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY			- 75-					1 17 3	- Maria				
=	1000000			10c, CIT	Y, TOWN OR	LOCATION					10d. INSIDE CITY LIMITS?			
	Md. Balti	more		Cat	onsv	ille					1 YES 2 100			
1 ×	10e. STREET AND NUMBER					10f, ZIP CO	DE		10g. CIT	ZEN OF	WHAT COUNTRY?			
FUNERAL	601 Maiden Cho	ice Tar	10			27.2	28		TT	S	۸			
3		12. WAS DECEDENT	EVER IN U.S. A	RMED	13, WA	S DECENDENT	OF HISPA	NIC ORIGIN? (Specify	Yee or No		E — American Indian.			
	1 Never Married 2 Married	FORCES? 1	YES 2	NO	11)	es, specify Cu	ban, Mexica	en, Puerto Rican, etc.)	NO 01 110—	Blac	k, White, etc.			
B	3 🔀 Widowed 4 🗌 Divorced	W W TT			110	YES 2 N	O Specii	ly:		Spec				
0	15. DECEDENT'S EDUCA	ATION		ECEDENT'S	USUAL OCC	IPATION		16b, KIND OF I	I I CANEGO (MAI		nite			
IE	(Specify only highest grade of			Give kind of a	work done du	ing most of wor	king	100. KIND OF I	JUSINESS/INL	JUSTRY				
2	Elementary/Secondary (0-12)	College (1-4 or 5+)												
COMPLET	12 Years 4	Years	Sa	Les	Repr					Tel	ephone Co.			
8	17. FATHER'S NAME (First, Middle, Last)					18, MC	THER'S NA	ME (First, Middle, Maid	en Sumame)					
BE		mes				В	eati	cice H.F	auk					
0	19a. INFORMANT'S NAME (Type/Print)		19	9b. MAILING	ADDRESS (S			Route Number, City or 1		Code)				
F	John E. Ames.	Ir.	1	025	N S	mino	ton	AveBa	1+0	M	פרכור ד			
	20a. METHOD OF DISPOSITION				OF DISPOSITI	ON (Name of	0011		OCATION -					
	1 Burial 2 Cremation 3 Remov	val from Stata	cemetery, cr	remetory or o	ther place)						535 412 0412			
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	110110	on P	ark	Cemet	ery	6-20-96	Ba	l to	, Md			
	RITE		2/1	/					i ama'	T)	: 1 <sub>m.m</sub>			
	G Truman S	chwah	2 mg					more National Pike						
	23. PART I. Enter the diseasea, or co		caused the d	eath. Do r	not anter th	e mode of d	vina auc	th as cardiac or re-	pleston, ac	nat .	Anneylmete			
	anock, or neert failure. Li	ist only one caus	e on each lin	е.		· 1110000 01 0	ying, acc	in as cardiac or rec	priacory arr	eat,	Approximate interval Between			
	IMMEDIATE CAUSE (Finel disease or condition	Al	·		2			1 -			Onset and Death			
	resulting in death)	you	ause	16	ucu	DMU	5 0	4 600	cuac	160	1.3			
		DUE TO (	OR AS A CONSE	OUENCE OF	F):									
			0		- /		1 1	4.71						
Z	Samuesticity list and distance b.	brace	heo-	lso	plus	rglau	1 1	Seetula			1			
TION	Sequentially list conditions, if any, leading to immediate	DUE TO (	OR AS A CONSE	LSC EQUENCE OF	plus 1:	rglau	17	Testula	_ ′		1			
CATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (	heo-	LSC EQUENCE OF	Alic	rglan	1 1	Testula			1			
IFICATION	If any, leading to immediate		heo-			rglau	1 1	Seitula			1			
RTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury		OR AS A CONSE			rglau	1 1	Testula			/			
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (	DR AS A CONSE	OUENCE OF	<b>?</b>	rglau	1 1	Sestula			/			
	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	OUE TO (	DR AS A CONSE	OUENCE OF	<b>?</b>	riying cause	given in		IN AUTOPSY	246	. WERE AUTOPSY FINDINGS			
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DHMH-16 Rev 1/89

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#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death Month BERNARD ADDLEMAN RICHARD 14 1996 uno 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death

3. Tima of Death

14:35 f

**Physician** /Medical Examiner

Apt. "D" Ellicott City Howard 8958 Town & Country Blvd. H Undar 1 Yaar If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year)

JUN 11, 1944 5. Social Security Number 6. Sax 7. Aga (In yrs. last birthday) **Funeral** 1 X M 2 □ F Director 215-42-9566 52 Usual Rasidance of Decedant the Marylend 10a Stata 10b. County 10c. City. Town or Location ahow ir than "natural", or items 23a or 28a-f ahov the Medical Examiner must be notified at Director Ellicott City Maryland Howard 10e Street and Number 10f. Zip Coda Apt. "D" 21043 8958 Town & Country Blvd. 12. Was Decedant Evar in U,S. Armed Forcas? 1 XYas 2 ☐ No If Yes, Giva Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) hours efter 1 ☐ Nevar Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: þ 3 Widowed 4 □ Divorced T Tes, Giva Yaar or Datas:1961--62 Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Specify only highast grada completed) permit. Pages 1 and 2 should be filed within: Department of Health and Mental Hygiens important: if them 27 is marked other than "n any injury or other traumetts except than "n Elemantary/Secondary (0-12) Collega (1-4or 5+) Hairdresser 12 17. Fathar's Nama (First, Middla, Last) Be Mildred Sklar Jacob Nathan Addleman 2 19a. informant's Neme/Ralationship (Type, Print) Shirley A. Maltby / Sister 10022 Dolfield Road 20b. Placa of Disposition (Nama of camatary, cramatory or other place) 20a. Mathod of Disposition Data 1 ☐ Burlal 2 X Cremation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Spacify) 06/15/96 Metro Crematory, Inc. 21. Signalure of Eunaral Sarvice Licansee 22. Nama and Addrass of Facility
Cremation Society of Md., Inc. 1500 May 144 George E. MacNabb 23a. Part1. Entar the disaasa, or complications that caused the death. Do not entar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. **Physician** /Medical Immediata Causa (Final TO THE HEAD SHOT GUN WOUND disaasa or condition resulting in daath) Examiner Dua to (or as a consequance of) DEPRESSION sician and burial-transit Sequantially list conditions, if any, laading to immadiata cause. Entar Undarlying Cause (Diseasa or injury that initiated events rasulting in daath) Last Dua to (or as a consequance of) physician s the burial Box 68760 8 Physician/Medical Dua to (or as a consequanca of): 98 attending o P.O. Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. signed by Bronchitis, Seizure disordes Records, þ 8 Completed 24a. Was an autopsy peed periormed? certificate has 1 ☐ Yas 2 ☑ No of Vital 25. Was casa referred to medical Be 28. Placa of Death (Check only ona) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yas 2 No 2 916 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28b. Tima of 28c. Injury at Work? Certification: After Injury vision Attending 1 Najural 5 Panding death 1 Yes 2 No Invastigation June 14, 1996 14: 35 M 10
28a. Place of Injury - At homa, farm, straat, factory, office building, etc. (Specify) 2 Accidant sctor: 3 Suicida 6 Could not be datarminad 4 Homicida 29a. Cartifiar Medical To the Ho withing 4 to To the Po complete 29b. Signature and title of certifie 29c. Licensa number Lemity

 Birthplaca (Stata or Foreign Country) Maryland 10d. Inside City Limits 1 ☐ Yas 2 No 10g. Citizan of What Country? USA 14. Raca - Amarican Indian. Black, Whita, atc. Specify White 16b. Kind of Businass/Industry Hair Salon 18. Mothar's Nama (First, Middla, Maidan Sumama) 19b. Meiling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Owings Mills, MD 20c. Location - City or Town, Stata Baltimore, MD 299 Frederick Road Baltimore, MD 21228 Approximata Intarval Between Onset and Death Seconds MEEKS 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to complation of causa of death? 1 Yas 2 No Other: 4 Nursing Homa 5 MRasidance 6 Othar (Specify) 28d. Dascribe how injury occurred self-inflicted shotgun to head 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 8958 Town + Courty Blud 1 Certifying Physicien: To tha best of my knowladge, deeth occurred at tha tima, data and place, and due to the cause(s) and mannar as stated.

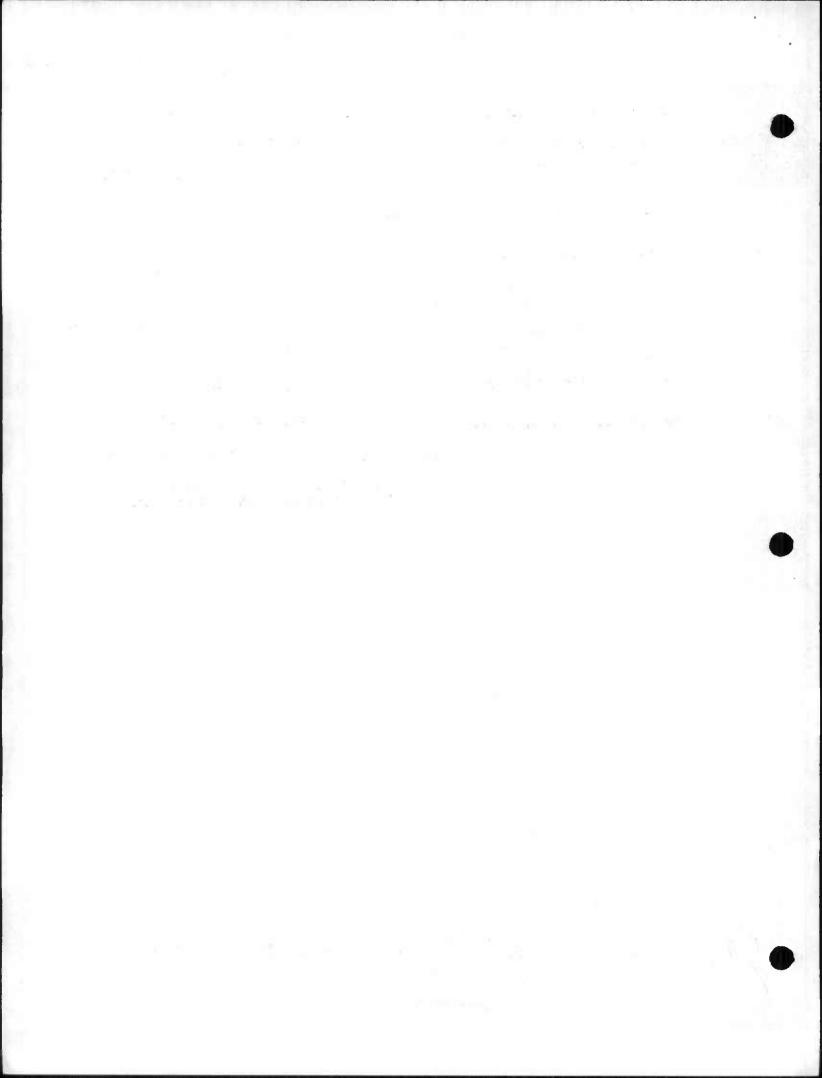
2 Madical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar stated. 29d. Dala signed (Month, Day, Year) une 14, 1996 ME 30. Nema and address of person who complated causa of death (Item 23a) (Type, Print) 21042 PATRYCE TOYE, MY) 4565 HEMIDEK CONE VM A-ELLICOTCITY MD 31. Date filed (Month, Day, Year) Julia Jundon-Manue State JUN 1 7 1996

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State of Maryland / Department of Health and Mental Hygiene

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						Cei	rtificate o	f Death	7		Reg. No.		
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Phys /Me	ician dical	Geor	/	Willia	n Brai	d 5h	aw Jr			JUR		1996	312P
Exan		4e. Fecility Neme (I	f not institution, gi	ve street end nun	nber)			4b. City, To		ocation of Dee		nty of Death	
		Bayview	Medical	Center				Bal	timo	re		N/A	
Funer		5. Social Security N 227 16 33		Sex 1)☑M 2□F	7. Age (In yrs. le.		If Under 1 Ye Months Dev		r 24 Hrs. Min.	8. Dete of B	rth ey_Yeer)	COLI	piece (State or Foreign
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natural', or items 23a or 28a-f show		Usuel Residence of 10a. State	10b. County		10c. City.	Town or Lo	cation					1	10d. inside City Limits
a be	5	10a. State Md.	N/	'A		Baltin							1 Yes 2 □ No
28	5	10e. Street end Nun	nher				10f. Zip Code				10g. Citizen o	d What Cour	nta <sub>2</sub> 2
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0 10	by			If Yes, Giv Yeer or De	e W.W. 2		1□Yes 2XIN	lo Specify	··		Spec	elly: Whit	te
after a	Completed		15. Decedent's E	ducetion		18e. Deced	lent's Usuei Occ	upetion			16b. Kind of Trans	Business/In	dustry.
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arked o	10	George	William	Bradshav	w,sr.			MY	rtie	Gordon	1		
PEE		19e. Informent's Ne					ng Address (Stre					m, State, Zip	Code)
if Health an item 27 is other trac		Margaret	B.Bradsh	law, Daugh	nter	160 N	.Ellwoo	d Ave.	Bal	to.,Md.	. 21224		
		20e. Method of Disp	osttion Cremetion 3 [	Damovai from 6	Cen	netery, cren	sition (Neme of netory or other p	nlece)		Dete	20c. Locatio		
ant: h			5 ☐ Other (Speci		Oa	k Law	n Cemet	ery	Ь	-18-96	East	wood,	Ma.
Important: If any injury or	DUCE	21. Signeture of Fu	nerel Service Lice	nsee (	\ .	22	harles	tess of Facil	Yer .	& Son 1	Inc		
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a p	Physician	Pert II. Other etgniff	cant conditions	contributing to de	ath but not result	Ing in the u	nderlying ceuse	given in Pert	I.	23b. Did	tobacco use	contribute to	o the cause of death
and by detac		Corol	nary.	Arter.	y Di	seas	e			1 🗆	Yes 2□ No	3 Pro	bably 4 Unknow
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Aller	Certification:	27. Menner of Deeth	5 Pending		h, Dey Year)	8b. Time of injury	28c. in			28d. Describe	how injury occ	urred	
10:	loat	2 ☐ Accident 3 ☐ Suicide	investigetio					☐ Yes 2☐		004 1	(01111)		10. 4. 114
in by	臣	4 Homicide	determined	28e. Piece buildin	of injury - At hom g. etc. (Specify)	e, term, str	eet, fectory, offic	<b>20</b>		City or To	(Street end Nut wn, Stete)	n <i>ber or Hur</i> e	al Route Number,
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Furn	edical	29a. Certifier (Check only one)	1 Certifying Pt 2  Medical Exar	miner: On the ba	sis of examinatio	edge, deeth n end/or Inv	occurred et the restigation, in m	time, dete ar opinion, dec	nd plece, eth occurr	end due to the ed et the time	ceuse(s) end dete and piec	menner es s e, and due to	tated. the cause(s)
-	Me	29b. Signeture end	itle of certifier	end menn	er steled.		29c 1 ice	nse number			29d. Dete sign	ned (Month	Day, Year)
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State of Marylan

na /	Department	OT	Health	and	Mental	Hygie	ne
	Certificate	of	Death			Pen	A1

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Birthplece (State or Foreign Country)

10d. Inside City Limits

1 ☐ Yes 2 No

1. Decedent's Name (First, Middle, Lest) AUDREY

MARIE BALDWIN

2. Dete of Deeth JUNE 14 1996

Reg. No.

3. Time of Deeth 10:41AM

**Funeral** Director

the Maryland show 28a-f s 23a or 2 with t

other traumatic event, the Medical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours effer death v Department of Health and Mentel Hygiene. Important: If flem 27 is marked other than "natural". or least any Injury or other traumatic average.

**Physician** /Medical Examiner

The law requires that the deeth certificate be executed buriel-trar Box 68760. ettending physician for use as the burie P.O. I signed by the Division of Vital Records. After this certificate Attending Physician: o the Hospital or Attendin lithin 24 hours after death. To the Funeral Director: Al daath.

4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death MARYLAND ROUTE #795 Reisterstown BALTIMORE 8. Date of Birth (Month, Day, Year) 9. Birthpiece (Country)
Sept. 5, 1973 Maryland If Under 1 Year | if Under 24 Hrs. 5. Sociei Security Number 7. Age (In yrs. last birthday) 1 M 2 F Deys Months Hours 218-86-8523 22 Yrs. Usual Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location Md. Baltimore Owings Mills Director 10e. Street end Number 10f Zin Code 10g. Citizen of Whet Country? 155 Wilgate Rd. 21117 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 No If Yes, Give 13. Was Decadent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 11. Marital Status 14. Reca - American Indien. Black, White, etc. Never Merried 2 Married 1 Yes 2 No Specify: Specify: White by 3 Widowed 4 Divorced Yeer or Detes: Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Dacedant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Secretary Hospital 17. Fathar's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be Gary Martin Baldwin, Jr. Mary Elizabeth Carr P 19e. Informant's Name/Relationship (Typa, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) Roy G. Higgs 155 Wilgate Rd., Owings Mills, Md. 21117 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition Dete 20c. Location - City or Town, Stete 1 Burial 2 Cremetion 3 Removel from Stete Old Oakland Ch. Cem. June 18, 1996 Sykesville, Md. 4 ☐ Donation 5 ☐ Other (Specify) 22. Name end Address of Fecility Eckhardt Funeral Chapel 23a. Pert1. Ent of the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line.

Md. 21117

Approximate Intervet Between Onset end Deeth Muliple Injuries

Dua to (or es e consequance of): Immediate Cause (Final disease or condition rasulting in deeth) Examiner Sequentielly list conditions, if eny, leeding to Immediata cause. Enter Underlying Cause (Diseese or injury that initiated avants resulting in deeth) Lest Due to (or as a consequence of): Physician/Medicai Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the undarlying ceuse given in Pert I. 23b. Did tobecco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ Completed 24e. Wes en eutopsy performed? 1 Yes 2 □ No Be 25. Was case referred to medical 26. Place of Daeth (Check only one) Other: 4 Nursing Home 5 Residence NXOther (Specify) ROADWAY Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 2 1⊠ Yes 2 No 27. Manner of Deeth 28e. Date of Injury (Month, Dey Year) 28c. Injury et Work? Certification: 28b. Time of 28d. Describe how Injury occurred 5 Panding Investigation 1 Naturel 6-14-96 1 Yes 2 No Driver - single vehicle accident 0840 M 2 Accident

29a. Certifier (Check only one)

3 ☐ Sulcide

4 Homicide

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signeture end title-of-certifler

29c. License number

O.C.M.E.

29d. Dete signed (Month, Day, Year)

JUNE 15, 1996

28f. Location (Street end Number or Rural Route Number, City or Town, State)

24b. Were eutopsy findings evellable prior to completion of cause of daath?

30. Name end eddress of person who complated ceuse of daeth (Itam 23a) (Type, Print)

Javid rouler 31. Dete filed (Month, Day, Year)

6 Coutd not be datarmined

111 Penn Street, Baltimore, Maryland 21201

State Registrar

Medical

JUN 1 71996



28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify)

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Betster # 1

State of Maryland / Department of Health and Mental Hygiene

					Ce	rtificate	of	Death		Reg.	No.		
		1. Decedant's Nama (First, Middla, I	Last)						2. Data of	Death	D		3. Tima of Death
Physic		JOSEPH LEE	BELL						June	14	Day 199	Yaar 16	4 F.M.
/Medi Exami		4a. Facility Nama (If not institution, g		m <i>bar)</i>				4b. City, Town, o			4c. County		
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Director		236-32-1116	1₽M 2□F		Yrs.	Months i	Days	Hours Mi	n. (Month,	Day, Ye			placa (Stata or Foreign ntry)
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5-0020 72 hours after death with the Maryland natural: or thems 23s or 28s-4 show Mest Evansive must be notified at	or	10a. Stata 10b. County			y, Town or Lo								10d. Inside City Limits
the 288	20	Md . 10e. Street and Number		В	altim	ore 10f. Zip C	ode			100	Citizan of	Afhat Cau	21.25
W W	Funeral Director									Tog.			nry r
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is 1 and 3/4 Health frem 27 other tr		Pearl Gross B	e11		11	N. Hi	gh	land A	venue,	Ba	ilto.	, Md	21224 own, Stata
		20a. Mathod of Disposition 1 ☐ Burial 2 ☐ Cramation 3	E-Pamauai (ram		Placa of Dispo	sition (Nama natory or othe	of ar plac	ca)	Data	200	c. Location	City or To	own, Stata
		4 Donation 5 Other (Spec		Re	11 52	mil 1 vr	Co	motory	6/10	106	Mato	2152	W Wa
Baltin permit. Pa Department Important: any injury		21. Signature of Funeral Service Lio	60386		22	. Nama and	Addra	ss of Facility	63 6	Cor	Matc	a Ci	W. Va.
Ball permit		May the	Zanne	no m				. Zann					
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		23a Janti. Enter the disease, or co	ly one cause on e	ech lina.	n. Donot and	ai ma moda i	or dyn	ig, such as cardi	oc or raspirator	y 31163t,			Intarvst Batween Onsat and Death
Physician /Medical		Immediate Ceuss (Final	43	1 6	0		Cr	0				1	
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8760, also be executed hysician and the burist-transit	Examiner	Sequantially list conditions,			r as a consec	/ / 1	-						
8 8 8	i iii	Sequantially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disasse or Injury that initiated events resulting to death) Lest Due to (or as a consequence of):											
58760, cate to ex physician s the buria	edical	that initiated events rasulting in death) Last	G	Due to (or	r as a conseq	uance of):							
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of Vital I Physician: The this certificate ral director, pag	Be	25. Was casa rafarred to medical axaminar?							eath (Check or	nly ona)			
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O Ph G Ph G Ph G Ph		27. Mannar of Death	28a. Data	of Injury th, Day Year)	28b. Tima of injury	280	. Injur Wor	y st k?	28d. Dascri	be how	injury occur	red	
Division or Attending after death. Director: After	atic	1 Nsturai 5 ☐ Panding 2 Accidant Invastigsti		,,	,ury	М		Yas 2 □ No					
Division of Attendant after death Director:	1	3 ☐ Suicida 6 ☐ Could not datarmine	d 28a. Place	of Injury - At ho		aat, factory, o	office					er or Run	al Routa Number,
d page	Certification:	4 D Honiicida	buildi	ng, atc. (Specif)	y)				City or	Town, S	reta/		
spits nours nere		29a. Certifier 1 Certifying F	hysicism: To tha	best of my know	wladga, daath	occurred et	the tin	na, deta and plac	ca, and dua to t	tha caus	a(s) and ma	annar as s	steted.
24 to Fundately	edical	(Check only 2   Medicat Exe	iminer: On the bi	asis of examinet nar stated.	tion and/or inv	estigation, in	my o	pinion, daath oc	curred et the tin	ne, dete	end place,	and due t	the causa(s)
Division o  To the Hospital or Attending Ph within 24 hours after death. To the Funerel Director: After th complately filled in by the funeral	Me	29b. Signature and titla of certifiar				29c. L	icans	e number		29d.	Date signe	d (Month.	Day, Year)
H 3 H Ö		Oka Shi	10				1	18101			6-1	1-1	
		,	cru			-		10.21			- /	16	
1		30. Nama and address of person who		e of daath (ttam	23a) (Type,	Print)		BALT	indesor	An :	2 /	-31	
V		CHI- SHIANT		48	N. BK	OAOWAY		07001	er ieric	776	-/-	-/	
Sta		31. Data filed (Month, Day, Year)	32.9	ra David	The Man	2.00							
Regist	ar	JUN 171	336 d	- www.	my Marke	-00							

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State of Maryland / Department of Health and Mental Hygiene 96 17798

	,		reen #1, 11111g /30, 6/1//96	o,cyw, per th	Cer	tificate of	Death	,	Reg. No.		11150
	Physici		1. Decedent's Neme (First, Middle, Last)	MBERLIN				2. Dete of De Month	eeth Dev	Year	3. Time of Deeth
	™ Pnysici /Medi	an :al ˈ	Helen McDanell	Chamber lai	A			June	17, 1	996	8:00 AN
	Examir		4e. Facility Name (If not institution, give street a				4b. City, Town, or	Location of Deet	th 4c. County	of Death	
			Laurel Regional Hosp	ital			Laurel		Prin	nce Ge	eorge
	Funeral		5. Sociel Security Number 6. Sex	7. Age (In yrs. las	6 Yrs.	Months Deys			rth sy, Year)	9. Birthpie Countr	ece (Stete or Foreign ry)
	Director		216-26-7616 Usuei Residence of Decedent		113.			Nov.17	, 1909	_Kent	ucky
	anyland show		10e. Stete 10b. County	10c. City, 7	Town or Loc	cation				10	d. Inside City Limits
	with the Maryland a or 28a-f show Lbe notfred at	ģ	MD Prince Georg	re La	aurel						1 ☐ Yes XX No
	or 28s	rec	10e. Street end Number	50 ) 20	20101	10f. Zip Code			10g. Citizen of V	Whet Countr	ry?
	th with	O I	P.O. Box 1169			2072	5-1169		USA		
	deat	Funeral Director	11. Meritel Stetus 12. We	s Decedent Ever in U,S. ned Forces?	13. W		Hispenic Origin? ( ben, Mexican, Pue	Specify Yes or No		e - America	
020	hours after death ural', or itema 23	by Fu	1 Never Merried 2 Married 1 H	Yes 201No es, Give 111 or Detes:		Yes ŽÜXNo		no moan, etc.)		ck, White, et /: Whit	
21215-0020	n 72 ho "netur	Completed	15. Decedent's Education (Specify only highest grade comp	leted)	16a. Decede	ent's Usuei Occu	upation e during most of wo	orking	16b. Kind of Bu	ubni/szenist	ustry
212	within than	E C	Eiementery/Secondery (0-12) Coi	lege (1-4or 5+)		retary	50)		Dent	of An	griculture
	be filed ital Hygi d other event, t	Be C	17. Fether's Neme (First, Middle, Last)		000	recury	18. Mother's Ne	me (First, Middle	, Meiden Surnam		Trearrate
Maryland	V S D S	To B	James R. McDanell				Mariam	Groves			
ary			19e. informent's Neme/Reletionship (Type, Prin	nt)	19b. Meiling	g Address (Stree	et and Number or F		er, City or Town,	Stete, Zip (	Code)
	日本のド		David R. Chamberlin/S	Son	6409	Brookly	n Bridge	Road, L	aurel, N	1D 207	07
ore	of Haai of Haai I Item 2 r other		20e. Method of Disposition 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Remove		ce of Dispos	Ition (Neme of letory or other pl	ece)	Dete	20c. Location -	City or Tow	m, State
Ē	Page nant o ant: If ury or		4 □ Donetion 5 □ Other (Specify)	Ivy	Hill	Cemeter	у	6/20	Laurel	L, Ma	aryland
Baltimore,	Department of moorlant: If moorlant: If any injury or ance		21. Signature of Funeral Service Licensee	1 /		Neme end Add	7 77	me. Inc.			
	40144		23a. Part 1. Enter the disease, or complications shock or heart failure. List only one cars	yourse,	6	7601 Sar	dy Sprin	g Road,	Laurel,	Maryl	Land 20707
	Physician /Medical Examiner	ı	immediate Cause (Finel disease or condition resulting in deeth)	ENTRICUL.	AR s a consequ	ARRHY uence of):					Interval Between Onset and Deeth
	pa jisi	line	b	CARDIOMYI	OPATI	44					YEMIG
68760,	icate be axecuted physician and s the buriel-transit	by Physician/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events	THERUS C	LERO	T/L CA	RPIOVAS	IOLAR !	DISEASE	:	YEARS
Box 68	v requires that the death certificate be been signed by the attanding physicis should be detached for usa as the bu	an/Medi	resulting in death) Lest	Due to (01 es	s e consequ	ence or,				1	
_	he att	Sici	Pert il. Other significant conditions contributin					23b. Did	tobacco use co	ntribute to	the cause of death?
P.O.	requires that the een signed by th hould be detache	Phy	MINDING POBSTRUG	TIVE PULL	AVAGE	QU DUF	HLE	10	Yes 20 No	3 Probe	ably 4 Unknown
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Records,	neen s	Completed						24e. Wes	s en eutopsy ormed?	24b. Wer evai	re autopsy findings ileble prior to apletion of cause
3ec	W 50 CA	hpl								of de	eath?
al	E ag							10	Yes 2 No	10	Yes 2 No
¥		Be C	25. Wes case referred to medical examiner?  1 ✓ Yes 2 □ No Hospitei			0		eth (Check only			
ō		1: To			VOutpatient 8b. Time of	3□ DOA 28c. inju	40 Nursing	1	idence 6 □Oth		)
o	Attending Profession of the funer by the funer	tor	1 Neturel 5 Pending 2 Accident investigation	(Month, Dey Year)	injury		ork? ⊒Yes 2 ⊒No				
Division of Vital		Certification:	2 □ Suloido 6 □ Could not be	Pleca of injury - At home building, etc. (Specify)	e, ferm, stre	et, fectory, office	1	28f. Location	(Street end Numb	er or Rural	Route Number,
2	appart or comments after filled in	al Cer	29e. Certifier 12 Certifying Physician:		edge, deeth	occurred et the t	time, dete end pied	e, end due to the	cause(s) end me	enner as ste	eled.
( 7	7 4 1 8	Medical	(Check only 2 Medical Examiner: On	the basis of examinetion i menner steted.	end/or inve	estigetion, in my	opinion, deeth occ	urred at the time.	, dete and plece,	end due to t	the cause(s)
/	To the state of th	×	29b. Signature and tipe of certifier			29c. Licer	nse number		29d. Dete signe	d (Month, D	lay, Year)
	16		· guil			V	24035		6/17	196	
	6		30. Name and address of person who complete	cause of deeth (item 2:	3a) (Type, F	FORGE S	ST LAU	IFI M	D 2074	17	
	Sta	te	31. Dete filed (Month, Dey, Year)	32. Registrar's Signetur	° 0		51 51101	UUL	, 0010	1	
	Registr		JUN 1 7 1996	Julia Develor	Tarkel	4					

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 17799 Certificate of Death ITEM#7film g736 6/19/96agperFH 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Dey **Physician** Month Year 8:11 PM Faye JUNE 1996 LINDA CUSTIS /Medical 4e. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** MERCY HOSPITAL BALTIMORE Months Deys Hours Min. 8. Dete of Birth (Month, Day, Year) FEB 25, 1957 5. Social Security Number 9. Birthplece (State or Foreign FOR MEADE, MD 7. Age (In yrs. last birthday) **Funeral** 1□M 2√√ 212-70-6964 39 Yrs. MEADE, MD Director Usuel Residence of Decedent with the Meryland 10a State 10b County 10c. City, Town or Location 10d. Inside City Limits BALTIMORE 1 Yes 2 No MD n/a Director 7 is marked other than "natural", or items 23a or 28a-f traumatic event, the Modical Examiner must be notifie 10g. Citlzen of Whet Country?
UNITED STATES 10e. Street end Number = 2520 10f. Zip Code 21209 **AVENUE** SMITH permit. Peges 1 and 2 should be filed within 72 hours efter death v Department of Heelth and Mental Hyglene. Important: if item 27 is marked other than "natural" and vinjury or other traumatic events. Funeral 12. Wes Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 XIXIo If Yes, Give Yeer or Dates: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Bleck, White, etc. X Never Married 2 ☐ Married 1 ☐ Yes 2 No Specify: BLACK þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) 9 th College (1-4or 5+) LABORER ELIZABETH COONEY 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) ROSE CORPORAL GRANVILLE CUSTIS 19e. Informent's Neme/Reletionship (Type, Print)
GRANVILLE CUSTIS end Number or Rural Route Number, City or Town, State, Zip Code)
AVENUE, BALTIMORE MD 21209
CO./ PIRESVILLE co./ 20b. Piece of Disposition (Name of cemetery, cremetory or other piece) 20e. Method of Disposition Date 20c. Location - City or Town, State 1) Burial 2 Cremetion 3 Removel from Stete DRUIDRIDGE CEMETERY BALTIMORE CO., MD 6 - 184 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licensee 22. Name end Address of Fecility WM. C. MARCH FH.-1101 E. NORTH 23a. Pert1. Enter the disease, or complications thet caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heert fellure. List only one cause on each line. Approximate Intervel Between Onset and Death **Physician** /Medical Immediate Ceuse (Final ACQUIRED SYNDROMIE /MMUNE DEFICIENCY Urkroun disease or condition resulting in deeth) Examiner Due to (or es a consequence of): Examiner physician and s the buriel-transit Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Due to (or as a consequence of) Physician/Medical Due to (or es a consequenca of): 888 signed by the el Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part f. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes an autopsy performed? Completed peed hes 1 Yes ANO 1 ☐ Yes 2 ☐ No of a transfer of the street of 28. Place of Deeth (Check only one) Stella maris at mercy director, 25. Was case referred to medical Be Hospitai: 1 ☐ Yes 2 No Other: 4 Nursing Home 5 Residence S Other (Specify) 2 1 Inpatient 2 ER/Outpatient 3 DOA 28e. Dete of Injury (Month, Day Year) funeral 27. Manper of Death 28d. Describe how injury occurred Certification: 28b. Time of 28c. Injury et Work? 5 Pending 1 Naturel 1 ☐ Yes 2 ☐ No Investigation 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Pleca of fnjury - At home, ferm, street, factory, office building, etc. (Specify) 2 4 Homicide To the Funeral C Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end mannar as stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred et the time, date end piece, and due to the cause(s) and menner steted. 29e, Certifier Medical 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) Dungan 240480 June 12, 1996 30. Neme and address of person who completed cause of deeth (Item 23a) (Type, Print) 5810 BEZMIK 20 FERNANDO FERRO, MO Burro 21206 31. Dete flied (Month, Dey, Year) 32: Registre Signature State Registrar

To an Acco 

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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- 6	-	U	U	U

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	Physic /Medi											June 16, 1996 Yeer 8:30				Death
	Exami		4e. Facility Name (If not institution, give street and number) 511 Middle River Road						4b. City, Town, or I					4c. County of Deeth Baltimore		
Ī	Funeral Director		5. Social Security N 251 44 8	707	6. Sex 1 M 2 7. Age (In		lest birthday) Yrs.	If Under 1 Months	Yaar Days			8. Dete of Bir (Month, De 06 09			hplaca (State o	
	with the Maryland	or	Usuei Residence o 10a. Stata Md.	10b. County N/A			y, Town or Lo							10d. Inside Ci		
	the rout	Jec.	10e. Street and Nu	mber				10f. Zlp C	ode				10g. Citizen o	f What Co	ountry?	
	th with	D is	1933 F]	eet Stre	et			212					USA			
020	or items	by Funeral Director	11. Maritei Stetus 1 Nevar Marr 3 Widowed	led 2 Married	12. Wes Dece Armed Fo 1  Yas if Yes, Giv Yaar or D	2 <b>X</b> No		Wes Deceder f Yes, specify		Hispanic Origin en, Mexican, F Specity:	? (Spe Puarto	eclfy Yas or No Rican, etc.)	14. R	ece - Ame lack, White offy: Whi		
2-0	"natural",	ted	/Sna/	15. Decedent's E	ducation		16a. Deced	dent's Usuai	Occup	petion during most or od)	d same etc.	20	18b. Kind of	Business/	Industry	
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Baltimore,	a b		20e. Method of Dis 1  Buriei 2 4  Donetion	cematary, crer	ce of Disposition (Neme of natary, crematory or other plece)  Hollywood Cemetery					Dete 20c. Location - City or Town, State Lumberton, N.C.						
Balt	permit. Page Department important: If any injury or ance.		21. Signature of Fu 23a. Part1. Enter the shock, or hee	9	1 1	٠	C	narles	S	ass of Facility • Zeile	r &	Son I	nc.			
68760,	certificate be executed x anding physician and misse as the buriat-transit and a second secon	n/Medical Examiner	disaasa or condition resulting in death)  Sequentiety list contains, leeding to in cause. Enter Unde Ceusa (Disease or that Initiated events resulting in death) if	nditions, imediate orlying Injury	b	Due to (c	or as a consequence a conseque	uence of):	<i></i>	ARD			174 K	1.01	V	
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of	Physician: this certific ral director,	ဥ	1 ☐ Yes 2 ☐				ER/Outpatien				-		dance 6 🗆 O		city)	
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State of Maryland / Department of Health and Mental Hygiene 96

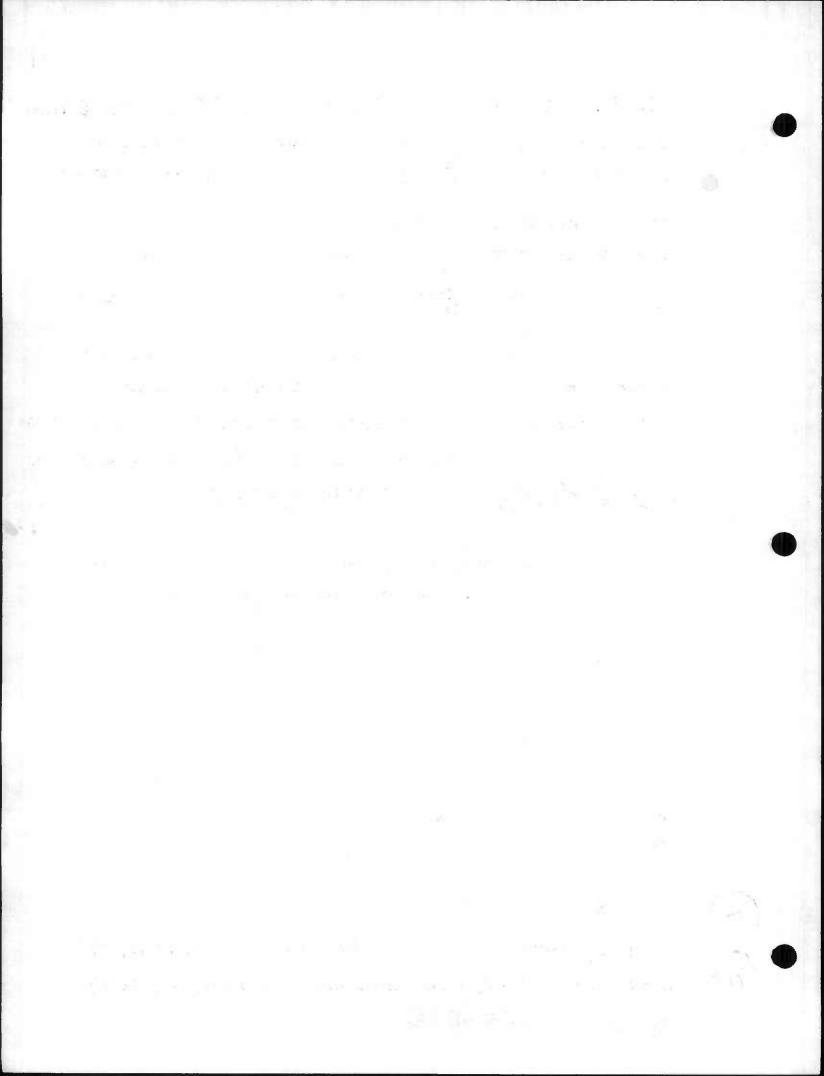
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Funeral Director		5. Sociel Security Number 6. Se 10 10 10 10 10 10 10 10 10 10 10 10 10	X 7.Ag	e (In yrs. last birt 80	Yrs. If Ur Mont	hs Dey		Hrs. 6. Dete o Min. (Month NOV.	f Birth Day, Year 25, 19	15	9. Birthp Coun MAR	iece (State or Fore try) YLAND	
ms 23a or 28a-f show critist be notified at		Usuel Residence of Decedent		10- 01- 7									
a hoy	2	10e. Stete 10b. County		10c. City, Town	or Location						1	Od. Inside City Lim	
3	ecto	MD PRINCE	GEORGE	LAUR						1X Yes 2			
2 2	吉	10e. Street and Number			10f.	Zip Code		10g. Citizen of What Country?					
230	-E	916 PHILIP POWERS	DRIVE			207			USA				
0 9	by Funeral Director	11. Meritel Stetus  1 □ Never Merried 2 □ Merried  3 □ Widowed 4 □ Divorced	Armed Forces?	If Yes, Give No 1944-		specify Co	if Hispanic Origin uben, Mexican, P lo <i>Specify:</i>	? (Specify Yes o uerto Rican, etc.					
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importa any inju	V	21. Signature of Funeral Service (Iden)	00 ( a d)	,			tress of Fecility UNERAL H						
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2 0 2										-44		death?	
r. pa									1 □ Yes :	2 DNo	1.	Yes 2 No	
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S S	2	1 Yes 2 No 27. Manner of Deeth	1 LI Inpatie			DOA	4   Nursii	ng Home 5 1				()	
the funeral	Certification:	1 Neturel 5 Pending investigation	28a. Dete of Injui (Month, De)	ry 28b. T Year) Ir	njury M	28c. In W	vork? □ Yes 2 □ No		lbe how injury occurred				
I Direct	Certif	3 ☐ Suicide 6 ☐ Could not be determined 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify)							on (Street e r Town, Ste	end Numb te)	ber or Rura	l Route Number,	
	edicai	29a. Certifier (Check only one) 1 Certifying Phy 2 Medical Exami	elclen: To the best of ner: On the basis of end menner sta	examinetion end	death occur Vor investige	red et the tion, in my	time, dete end p y opinion, deeth o	leca, and due to occurred et the ti	the cause( me, dete e	s) end me nd place,	enner as st and due to	eted. the cause(s)	
op com	Σ	29b. Signeture end title of certifier				29c. License number				29d. Dete signed (Month, Day, Year)			
0		Joseph W	ID.			D25925 June 13, 1996 SCONSUL Ave. Berkesda, Md 20814					96		
		one)	end menner sta	ted.		29c. Lice	nse number		29d. D	ete signe	d (Month,	Day, Year)	

Registrar

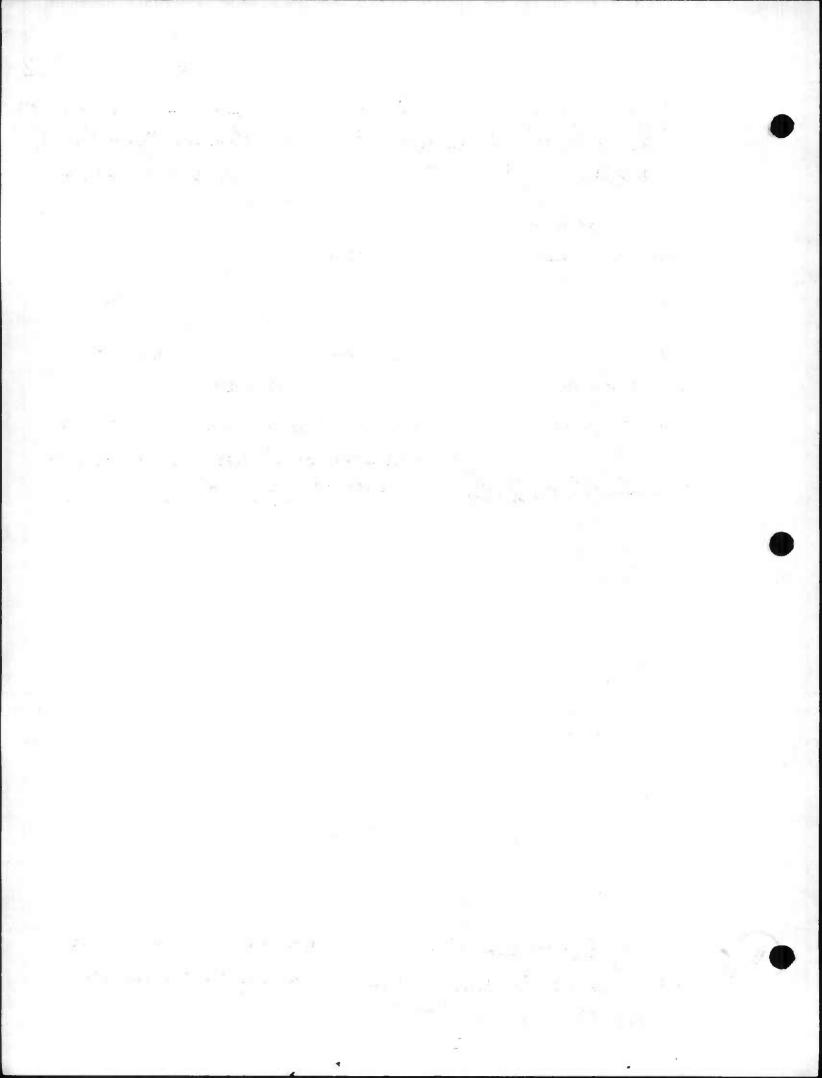
Julia Surlan-Rensal

DHMH 16 Rev 6/95



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Manyland / Department of Health and Mental Hygiene

				State of Maryla		tificate of			gierie ( Reg. No. '	36	17802		
	Discusioni di		1. Decedent's Neme (First, Middle, Las	")				2. Dete of De		Yeer	3. Time of Death		
	Physici /Medi			RUDE	Da	niels		June	12	96	11:50 PM		
	Examir	ner	4a. Facility Neme (If not institution, give	street and namber)	Tions	-1)	4b. City, Town, or Lo	Cation of Death	4c. County	of Deeth	an mo		
	Funeral		5. Social Security Number 6. Se	x 7. Age (In yrs	s. last birthday)	If Under 1 Year	If Under 24 Hrs.	8. Dete of Bird (Month, Da	th	9. Birthpla	ce (State or Foreign		
	Director		108-07-9053	□M 2XF	91 Yrs.	Months Days	Hours Min.	SEPT. 26			YORK		
	and land		Usual Residence of Decedent  10a. State 10b. County	10c. C	ity, Town or Loc	ation				100	d. Inside City Limits		
	iar death with the Marylar Itsms 23a or 28s-f show Inclinate be notified at	tor	MD PRINCE	GEORGE	LAUREL						1 ☐ Yes 3☐ No		
	or 28	Oirec	10e. Street and Number			10f. Zip Code			10g. Citizen of V	What Country	y?		
	s 23a	rail	6604 McCAHILL DRIV			20707			USA				
21215-0020	s 1 and 2 should be filed within 72 hours eftar death with the Maryland Heelth and Mental Hygiena. Heelth and Mental Hygiena. Tem 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Evantiner must be notified at	by Funeral Director	11. Marital Status  1 □ Never Married 2 □ Married  3 ☑ Widowed 4 □ Divorced	12. Wes Decedent Ever In I Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give A Year or Detes:		Yes, specify Cube	lispanic Origin? (Spe en, Mexican, Puerto Specify:	ecity Yes or No Rican, etc.)	Specify	e - Americar ck, White, et WHIT	c.		
5-0	72 ho	eted	15. Decedent's Edu (Specify only highest grad	ication le completed)	(Give k	ent's Usuai Occup	durina most of worki	h <i>g</i>	16b. Kind ot Business/Industry				
121	filed within Hygiena. ther than "	Completed	Elementary/Secondary (0-12)	College (1-4or 5+)		<i>O NOT</i> use retired KEEPER	1)	DIIC	TNECC				
	should be filed withle and Mental Hygiena. marked other than imatic event, the M	Be Co	17. Father's Name (First, Middle, Last)	Ψ	ВОО	KEEFEK	18. Mother's Name	(First, Middle,		INESS			
ylar	should be ind Mental I	To B	WILLIAM ANDERSON				ALICE B	EDELL					
Maryland	l 2 sho l and ls me reum		19a. intormant's Name/Relationship (T		19b. Mailing	Address (Street	and Number or Run	al Route Numbe	er, City or Town,	State, Zip C	iode)		
	Heelth em 27 other tr		GEORGE DANIELS/SON  20a. Method of Disposition		Place of Dispos	McCAHILI ition (Name of atory or other place		LAUREL	MARY 20c. Location -				
mo	Pagas net of h		1 Burlal 2 Cremetion 3 1 4 Donation 5 Other (Specify,	6/12	LAUREL, MARYLAND								
Baltimore,	permit. Pages 1 and Department of Heelth important: If Item 27 any Injury or other to	5	21. Signature of Official Service Licensee  22. Name end Address of Fecility FLECK FUNERAL HOME, INC. 7601 SANDY SPRING ROAD, LAUREL, MARYLAND 207										
68760,	Physician and physician and physician and physician are the porter transit	edical Examiner	23a. Park. Enter the disease of companion, or heart failure. List only of immediate Cause (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	a. Ischema Due to (	ath. Do not ente	r the mode of dying the mode of the mode o	Just on se	or respiretory e	rrest,	1	Approximate interval Between Dinset end Death		
P.O. Box	thet tha death certi ed by the attending dateched for usa a	by Physiclan/Me	Part II. Other significant conditions co	tobacco use co Yes 2 No	iee contribute to the cause of death?  No 3 Probably 4 Unknown								
Records,	aw requir is been s 2 should	Completed b							an autopsy rmed?	com	e eutopsy tindings able prior to pletion of cause eath?		
al R	The ata h	Соп						10	Yes 2 No	10	Yes 2 No		
of Vital	Physician: The this certificata ral director, pag	Be	25. Wes case referred to medical examiner?	Hospitai: 🗸	7.5.5	Oth	26. Place of Death						
	g Phys ar this aral d	n: To	1 Yes 20 No 27. Menner of Death	28a. Date of Injury	28b. Time of	3LJ DOA	4 I Nursing Ho		dence 6 Oth how Injury occur				
Division	pital or Attanding Phous aftar death.  eral Director: Aftar the filled in by the funaral	Certification:	↑ Natural 5 Pending 2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	(Month, Day Year)  28e. Place of Injury - At I building, etc. (Special Control of the Control of	njury Work? M 1 Yes 2 No					Poute Number,			
	Hospital 24 hours Funeral ately filled	edicai Co	29a. Certifier (Check only one)	alcian: To the best of my knoner: On the basis of examinand menner stated.	owiedge, deeth etion and/or Inve	occurred et the tin estigation, in my o	ne, date and piace, pinion, death occurr	and due to the ed at the time,	cause(s) and me date and piace,	enner es stei end due to t	led. he cause(s)		
	Tethe Hos yithin 24 ho To the Fun complately	Me	29b Signature and title of certifier	e number 47423	29d. Date signed (Month, Day, Year)  JUNE -12-96  w. Burnic, MD 21061								
	So		30. Name and address of person who co	ompleted cause of death (Ite	em 23e) (Type, F	rint)	lave Ele	Rus	MI'S M	n 210	130		
	- Ct-	to	All Salfi Noi Month, Day, Year)	32. Registral's Sign	301 T	PIPITALO	31 (40)		-,				
	Sta Registr		JUN 1 4 1996	32. Registral's Sign	Randelle	61							

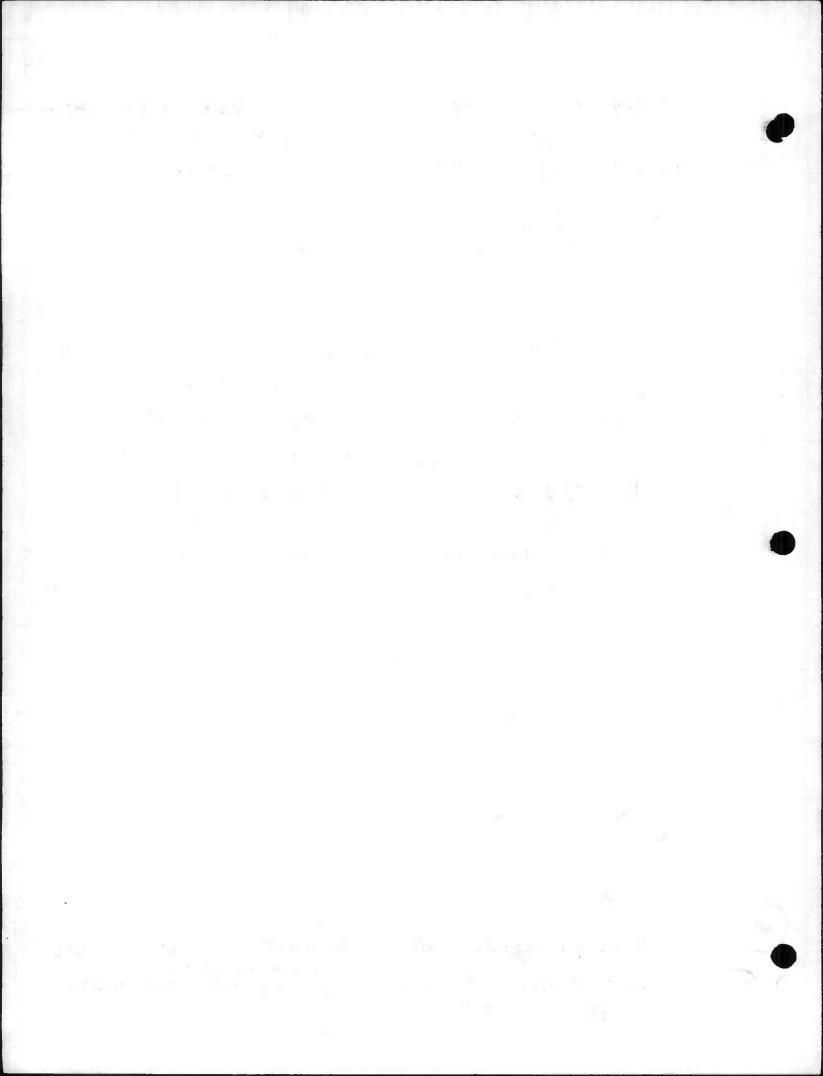


### Item7 6-25-96 FilmG736 Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

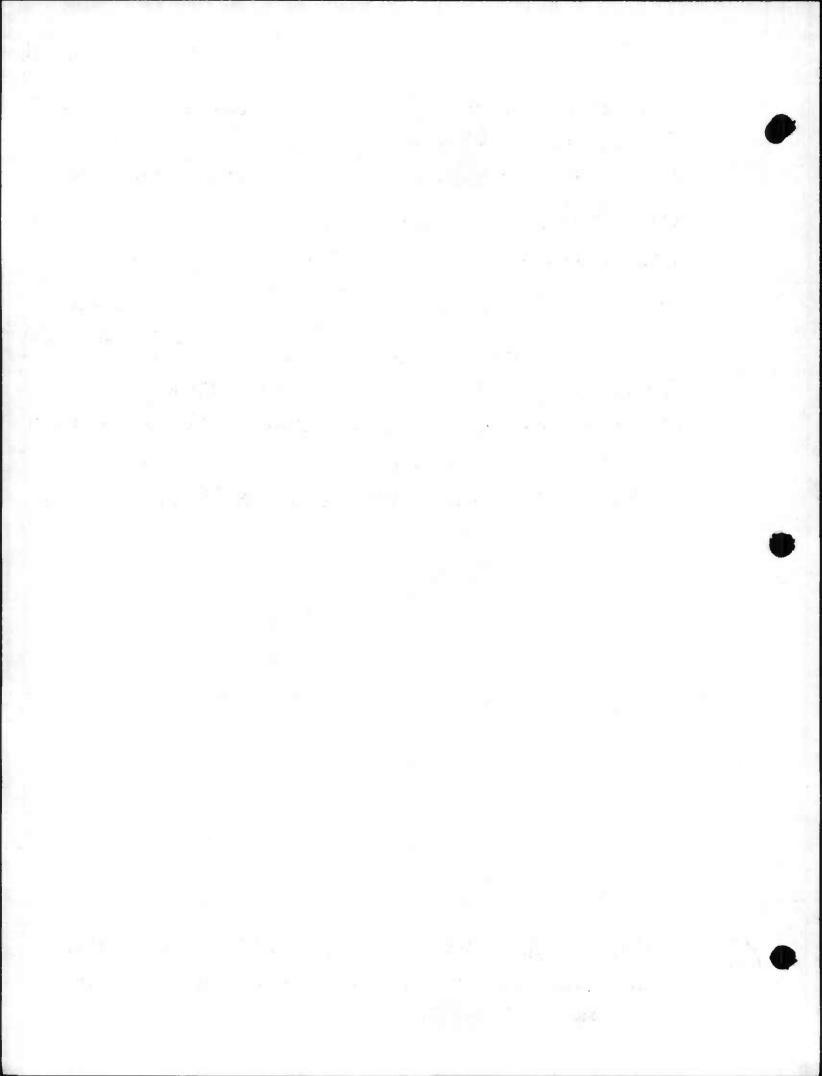
17803

						Ce	rtificate	e of	Death	7		Reg. No.			
sician	1.	Decedent's Nam		Last)	200	OIC F					2. Date of De Month	Dey	Year	3. Tim	a of Death
edical miner	4a	LEROY DANCE  4a. Facility Name (If not institution, give street and number)								own, or Lo	JUNE ocation of Deat	h 4c. Coun	1996 ty of Death	14	: 34 P
	6	CHURCH	HOME	HOSPITA		to at high day.	If Under	1 Voor					n/a		
al or	2	Sociel Security N 215-58-1	493	S. Sex 1 ⊠ M 2 □ F	-	95 Yrs.	Months	Days	Hours	Min,	8. Date of Bir	,1949	9. Birth	Place (Sta	ND
٥٠	10	ual Residence of a. Stete MD	10b. County	/a	10	c. City, Town or L	ocation BA	LTI	MORE						le City Limits Yes 2 No
Director		10e. Street end Number 1912 E. FAIRMOUNT AVENUE 21231									10g. Citizen of UNITED	What Cou			
eted by Funeral Director		. Marital Status  XX Never Marri 3  Widowed	ied 2⊡ Marrie	12. Was De	cedent Eve orces? 2 XX	Ever in U,S.  13. Was Decedent of Hispanic Origin? (S If Yes, specify Cuben, Mexicen, Puer					ecify Yes or No Rican, etc.)	ack, White,	nericen Indian, ite, etc. BLACK		
Be Completed b			15. Decedent's			16a. Dece	dent's Usual	Occup k done	pation during mos	st of work	ing	16b. Kind of	Businass/In	dustry	
omo		Elementary/Seco 12	ndery (0-12) th	College	(1-4or 5+)	16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)  DISHWASHER						ITALIAN RESTAURANT			
To Be	17	Father's Name								ers Name THEL		st, Middle, Malden Sumame) AE DANCE			
		e. Informant's Na TYRO		(Type, Print) LEWIS		19b. Malli 80	-		and Numb		r Rural Route Number, City or Town, State, Zip Code) VENUE, BALTIMORE, MD 21212				
once. To Be Compl	20		ŻCremation 3		20b. Place of Disposition (Name of cemetery, cremetory or other place) GREENMOUNT CEMETERY					Date 6-15					
once.	21. Signeture of Funeral Service Licensee 22. Name end Address of Fecility										AVE	NUE			
	23		V	ompiledtions thet nly one ceuse on	caused the	death. Do not en	ter the mode	of dyir	ng, such as	cardiac (	or respiratory a	rrest,		Approx	mate Between
al	immediate Cause (Final disease or condition ADULT RESPIRATORY DISTRESS SYNDROME									F	S'	DAYS			
er To	Due to (or as a consequence of):											8			
Examiner	Se	equentially list co	nditions.	b. 1751	PIRAT	to (or as a conse	EUMC	NI	A					0	DAYS
/Medical Ex	Cause (Disease or injury that initiated events resulting in death) Lest  Due to (or es a consequence of):  d. COCCAINE ABUSE										8	DAYS			
Physician	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.  DIABETES MELLITUS							23b. Did tobacco use contributs to the causs of dec							
Completed by	_	OTHI	0103	110001	0.3						24a. Was	an autopsy ormed?	av	ere autor reilable prompletion death?	osy findings for to of cause
Somp											10	Yes 2 No		□Yes	2□ No
å	25	. Was case referrexaminer?	ed to medical	Massitali				101		e of Deatl	h (Check only	one)			
7: To	27	1 ☐ Yes 2 ☐ Manner of Death	L		Inpatient of Injury oth, Dey Ye	2 ☐ ER/Outpatie			4 LI NI			dence 8 GO		fy)	
Certification:		1 Netural 2 Accident 3 Suicide 4 Homicide	5 Pending investigat 6 Could not determine	tion 28e. Plac		At home, farm, st	М		rk? Yes 2□		28f. Location (	Street end Nurr	ber or Run	al Route i	Vumber,
edical Cer	29	a. Certifier (Check only	1 Certifying	Physician: To the	e best of m	y knowledge, deat mination and/or in	n occurred e	t the tir	me, date an	nd piace,	and due to the	cause(s) and n	nanner as s	stated.	
Medi	20	one) b. Signeture end		and mar	ner stated.	milation and of in			e number	sur occur	oo at the time,	29d. Date sign			
	20	Deluc	A	Jalya	sev	MD			+56	25		JUNE			
	30	Name and eddre	/1	/1		(Item 23a) (Type,						EM. M1	2	14	16
	1													0 2	1
		Date filed (Mont		11176	100	N.BRUA	DWH		1. 1	SHOW	MUNICIO	111)	4	23	



## Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

				Certificate of De	eath	Reg. No.		
	Physici	an	Decedant's Nama (First, Middla, Last)			Data of Death Month Day	Yaar 3. Tims of E	
	/Medic		Charlotte DI Clasin			une 13, 199		PM
	Examir		4a. Facility Nama (If not Institution, giva street and number)	\$	City, Town, or Location	on of Death 4c. County	of Death	
			DINA, HOSPITAI		Salto.	N	1+	
	Funeral Director		5. Social Security Number  6. Sex 1 M 2AF  7. Aga (In yrs. last bir		Hours Min.	Data of Birth Month, Day, Year) IRR. 20, 1922	9. Birthplaca (State or Country)	Foreign
	and and		10a. Stata 19b, County 10c. City, Tow	n or Location		•	10d. Insida City	Limits
	d 2 should be filed within 72 hours after death with the Maryland the aid Mental Hyglene.  7 is marked other than "natural", or items 23s or 28s-f show trainmatic event, the Medical Enaminer must be notified at	to	MD Balto Ro	1timore	-		1 □ Yas	
	the Trough	Director	10a. Street and Number	10f. Zip Code		10g. Citizan of	What Country?	
	Wigh		16116 TALLES KOAD	7120	77	(05	1	
	Seath 2	Funerai	11 Marital Status 12 Was Dacedant Evar in U.S.			Yas or No- 14. Ras	ce - Amarican Indian.	
0	r Her	Fur	Armed Forces?	13. Was Decedant of Hispa if Yas, specify Cuban, I	Maxican, Puarto Rica	n, atc.) Bla	ck, Whita, atc.	
020	urs a	by	1 Nevar Married 2 Married 1 Yas 2 No H Yas, Giva Yaar or Datas:	1□ Yas 25 No S	Specify:	Specif	" Black	
5-0020	"naturel", or	Completed	15. Decedant's Education 18a.	Decedant's Usuai Occupation	on	16b. Kind of B	usiness/industry	
2121	hin 7	pje	(Specify only highast grada completed)  Elamentary/Secondary (0-12) Collega (1-4or 5+)	(Giva kind of work dona duri lifa. DO NOT use retired)	ring most of working	C.R.I	Janlels	
2	filed within Hyglene. ther than "	0	12th NA	SEAMSTRE	-55	Manufe	icturing (	.0.
nd	be file d oth event	Be (	17. Fathar's Name (First, Middla, Last)		_	rst, Middla, Meidan Surnar	1a)	
Ta I	should be and Mental marked o	Tol	LASO CHOC	-	IRENE	GRAN		
Maryland	2 sho and a m	,	19a. Informant's Name/Reletionship (Type, Print)	. Malling Addrass (Street and	d Number or Rural Ro	outa Number, City of Town		No. 1
-	日告れる				Kord W	awalloo	W9. 5150	27
ore	f of Ha		20a. Mathod of Disposition 1 □ Burlal 2 ☼Cramation 3 □ Ramoval from Stata 20b. Place of cernatar	Disposition (Nama of ry, cramatory or other place)	D		City or Town, Stata	
altimore	nit. Pages variment of ortant: If it injury or o		4 Donation 5 Othar (Specify)	o Cromatoen	6.1	18-96 Bal.	to ma	
a	Semil: Pag Separtment mportant: I my Injury o	l i	21. Signaturo of Funarai Sarvice Licensea	22. Nama and Address of		tome-We	7	
0	Dep Dep Dep Dep Dep Dep Dep Dep Dep Dep		Music D. Harris	111222	bash A	TO BE OF THE	d. 21215	5
			23s. Part Enter the disease, or complications that caused the death. Do shoot, or heart failure. List only one cause on each line.			spiratory arrest,	Approximata	1 6 1
а	Physician		List only one cause on each line.				Intarvai Batwo Onsat and Do	een eath
d	/Medical		immedieta Causa (Final disaasa or condition rasultino in death)  a. Acusta Russmith	in Failur			Dervis	
1	Examiner			consequence of):			ours	)
3	D #	ner	Endstepe En	should			Yers	5
	icate be executed physician and s the burlat-transit	Examiner		consequence of):				
oʻ	e exe ian a urial-		Sequentially list conditions, if any, laading to immediate causa. Enter Undarying Cause (Disaasa or Injury	year	year			
68760	nysic he b	Medical		consequence of):	fress			
	P B B							
Box	eath ce attendii I for use	an	d					
	he al	Physician/	Part il. Other significant conditiona contributing to death but not rasulting in	n tha undarlying causa given i	in Part I.	23b. Did tobacco use co	ntribute to the cause of	death?
P.0	at the	F			1)XY88 2 No	3 Probably 4 U	Inknown	
	law requires that the de las been signed by the a 2 should be detached i	by						
ord	v require been sign	Completed				24a. Was an autopsy performed?	24b. Wara autopsy fin available prior to	
ec	has be	pie					complation of car of death?	usa
<b>E</b>	The hate h	5				1 □ Yas 2 No	1 □ Yas 2 □ N	No
Vital Records,	ysician: The I is certificate he director, page	Bec	25. Was case referred to medical axaminar?	20	6. Place of Death (Cl	heck only ona)		
of V		To	1 ☐ Yas 2 € No Hospital: 1 Zinpatiant 2 ☐ ER/Ou	tpatient 3 DOA Other:	4 Nursing Homa	5 ☐ Rasidance 8 ☐ Ott	nar (Specify)	
u o	tanding Pheath.			Firma of 28c. Injury at Work?	t 28d.	Dascribe how Injury occur	red	
Division	Attanding or death. octor: After by the fune	Certification:	2 Accidant investigation		s 2 No			
Ž	or Attandation after deati	Ĕ	3 ☐ Sulcide 4 ☐ Homlcida  6 ☐ Could not be datarmined building, atc. (Specify)	rm, street, factory, office		Location (Street and Number City or Town, Stata)	er or Rural Routa Numb	er,
0	ital or as after as Dir led in	S						
	Hospital or Att 24 hours after d Funeral Direct stely filled in by	edical	29a. Cartifiar (Check only Madical Examiner: On the basis of axamination an	, daath occurred at tha tima,	data and piaca, and o	dua to the causa(s) and m	annar as stated.	
	4549		one) and mannar statad.					
	2 0 0	Σ	29b. Signatura and titla of certifiar	AS 241	0 23 21 -		d (Month, Day, Year)	
	(~)		I WILL CHANCETTO	079	7848	June	15, 1716	
	(0)		30. Nama and addrass of person who complated causa of death (Item 23a)	(Type, Print)	1 4 1	Saltinu	4. \	
1				nha Hospir	the of	Oalm	- Md	
	Sta	-	31. Deta filad (Month, Day, Year) 32. Registrar's Signatura					
	Registr	ar	JUN 1 71996 Julia Davison-Aandale					



	Iteml	.Fi	11m736.6/17.96.1t		(	Certificate of	of Death		Re	eg. No.			1000
			1. Decedent's Nema (First, Middla, La	st) MAUD		A . 1			2. Data of Deat	h	Vess		e of Death
	Physici /Medi		ETHEL	MAUDE	D	UVALL			JUNE	Day	996	5	:53 M
	Examir		4a. Fecility Nama (If not institution, giv	a street and number)			4b. City, To	own, or Lo	cation of Death	4c. County	of Death		1977
			Carroll County (	General Hospita	a1		We	stmi	nster		Carro	11	
	Funeral		5. Social Security Number 6. S	Sex 7. Age (In yrs.		Months De		24 Hrs. Min.	8. Date of Birth (Month, Day,	Year)	9. Birthpi	eca (Sta	ta or Foreign
	Director		212-68-8881	90	Y	<b>'S</b> .			July 11	1,1905		land	
	bud *		Usuel Rasidance of Decedent  10a. Stata 10b. County	10c. Cit	v. Town	or Location					10	Od Ineida	e City Limits
	the Marylar 28e-f show	5	Maryland Cari			Winfield							as 2X No
	tha 1	Director	10e. Street end Number	OII		10f. Zip Coo	le .		14	0g. Citizan of	What Coun	tn/2	
	With No.	ā	4555 Salem Bottom Road 21157							U.S.			
	Jeath The 2:	Funerai	11. Meritei Stetus	12. Wes Decedent Ever in U	.s.	13. Wes Decedent If Yas, specify (		igin? (Spe	cifv Yas or No-		e - America	an indiar	).
0	r ita		1 Nevar Married 2 Married	Armed Forcas? 1 ☐ Yas 2 ☑ No		_			Rican, atc.)	Bie	ck, Whita, a	HC.	
02	ours after death with the Maryla rel', or items 23s or 28s-f show Examinet must be nothed at	P	3 ☐ Widowed 4 ☐ Divorced	If Yes, Giva Year or Detes:	1 ☐ Yas 2 ☑ No Specif					Specif		ite	
21215-0020	within 72 hours after death with the Maryland ene. then "natural", or items 23e or 28e-f show he Madical Examiner must be nothed at	Completed	15. Decedant's Ed (Specify only highest gra	ducation	16a. [	ecedant's Usual Oc Give kind of work do	cupation	et al warkin	20	16b. Kind of B			
21	within jiene.	npie	Eiamantary/Secondary (0-12)	Collega (1-4or 5+)	,	ifa. DO NOT usa re	tired)	n or worki					
		S	11		Housewife					Own Home			
pu	tai Hyg d othe avant,	Be	17. Fathar's Name (First, Middla, Last,				18. Moth		(First, Middla, N				
Y		2	Andrew	Guy Mumford	1			Iv	y Zee	Mill	S		
Maryland	2 8 8 8		19a. Informent's Neme/Raiationship (						al Routa Number, City or Town, State				
			Mrs. Ruth Frank			55 Salem Disposition (Nama o		Road				-	
Baltimore,	N T O E		20e. Method of Disposition 1   Buriai 2 □ Cremation 3 □	Ramoval trom Stata	ematery	cramatory or othar	place)	1	Data 2	20c. Location	- City or To	wn, State	1
Ħ	rt. Pa rtant njury		4 □ Donation 5 □ Other (Specif	Laki	e Vi	ew Memori			/17	Sykesvi	111e,	Mary	yland
Bal	permit. Pag Department Important: It any injury o		21. Signature of Funarai Sarvide Licer	1000	V.	22. Nama and Ad Burrier-			al Direc	ctors.	P.A.		
_			stepher	- her Levet		1212 W 01	d Liber	ty R	oad, Win	field,	MD 2	21784	
			23a. Part1. Entar tha disease, or com shock, or heart failure. List only	plications that offused tha deat one cause on each line.	h. Do no	t antar tha moda of	dying, such es	cardiec o	r raspiratory arra	ast,			Between
	Physician /Medical		tmmediata Causa (Finai	110005	0.0						1		nd Deeth
1	Examiner		diseesa or condition rasulting in daeth)	a. UROSE	.45	15						20	SPAC
	M 1 - 0	9		Dua to (c	rasaco	nsequance of):							
	uted Insit	Examine	E b										
ď,	requires that the death certificate be assouted een signed by the attending physician and hould be detached for use as the burial-transit	EXa	Sequantially list conditions, from the sequence of the sequenc										
68760,	s be	edicai	causa. Entar Underlying Cause (Diseasa or injury that initiated avents	C. Due to (o	r a c a c o	nearmence of).							
	g phy as th	ed	resulting in daeth) Lest  Due to (or as a consequence of):										
Вох	attendin for usa	Mul											
	deat ea att	Physician	Part ii. Other significant conditions o	t.	23b. Did to	bacco use co	ntributs to	the cau	es of death?				
P.0	that the de ed by the e datached	Ph.		and the state of t					1 Yes 2 No 3 Probably 4 June				
	igned be det	by											
ord	been si should	e P							24a. Was ar perform	n autopsy ned?	ava	illabia pri	sy findings ior to
ec C	2 s 2	pje									of c	nplation death?	or causa
<u> </u>	ate h	Completed							1 ☐ Ya	s 2 No	10	Yas 2	212 No
of Vital Records,	ysician: The s cartificata director, pag	Be (	25. Was cese refarred to medicel axaminar?		_		26. Place	a of Death	(Check only on	a)			
7	0 0	ပ္	1 Yas 2 No		ER/Outp			ursing Hon	na 5 🗆 Reside	nce 8 🗆 Oth	er (Specify	)	
		 	27. Mannar of Death 1 ☑Natural 5 ☐ Pending	28e. Data of injury (Month, Day Year)	28b. Tir inj		njury at Work?		8d. Describe ho	w injury occur	red		
25	Attending ir death. ector: After by the fune	cati	2 Accident investigation 3 Suicide 8 Could not be				I□Yas 2□						
Division	or Attendation of the Court of	Certification:	4 Homicide dataminad	28a. Place of injury - At he building, etc. (Specif	ome, fam	n, straat, factory, olf	Ce	2	8f. Location (Sti City or Town		ber or Rura	Route N	lumber,
	pital pral filled		200 Carillan 45/0 444 54										
	To the Hospital or Att within 24 hours after of To the Funeral Direct complately filled in by	edical	29a. Cartifiar 1 ☐ Certifying Ph (Check only one) 2 ☐ Medical Exam	ysician: To the best of my kno niner: On the basis of axamina	wiadga, o tion and/	daath occurred at the or invastigation, in n	a tima, data ar ny opinion, das	nd place, a oth occurre	nd dua to tha ca ed at tha tima, da	tusa(s) and ma ata and place,	annar as st and dua to	ated. tha caus	sa(s)
	To the Ho within 24 I To the Fu complately	W W	20h Classitus and title of codifice								d (Month, L	Dav. Yea	r)
1	F 3 F ö		1 Tal 80	an MD.		5	469	62		JUNE 13, 1996.  JUNE 13, 1996.  GENERAL HOSPITAL.			
	1		30. Nama and addrass of person who	completed cours of death fitter	2361 /7	ma Print)				00145	. 5	/	
			M. SHIRAZI, MD	HOUSE PH	751	CIAN. C	ARROL	L CO	UNTY (	GENER	ZAL +	1051	DITAL.
	Sta	te	31. Data filed (Month, Day, Year)	32/Registrarie Signa									
	Registr		JUN 1 719	96 / · · · · · · · · · · · · · · · · · ·	m-ga	ndell							

State of Maryland / Department of Health and Mental Hygiene 7806 per PHYSICIAN ITEM#29d film g736 6/17/96ag Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Deyg **Physician** DiPEPPI JUNE WILLIAM 1996 Guido /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Mercy Hospital Baltimore City N/A Hours Min. 8. Dete of Blrth (Month, Day, Year) March 5, 1925 6. Sex 1 M 2 F If Under 1 Year 5. Sociel Security Number 9. Birthplece (State or Foreign Country) Maryland 7. Age (in yrs. last birthdey) **Funeral** Deys 219-18-9828 71 Yrs. Director Usuel Residence of Decedent with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Modical Examiner must be notified at Baltimore Dundalk Maryland 1 Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 4068 St. Monica Drive 21222 United States pernit. Pages 1 and 2 should be filed within 72 hours after death v Department of Health and Mental Hygiene. Important: If item 27 Is marked other than "natural", or items 23 Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 14. Rece - American Indian, Bleck, White, etc. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ Never Merried 2 ☐ Married 1 X Yes 2 □ No If Yes, Give Year or Detes: 3altimore, Maryland 21215-0020 1 Yes 2 No Specify: à Specify: 3 Widowed 4 □ Divorced White Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) 10 Years College (1-4or 5+) Electrician Government 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Alex DiPeppi Julia Cucchio 19e. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) Dorothy Constantine Dundalk, Maryland 7200 Dunglen Court 21222 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete injury or DCBurial 2 Cremetion 3 Removel from State Most Holy Redeemer Cem. 6/12/96 Baltimore. MD 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name and Address of Facility
Duda-Ruck Funeral Home of Dundalk, Inc. 21. Signeture of Funeral Service Licensee 7922 Wise Ave. Dundalk, Maryland Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, or heart fallers. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** /Medical Immediate Cause (Finel Metastatic Montas Cancer Lunk diseese or condition resulting in death) Examiner Due to (or es a consequence of) physician and the burial-transit that the death certificate be axecuted Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es a consequence of) Physician/Medical Due to (or es e consequence of): 950 Por signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ 24a. Wes an eutopsy performed? 24b. Were autopsy findings eveilable prior to completion of cause of death? Completed has certificate 1 Yes 2.5KNo 1 Yes 28. Piece of Death (Check only one) STELLA MARIS AT MERCY To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certific; completely filled in by the funeral director, Be 25. Was case referred to medical examiner? 1 Yes 25 No Other: 4 Nursing Home 5 Residence 8 20 Other (Specify) HOSPICE မ 1 Inpatient 2 ER/Outpatient 3 DOA 28c. injury et Work? 27. Menner of Deeth 28e. Dete of Injury (Month, Day Year) 28d. Describe how Injury occurred Certification: 28b. Time of 1 Matural 5 Pending investigation 1 Yes 2 No 2 Accident 3 Sulcide 6 ☐ Could not be determined 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide Textifying Physician: To the best of my knowledge, deeth occurred at the time, date end piece, end due to the ceuse(s) and manner as stated.

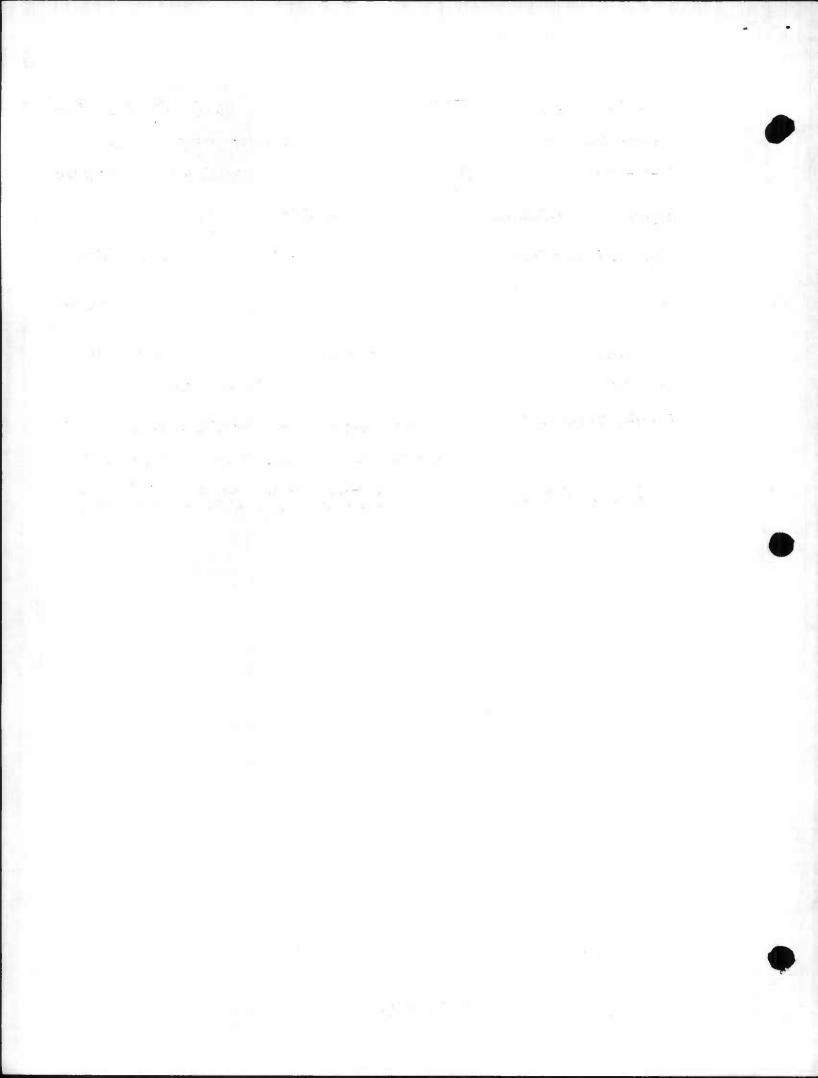
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end piece, and due to the cause(s) and menner stated. 29e. Certifier Medical (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) Vernous 040480 JUNE 9, 1996 BOZAM RD 5810 30. Neme and eddress of person who completed cause of deeth (Item 23e) (Type, Print) FERNANDO MO J. FERRO MO 21206 32700 32 Aggistrar's Signeture Reveals 31. Dete filed (Month, Day, Year)

**DHMH 16 Rev 6/95** 

State

Registrar

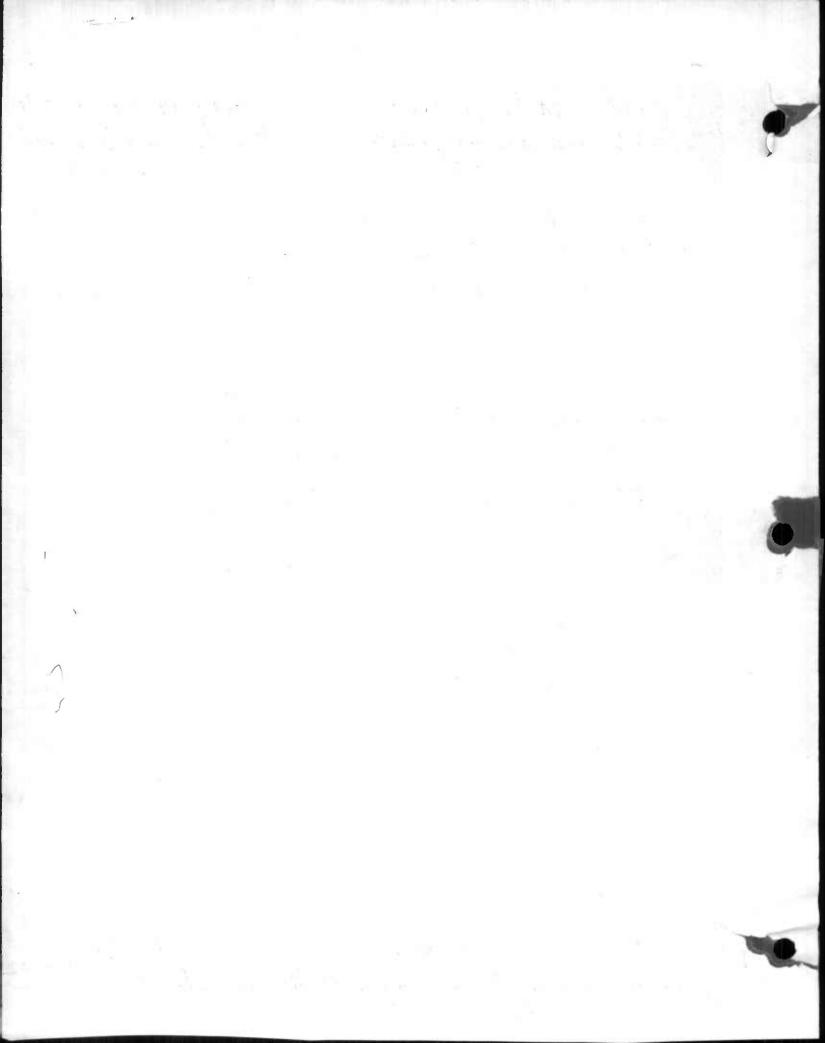
JUN 1 7 1996



State of Maryland / Department of Health and Mental Hygiene Certificate of Death ITEM#5,15,16b PER SON FILM#G742 12-24-96 J.A. s Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** :55F al 7 /Medical County of Death (If not institution, give street and number) 4b. City, Town, or Location of De Examiner en unie If Under 1 Year Aga (In y lest birthdey) 5. Social Security Number 6. Sax 8. Data of Birth (Month, Dey, Yeer) Birthpieca (Stete or Foreign Country) **Funeral** 1 M 2 F Months Days Hours Min 215-32 -2437 18, Director Usuel Rasidence of Decedent 10b. County 10e. Stete 10c. City, Town or Location 10d. inside City Limits r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at 1 ☐ Yas 2 No Anne Directo Durnie 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 81 21122 .5 d Funeral 12. Wes Dacedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☐ No If Yes, Give Yaar or Detes: Was Dacedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puarto Rican, etc.) 11. Marital Status 14 Race - American Indian Bieck, Whita, etc. filed within 72 hours after 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 20 No Specify: Ď 3 ☐ Widowed 4 ☐ Divorced ack Completed 16e. Decedent's Usuel Occupation (Giva kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry permit. Peges 1 and 2 should be filed within Department of Health end Mentel Hygiens important; if item 27 is marked other than "r any injury or other traumeric never Elementary/Secondery (0-12) Coliage (1-4or 5+) ousekeeper 6th PRIVATE HOME 17. Fether's Neme (First, Middle, Last) 18. Mothar's Name (First, Middle, Malden Surneme) Be Unknown Unknowr 2 Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route, Number, City or Town, State, Zip Code, 8172 old mill asdena. 21/22 Husbard 20b. Place of Disposition (Neme of 20a. Method of Disposition Dete 20c. Location - City or Town, Stete cemetery, cremetory or other plece) 1 ☐ Buriel 2 ☐ Cremation 3 ☐ Removel from Stete 5/21/91 metro remotor 4 ☐ Donetion 5 ☐ Other (Spacify) 21. Signeture of Funeral Service Licensee 22. Name end Address of Fecility jest March F H Warne Aru 23a. Pert1. Enter the disease, or complications thet ceused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or haert failura. List only ona causa on each lina. 4300 Approximete Intarval Batween Onsel end Death Physician Immediate Ceuse (Finel disaesa or condition rasulting In daath) /Medical الما Examiner Examiner The law requires that the death certificate be executed ettending physician and for use as the buriel-transit Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initiated events Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760, by Physician/Medical Due to (or as a o sequence of) resulting in deeth) Lest Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? the 3 Probably 4 Unknown signed by 1 Yes 2 No 24b. Were eutopsy findings eveilable prior to completion of cause of death? Completed 24a. Was en eutopsy peeu performed' hes page 2 After this certificate 1 Yas 2 No 1 Yes 2 No o the Hospital or Attending Physician: 'ithin 24 hours efter deeth.' o the Funeral Director: After this certifica director, Be 25. Was case referred to medicel exeminer? 26. Place of Deeth (Check only one) 1 Yes 2No Other: 4 Nursing Homa 5 Residence 6 Other (Specify) P 1 Inpatient 2 ER/Outpatient 3 DOA 27. Menner of Deeth 28e. Dete of injury (Month, Dey Year) 28b. Time of Injury 28c. Injury et Work? 28d. Dascribe how injury occurred Certification: 5 Pending Investigation 1 Neturel 1 Tes 2 🗆 No 2 Accident Director: 6 Could not be determined 3 Suicida 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide Funeral Medicai 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner es steled. 2 Medical Exeminer: On the basis of examinetion end/or invastigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated. 29b. Signeture and title of certifier 29c. Licanse number 29d. Data signed (Month, Dey, Year) sum uns completed cause of deeth (Item 23e) (Type, Print)

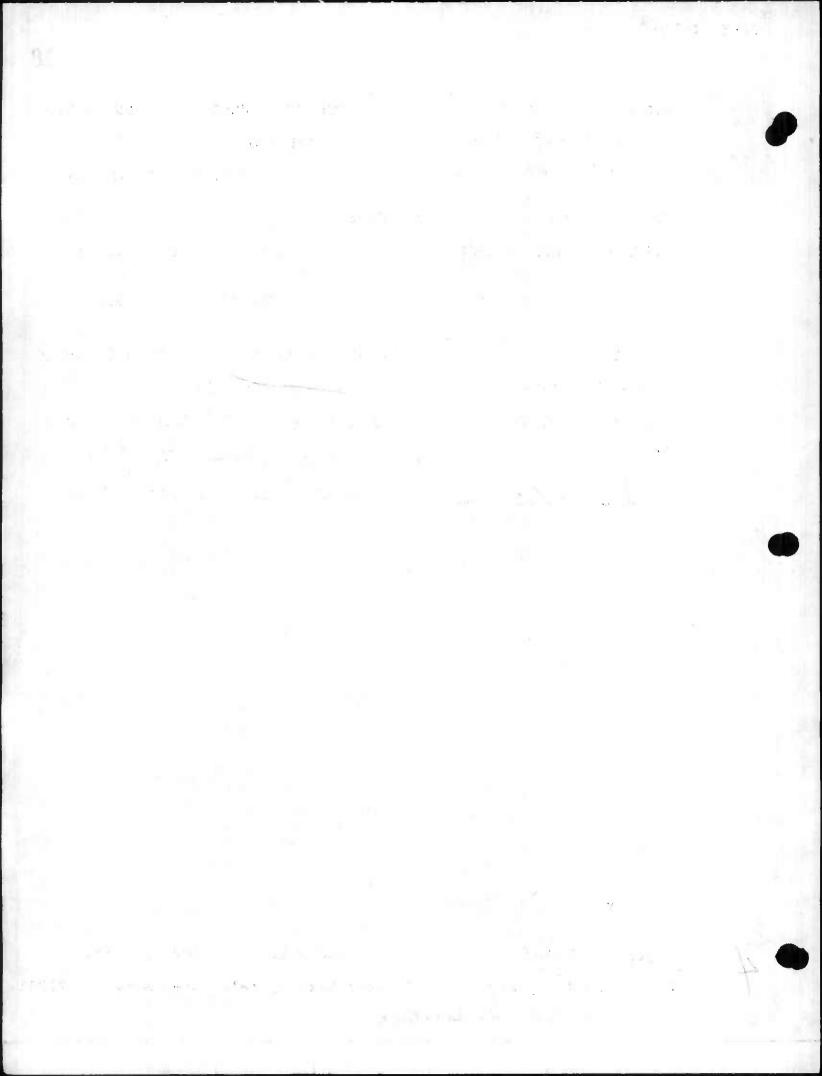
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xaminer	ľ		on, giva VVAL		mbar) REET				BA	LT	OMI				of Deeth	
neral ector		5. Social Sacurity Number 217-21-1401  Usual Residence of Decedent	6. Se	ex ZM 2□ F	7. Age (In yi 29	s. lest birthday) Yrs.	if Undar Months	1 Yaa Dey		urs	Min.	8. Date of Bir (Month, De MAR . 0	5,19	967	Coun	eleca (Steta or Foreig etry) IAICA
Medical Examiner must be notified at pleeted by Funeral Director		10e. State 10b. Count	n/a		10c. (	Cify, Town or Lo	IMORE									0d. Inside City Limits
rai Dir			ANVA	ALE ST	REET		10f. Zip	Code		21	213			I TED	Whet Cour STA	TES
Examiner must		11. Merital Status 1∭Xlever Married 2☐ Ma 3☐ Widowed 4☐ Divorce		12. Wes Deci Armed Fo 1 Tes If Yes, Gin Yeer or D	orces? 2⊠Wo ve XX		Was Deced f Yes, spec 1 ☐ Yes 2	oify Cu	ben, Me	xican	Puerto	cify Yes or No Rican, etc.)		Bled	ck, White,	etc.
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To Be Com		7. Fether's Neme (First, Middle DUNSTAN	FI	SHER						MIL	LICE		RBY			
		19e. Informent's Neme/Reletion GESLEY G.		ype, Print) SHER		14	22 E		_ANV	ALE	S 7					Code) MD # 13
		0e. Method of Disposition  XXXBurial 2 ☐ Cremetion  4 ☐ Donetion 5 ☐ Other (3)	Specify)	)	State 20b	Piece of Dispo cemetery, cren DOVECO	T C	EME	ETER	Υ	6	E Date 6 6 20	20c. K	TNG JAMA	S"TOTR ICA	wn, State
ouce		21. Signetura of Funaral Sarvice	Licens				WM. C					1101 E	. NO	ORTH	AV	ENUE
n/Medical Examiner		Sequentielly list conditions, fany, leeding to Immediete ause. Enter Undarfying Cause (Diseese or injury hat Initieted events resulting in deeth) Lest	{	b	Due to	Gor as a consequence of the cons	uance of):									
Physician/Med	F	ert II. Other significant conditi	ona cor	ntributing to de	eath but not re	esulting in the ur	nderlying ca	ause g	iven in i	Pert f.		23b. Did		use con	ntribute to	the cause of deeth
Completed by												24a. Wes	en euto med?	psy	eve	ore autopsy findings bilable prior to npietion of cause deeth?
o Be Com	100	25. Wes case raferred to medical exeminer?	-	lospitel:				0	ther			(Check only o	ne)	□ No		Yes 2□ No
Certification: To	2	7. Mennar of Death 1 Neturel 5 Pendii Invest 2 Accident 3 Suicide 6 Could determ	ng gation not be	28a. Dete c (Mont 6/12/ 28e. Piece	of Injury h, Dey Year)	28b. Tima of Injury 1651 home, ferm, shrifty)	) M	Bc. Inju	ury at ork? Yes	2 Nur	10	City or Tov	low inju	kof nd Numb	red	Route Number,
Completely filled in the Medical Certi	2	99e. Certifier 1☐ Certifyii (Check only one) 1☐ Certifyii 2X Medical	ng Phys Exami	sicien: To the ner: On the ba end menn	isis of axamir	owiedge, deeth ation end/or inv	occurred e estigetion,	t the t In my	ime, dat oplnion,	te and deeth	pleca, e occurre	nd dua to the	ause/s	and me	enner as st end dua to	eted. the cause(s)
<b>N</b>		9b. Signature and title of cartifie	Ch	ut no					C . M				29d. Da		(Month, 1	
State gistrar		Dennis T.  1. Dete fliad (Month, Day, Year)	7 195	ute w	2	111	Penr	n 5	Stre	eet	., В	altimo	ore	, Mā	aryla	and 2120



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

3. Time of the th

10d. Inside City Limits

1 ☐ Yes 2 ☑ No

Unknown

Approximate Interval Between Onset and Death

**YEARS** 

completion of cause of death?

1 ☐ Yes 2 XNo

29d. Date signed (Month, Dev. Year)

12:10 PM

more, Maryland 21215-0020 ages 1 and 2 should be filed within it of Health and Mentel Hygiene.

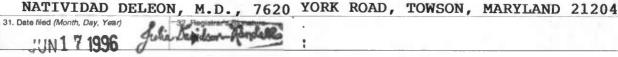
sician and buriel-trans P.O. Box 68760, ettending physician for use es the burie 90 ed by the e signed by the Records, certificate Division of Vital After this Attending To the Hospital or Attendit within 24 hours after death. To the Funeral Director: A completely filled in by the fu death.

1. Decedent's Name (First, Middle, Last) 2. Date of Death Day **Physician** LUDWIK MMN **FORYS** JUNE 14, 1996 /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** ST. JOSEPH MEDICAL CENTER TOWSON BALTIMORE If Under 1 Yeer Months Deys If Under 24 Hrs. Hours Min. 8. Dete of Birth (Month, Day, Year) July 8, 1914 5. Social Security Number 7. Age (In yrs. last birthdey) 9. Birthplace (State or Foreign Country) New York **Funeral** 1⊠M 2□F 232-05-2910 Yrs 81 Director Usual Residence of Decedent with the Maryland worle ! 10b County 10c. City, Town or Location 7 is marked other than "naturel", or items 23s or 28s-f shor treumstic event, the Madical Examitter must be inclined at Director Maryland Baltimore County Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6204 Falkirk Road 21239 U.S.A. Funeral 12. Was Decedent Ever in U.S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Race - American Indian. 11. Maritel Status Black, White, etc. 1 ☐ Yes 2X No If Yes, Give 1 ☐ Never Merried 2 X Married 1 ☐ Yes 2 No Specify: Specify: à White 3 ☐ Widowed 4 ☐ Divorced Year or Detes 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Gas Construction Gas & Electric Company 11th Grade 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Be Frank Unknown Forvs Antonette Unknown 2 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Reletionship (Type, Print) Irene Goldie Forys / Wife 6204 Falkirk Road, Baltimore, Maryland 21239 20b. Place of Disposition (Name of cemetery, cremetory or other piece) 20a. Method of Disposition 20c. Location - City or Town, State Dete X□ Burial 2 □ Cremation 3 □ Removal from State Baltimore, Maryland Dulaney Valley Cemetery 6/17/96 4 ☐ Donetion 5 ☐ Other (Specify) John C. Miller, Inc. fure of Funeral Service Licenses 6415 Belair Road, Baltimore, Maryland caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, 23a. Part1. Enter the disease, or complication shock, or heart failbre. List only one says **Physician** viviè ancia immediate Cause (Final END-STAGE CARDIOMYOPATHY DUE TO diseese or condition resulting in death) Examiner Due to (or as a consequence of) Examiner ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury Due to (or as a consequence of) Physician/Medical that initiated events resulting in deeth) Last Due to (or as a consequence of) Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown DIABETES MELLITUS þ 24b. Were autopsy findings available prior to Completed 24a. Was an autopsy performed? 1 ☐ Yes 2X No Be 25. Was case referred to medical 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Hospital: 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA P 28a. Date of Injury (Month, Day Year) 27. Menner of Death 28b. Time of 28c. injury at Work? 28d. Describe how injury occurred Certification: 1 Neturai 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 4 Homicide 1 Cartifying Physician: To the best of my knowledge, death occurred et the time, dete and place, and due to the cause(s) and manner as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one)

State Registrar

29b. Signature end title of certifier



Muticided Dr. de fem, M.J.

30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

29c. License number

D 19508

State of Maryland / Department of Health and Mental Hygiene 96

					Ce	niiicate	e or i	Death			Reg. No.		
Physician		1. Decedent'a Name (First, Mic	idia, Last)							2. Date of D	Death Day	Year	3. Time of Death
/Medica		Beulah	Franc	es	Grii	ffin				June	6,	1996	10:45 A
Examine		4a. Facility Nama (If not Institut	tion, giva street end n	umber)			4	4b. City, To	wn, or Loc	cation of Dec	ath 4c. Cou	inty of Death	
		3651 Mornir	gview Co	urt				E11	icott	City		Howard	1
Funeral		5. Social Sacurity Number	6. Sax 1 ☐ M 2 ☒ F	7. Age (In yrs.		Months	1 Yaar Days	If Under Hours	24 Hrs. Min.	8. Date of E	Birth Dav. Year)	9. Birth	place (State or Foreign
Director		212-07-1915	1UM 2WF	98	Yrs.					July 1	7, 1897	Ma	aryland
3.00	1	Usual Residence of Decedent  10a. Slata 10b. Cour	ıtv	10c Ci	ty, Town or L	ocation							104 1-14-01-11-11-1
of the	5			100. 01	ty, rown or E	OCETION							10d. Inside City Limits 1 ☐ Yes 2 ☐ No
1	20		ward		E11	licott		ty					46
P P	Director	10e. Street and Number				10f. Zip	Code				10g. Citizen	of What Cou	ntry?
If health and Mental hygiene.  Item 27 is marked other than "naturel", or items 23s or 28s-f show other traumatic event, the Medical Examiner must be notified at To Re Commisted by Eumeral Director	20		ningview	Court		-	210					J.S.A.	
me He	5	11. Marital Status	Armed i			Was Deced If Yas, spec	ent of Hi ify Cube	ispanic Ori en, Maxicar	gin? (Spe 1, Puerto F	city Yas or I Rican, etc.)		Race - Amaric Black, White,	
, o.	D.	1 ☐ Navar Married 2 ☐ M 3 ☐ Widowed 4 ☐ Divorc	If Yes C	2 PNo Giva		1□ Yes 2	⊠ No	Specify:			Spe	ecify:	
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ygiene. ner than "natur nt, the Medical	100	(Specify only high	nest grada complated	1)	(Giva	kind of wor DO NOT us	k dona	during mos	t of working	ng	160. Kind 0	i Business/in	dustry
than 1	E	Elementary/Secondary (0-12 12th	) Coilege	(1-4or 5+)	1110			maker			Orm	Home	
T P P	5	17. Father's Name (First, Middl	e, Last)			н	Omei		ar's Name	(First, Midd	Own		
and Mental Hygiene. s marked other than sumatic event, the To Re Comm	Ď		Harvey	Mitchel	1				Mary				itchell
d Men	-	19a. Informant's Name/Relatio		TITCCITCI		ing Addross	/Ctrant	and Alumba			nber, City or To		
T Is trace													
kem 27 I		Mr. Stanley G	rirrin	20b. F	3651	Morni		iew C	ourt	Elli Date		ty, MI	21042
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Department of Important: If any Injury or once.		21. Signature of Funeral Service	e Licensee	1	Lo	2. Name and	Bvei	ss of Facilit rs Fui	neral	Dire	ctors,	Inc.	
32.00		stepho	-m4	enter	87	728 Li	ber	tv Ro	ad R	Randal	1stown.		21133
-		23a Part1. Enter the disease, shock, or heart fallura. Li	or complications that st only one causa on	caused tha deal	th. Do not en	ter tha mode	of dyin	g, such ss	cardiac or	r respiratory	arrest,		Approximate Interval Between
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/ledical aminer		Immediate Cause (Final disaasa or condition	. 60	nokr	5000	sul	a		AL	oll	0	į	3-400
_		resulting in death)	0	Due to (d	or as s conse	quence of):							1 4 1
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n and ial-transit Examiner	Yall	Sequentially list conditions,		Que to (d	or as a conse	quance of):	~	,					
cian ourial		Sequentially list conditions, if sny, leading to immediate cause. Enter Underlying Cause (Diseasa or injury	,	01								. 1	
the the	2	that initiated evants resulting in death) Last		Dua to (o	r as a consec	quance of):							
nding physician and use es the burial-transit	3		d										
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the head	200	Part II. Other elgnificant condi	tions contributing to	death but not res	ulting in the u	indarlying ca	use giv	en in Part I	•	23b. Di	d tobacco use	contribute to	o the cause of death
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مُ مُعَ							-			-			
should should										24a. Wa per	as an autopsy rformad?	av	era autopsy findings ailable prior to
has b	2											8	mpletion of cause death?
	5									10	Yas 20N	1[	□Yes 2□No
rector, page Be Co	0	25. Was casa referred to medic	al					28. Piace	of Death	(Check only	(eno)		
5 D		examiner?	Hospital: 1	Inpatient 2	ER/Outpatie	nt 3 DO	A Oth	OF:			sidence 6 🗆	Other (Specil	(y)
		27. Manner of Death		a of Injury onth, Dey Year)	28b. Tima o	f 28	Bc. Injun				e how Injury oc		
tor: Aff the fur catio		1 □Natural 5 □ Pend 2 □ Accident inves	ing (Wilder	, Doy 1 bar/	mjury	М		Yes 2	No				
Director:		3 ☐ Suicida 6 ☐ Coul 4 ☐ Homicida data	mined 288. Plac	a of Injury - At he	ome, farm, str	reet, factory,	offica		2		(Street and No	mber or Run	al Route Number,
ed in by the funeral of the funeral of the funeral certification:	5		Build	ding, etc. (Specif	y/					Only Of 1	omi, siate)		
		29a. Certifier 1 Certify	ing Physician: To th	a best of my kno	wledga, daati	h occurred a	t tha tim	na, data an	d place, a	nd dua to th	a causa(s) and	mannar as s	tated.
pletely fill	3	one) 2 Medica	it Examiner: On the land ma	basis of examina nner stated.	tion and/or in	vestigation,	in my of	pinion, dea	in occurre	at the time	a, date and pla	ca, and due to	o the cause(s)
Comple	- 1	29b. Signatura and titla of	ier	0		29c.	License	e number	2	D	29gl. Dala si	ned (Month,	Day, Year
		/ / >	ana	hon	6	- 1	1) 7	-19	23	0	Mus	L 4	H. 1199
11		30. Name and address of power	who completed cau	use of death (Item	n 23a) (Tvpe	Print)					0		17.11
1					, (., ), (.)								/
State		31. Dale filed (Month. Dav. Yea	r) 0 . 32	Registrar's Slove	iture								
State Registrar		31. Dale filed (Month, Day, Yea JUN 1 7 1996	of the Par	Registrar's Signa	ature								/

101.

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 | 78 | 1

		Certificate of D	eath	R	eg. No.	
Physic	ian	Decedent's Name (First, Middle, Lest)		2. Dete of Deer		3. Time of Deeth
/Medi		Bettye S. Graves	0'h T		9, 1990	9:30 PM
Exami	ner	Maryland General Hospital Ba	City, Town, or Lo	City	4c. County o	n/a
Funeral Director			If Under 24 Hrs. Hours Min.	8. Dete of Birth (Month, Dey, FEB.17,	1917	9. Birthplece (State or Forei Country) VIRGINIA
vith the Maryland t or 28e-f show	ctor	10e. Stete 10b. County 10c. City, Town or Location BALTIMORE	,			10d. Inside City Limit
oth with the 23a or 28	al Director	10e. Street end Number 6000 BELLONA AVENUE	1212		0g. Citizen of WI	het Country? STATES
ter dee Items	by Funeral	11. Mentel Stetus  1 Never Merried XX Merried  3 Widowed 4 Divorced  12. Wes Decedent Ever in U,S. Armed Forces?  12. Wes Decedent Ever in U,S. Armed Forces?  13. Wes Decedent of Hisp if Yes, Specify Cuban, 1 Yes, Specif	panic Origin? (Spe , Mexican, Puerto Specify:	ecify Yes or No- Rican, etc.)		- American Indian, , White, etc. BLACK
1215-002 vithin 72 hours ne. hen "neturel",	Completed	15. Decedent's Education (Specify only highest grede completed)  Elementery/Secondery (0-12)  College (1-4or 5+)  To a Cullege	ion ring most of worki	ing	16b. Kind of Bus	
Baltimore, Maryland 21215-0020 permit. Peges 1 and 2 should be filed within 72 hours af Department of Health and Mental Hygiene. Insportant: if Item 27 is marked other than "natural", or amy lojury or other traumatic avent, the Medical Exercising DOCS.	To Be Co	- 4 years TEACHER  17. Fether's Neme (First, Middle, Last) NORMAN SHELL	18. Mother's Neme	The second second		
Mary nd 2 shou alth and M 27 is mar ir traumat	-	19e. Informant's Neme/Reletionship (Type, Print) HERBERT C. GRAVES 19b. Meiling Address (Street and 316 E. 22			TIMORE,	
imore, Peges 1 e ment of He ant: if Item ury or othe		20e. Method of Disposition  1 🖾 Neuriel 2 □ Cremetion 3 □ Removel from Stete 4 □ Donetion 5 □ Other (Specify)  20b. Placa of Disposition (Neme of cemetery, cremetory or other place)  GARRISON FOREST	VA CEM.			MILLS, MD
Baltim permit. Pe Departmen Important: any Injury once.		21. Signeture of Funerel Service Licensee  22. Neme end Address  WM. C. MA		1101 E	. NORTH	AVENUE
of Vital Records, P.O. Box 68760,  Physician: The law requires that the death cartificate be exacuted with sentificate has been signed by the attending physician and will director, page 2 should be deteched for use as the buriel-transit and the page 2 should be deteched for use as the buriel-transit.	/Medical Examiner	Immediate Cause (Finel disease or condition resulting in death)  Metastatic Cancer of Colon  Intestinal Obstruction  Intestinal Obstruction  Multiple Organ Fallure  Cause (Disease or injury that initiated events resulting in death) Lest  Metastatic Cancer of Colon  Multiple Organ Pallure  Due to (or as a consequence of):  Due to (or es a consequence of):  Due to (or es a consequence of):				
P.O. BO) net the deeth ca d by the attend deteched for us	Physician/	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given Sepsis	n in Pert i.			tribute to the cause of deat
Vital Records, P.O. Inden: The law requires that the descriptors has been signed by the rector, page 2 should be detected.	Completed by			24e. Wes e perform	n eutopsy med?	24b. Were eutopsy findings eveilable prior to completion of cause of death?
Vital Re included in the incomment of th				1 □ Ye	3111	1 ☐ Yes 2 ☐ No
VIII secreti	To Be	25. Wes case referred to medicat exeminer?  1  Yes	28. Plece of Deeth  4 □ Nursing Hor			(Specify)
After fune		27. Manner of Deeth 1 ■Netural 5 □ Pending 2 □ Accident Investigation  28e. Dete of Injury (Month, Dey Year) 28b. Time of Injury Work? 1 □ Ye			ow Injury occurre	
DIVISION ARTHURS SHEET OF THE COLUMN ARTHURS SHEET OF THE	Certification:	3 ☐ Sulcide 4 ☐ HomIcide  6 ☐ Could not be determined  28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify)		City or Town	n, Stete)	r or Rural Route Number,
DIVISION TO the Hospital or Attand within 24 hours effer deal To the Funeral Director: completely filled in by the	edical	29a. Cartifler (Check only one)  Cartifler (Check only one)  Cartifler (Check only one)  Cartifler (Check only one)  Cartifler (Check only one)  Cartifler (Check only one)  Cartifler (Check only one)  Cartifler (Check only one)  Cartifler (Check only one)  Cartifler (Check only one)	nion, deeth occurre	end due to the co	euse(s) end men ate end plece, si	ner es steted. nd due to the cause(s)
Toll	N	29b. Signeture and title of certifier D2102	26		June 9,	(Month, Dey, Year) 1996
		30. Name and address of person who completed suse of death (Item 23a) (Type, Print) Zabihollah Lahiji, M.D. c/o Maryland Genera	al Hospit	cal		
Sta Registr		31. Date filed (Month, Day, Yeer) 32. Begister (Signature Reviet)				

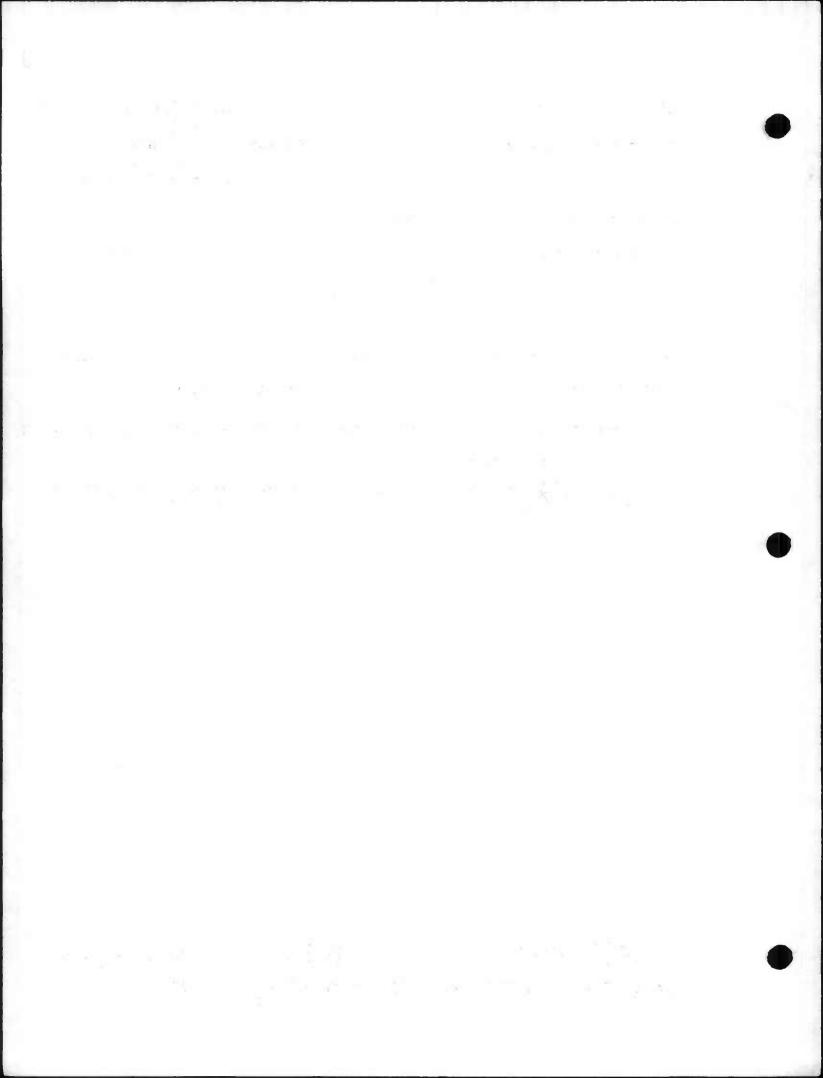
State of Maryland / Department of Health and Mental Hygiene 96

					C	ertif	ficate of	Death		R	eg. No.		
		1. Decedent's Neme (First, Middle	, Last)							2. Dete of Dee			3. Time of Deeth
Physic /Mos		BABY GI	RL				GAINE	S		JUNE 1	.1996	Yeer	12:22
/Med Exam		4e. Fecility Neme (If not institution		umber)					own, or Le	ocation of Deeth	-	ty of Deeth	12.22
LAUIT		THE JOHNS HOPK						BAITT	MODE	CITY			
Funera		5. Sociel Security Number	6. Sex		In yrs. last birthde		Under 1 Yeer	If Under	24 Hrs.	8. Dete of Birth	)	9. Birthi	olece (Stete or Foreign
Directo		NONE	1□M 2ÅF		Yrs	M	lonths Deys	Hours	Min.	JUNE 1	, Year) , 1996	MARV	olece (Stete or Foreign ntry) [ AND
		Usuel Residenca of Decedent						1		DONE I	, 1770	TIMEL	LAND
ylen m m		10a. Stete 10b. County		1	IOc. City, Town or	Location	on					1	Od. fnside City Limits
Me Table	Ď	MARYLAND		F	BALTIMORI	Ξ							1 X Yas 2 No
1 284	Director	10e. Street and Number					10f. Zip Code			1	0g. Citizen o	Whet Cou	ntry?
3a o	0	5330 GIST AVENU	E.				21205				II	S.A.	
and 21215-0020  be filed within 72 hours efter death with the Meryland hall hygiene.  d other than "natural", or items 23s or 28s-f show event, the Medical Exercities must be notified at event, the Medical Exercities must be notified at	Funeral	11. Maritei Status	12. Wes Dec	edent Ev	er In U.S. 1	3. Wes		lispenic Or	lain? (Sp	ecify Yes or No-		ca - Americ	can Indian.
fler of	E	1 Never Married 2 Merri	Armed F ed 1 ☐ Yes	orces? 2 ☑ No				en, Mexica	n, Puerto	ecify Yes or No- Rican, etc.)		eck, White,	
21215-0020 d within 72 hours of giene. or then "netural", or the Woulsel Exert.	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, G Yeer or I	ive		1 🗆	Yes 2 No	Specify:			Spec	ity: BLA	ACK
-O	8	15. Decedent			18a. De	cedent'	's Usuei Occup	etion			16b. Kind of	Rusines/In	dustry
15	Completed	(Specify only highes	t grade completed)		(Gi	ive kina	d of work done NOT usa retired	during mos	it of work	ring	100. 1000	Dudinogani	acony
vithin within then then	E C	Elementery/Secondery (0-12) N/A		(1-4or 5+) / A			N/A	•			N	/ A	
d 2 filed filed filed		17. Fethar's Name (First, Middle, L		***			.1/21	18. Moth	er's Nem	e (First, Middle, I			
Maryiand d 2 should be file th end Mental Hy T is merked other traumetic event	Be G	JEROME	AT	DAM				KATR			GAI		
Maryiand 2 d 2 should be filed th end Mental Hygi 7 is marked other traumatic event, I	5	19a. Informent's Neme/Reletionsh			10b M	allina A	ddraee /Street			el Routa Number			Cadal
20		KATRINA GAINE		THER	5330								
1 and 1 Health Health om 27		20e. Method of Disposition	5 - MO	LUCK	20b Pleca of Dis	spositio	GIST AV		DAL	TIMORE,	MAKY LA 20c. Location		
aftimore, mit. Peges 1 ar partment of Hea portant: If Item; y Injury or othe		1 ☐ Buriel 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (Sp	3 □Removal from	State	cametery, c	remeto	ory or other plea		1,				
ting tmer tant				SAL	JOHNS HO	)PK1	LNS HOS	PITAL		/1/96 BA			
Baitimore, N permit. Peges 1 and Department of Health Important: If item 27 any injury or other tr		21. Signeture of Funerel Sayviou L	.lcensee				eme end Addre		y Jo	HNS HOPE	KINS H	DSPITA	AL
m goras		Ist Boline	m MD			600 BAT	NORTH TIMORE	WOLF	E ST	REET D 21287			
		23a. Pert1. Enter the disease, or shock, or heart feilure. List of	complications thet	caused th	e death. Do not	enter th	ne mode of dylr	ng, such es	cardiac	or respiretory arr	est,		Approximate
Physician		STOCK, OF FIGURE. LIST C	only one cause on	eear iirie.									Interval Between Onset and Deeth
/Medica		Immediete Cause (Final	PL			. /						1	
Examine	п	disease or condition resulting in deeth)	e	eu	catur e to (or es e cons camb	1 +2	1	_				1	
	ē		10	Di	ie to (or es e con:	sequen	ica of):	٤.				i	~ 2 Hmy
uted ansit	声		b. CM	an	e to (or es e cons	u	wites						
X 68760, sertificate be executed ding physician and se as the burial-transit	Examiner	Sequentielly list conditions, if any, leading to immadiete	211			sequen	ice ot):		17	Kleece	601	,	
68760, ficate be ex physician is the buria		cause. Enter Underlying Causa (Disaese or Injury thet initieted evants	c. free		hue,	u	ephu	e	//	nceu	rice	7	
Figure 1	Medical	resulting in deeth) Last		Du	e to (or es e cons	equen	ce or):	· ·					
OX 6			d										
o ta ta jo	ciar											1	
. 0 0 0	Physician	Pert II. Other significant condition	na contributing to d	leath but r	not resulting In the	under	rlying cause giv	en in Pert	l.	23b. Did to	obacco use c	ontribute t	o the cause of death?
a 5 8										1 □ Y	es 2 No	3 Pro	bably 4 Unknown
Records, P.O he law requires that the e has been signed by th	by												Variable and the second
COTC r requir been s should	Completed									24e. Wes a perform	n eutopsy med?	ev	ere autopsy findings elleble prior to
2 8 8	pe											of	mpletion of cause deeth?
The law ate has be page 2 s	LO.									1 □ Ye	es 24 No	1 [	□Yes 2□No
	Be C	25. Wes case referred to medical						26 Pleci	a of Deet	h (Check only on	(e)	1	
Of Vita Physicien: this certific ral director,	0	examiner? 1 ☐ Yes 2 ☑ No	Hospitai:	Inpatient	2 ER/Outpat	ient 3	3 DOA Oth	er.		me 5 Reside		ther (Specia	(v)
	T:U	27. Manner of Death	28e. Dete	of Injury	28b. Time	of	28c. Injur Wor		-	28d. Describe ho			,,
ding R th. Alter	tio	1 Naturel 5 Pending 2 Accident investig		nth, Day Y	(ear) Injury			k? Yes 2.∐	No				
DIVISION  Tor Attending efter death.  Director: Aiter d in by the fune	Certification:	3 ☐ Suicide 6 ☐ Could no	ot be	a of Injury	- At home, ferm,	street.	fectory office			28f. Location (St	treet end Nun	ber or Run	al Route Number,
Oly Oliver	erti	4 ☐ Homicide determin	build	ling, etc. (	(Specify)	0001,	100101); 011100			City or Town	n, Stete)		
Division  To the Hospital or Attendit within 24 hours efter death.  To the Funeral Director: A completely filled in by the to		29a, Cartifier 1□ Certifying	Dhugfafan Ta tha	best of a		-ab			d atasa				
Hos 24 hc Fun stely	edicai		Physician: To the xaminer: On the b	esis of ex	camination end/or	Investi	curred at the tin igetion, in my o	ne, dete en pinion, das	id pieca, ith occuri	and due to the co red et the time, d	euse(s) and r ete end plece	nanner as s , and dua t	tated. o the causa(s)
B in the	Me	29b. Signeture end title of certifier	end man	nar stete	0.		29c, Licens	o oumbor		0	Od Date elem	ad (Manth	Day Veed
5 1 × 5 %		290. Signeture end title of certifier		-	1-		290. LICOIS		01	2	9d. Date sign	1 1	
		Hulage	ey 7.	1	Theas		L.	36	70		6/	1/90	
		30. Neme and addrass of person w	no completed caus	se of deel	th (Item 23e) (Typ	e, Print	1) 1-4		2	ad a	120	7	
		600 n	Wox	110	DI 1	1	uun	we	1	10 2	100	/	
St	ate	31. Dete filed (Month, Dey, Year)	P. p. 182.	agistrar's	Gionatura								
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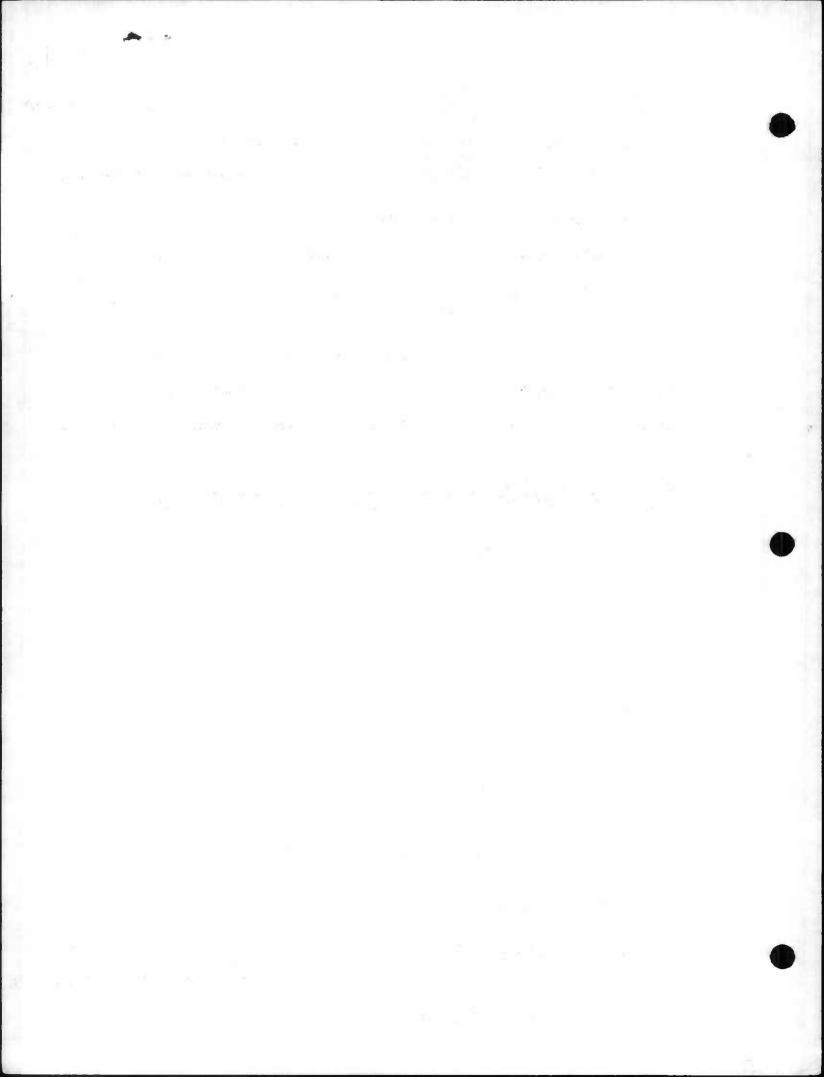
Ιt	em: 24	a,	27 per Dr. G-736		-		artmen <i>rtificat</i>				ental Hyو ا	giene G Reg. No.	16	7813
		-3	1. Decedent's Neme (First, Middle,	Last)							2. Dete of Dea	ith		3. Time of Death
	Physici		ALFRED HE	ZGHT							APRIL	2 St	9 L	2150
3	/Medi Examir		4a. Fecliity Neme (if not institution,		mber)			- 4	b. City, To	wn, or Lo	cation of Death	4c. Count	-	
	EAGIIII		University of Me	aruland					Balt	imoru	2.	n/a		
-	Funeral			6. Sex	7. Age (In yrs.	last birthday)	If Under		If Under	24 Hrs.	8. Dete of Birt (Month, Day			ce (State or Foreign
	Director		213-52-6929	1 🔀 M 2 🗆 F	46	Yrs.	Months	Deys	Hours	Min.	July 8.		Maryla	ce (State or Foreign
			Usuel Residence of Decedent		40						sucy o,	1747	Muzyza	unu
	ylan		10e. Stete 10b. County		10c. Ci	ty, Town or Lo	ocation						10d	. Inside City Limits
	Mer	tor	Maryland n/a		T.	Baltimo	ore							1 Yes 2 No
	after death with the Meryland or Items 23e or 28a-1 show refree rous! be notified at	Funeral Director	10e. Street end Number 1623 Balmor Cow	rt			10f. Zip	212	17			10g. Citizen of U.	Whet Country	n
	ne 2	era	11. Meritel Stetus	12. Wes Deci	edent Ever in U	J.S. 13.	Wes Dece	dent of H	ispenic Ori	gin? (Spe	ecify Yes or No-	14. Rec	ce - American	Indien,
0		Fur	1 Never Married 2 X Merrie	Armed Fo	rcettnkno	wn	If Yes, spe	cify Cube	n, Mexicar	, Puerto	Rican, etc.)	Bie	ck, White, etc	
020		by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Giv	/e		1 🗆 Yes	2 No	Specify:			Specif	y: Blo	ick
21215-0020	72 hours after "natural", or its	Completed	15. Decedent's	s Education		16e. Dece	dent's Usu	ei Occup	etion			16b. Kind of B	usiness/Indus	stry
215		pie	(Specify only highest	1	( don C .)	(Give	kind of wo DO NOT u	rk done d se retired	du <i>ring</i> mos i)	t of worki	ng			
21	Jene Property	E	Elementery/Secondery (0-12)  UNKNOWN	unknown	1-40r 5+)	Ma	inten	ance				World 7	rade (	Center
D	E STAN	BeC	17. Fether's Neme (First, Middle, L	ast)			-		18. Mothe	er's Neme	(First, Middle,	Maiden Sumar	ne)	
ā	ked be	To B	Leonard Height						Mary	E.	Willian	15		
Maryland	M br	-	19e. Informent's Neme/Rejetionshi	ip (Type, Print)		19b. Meilir	no Address	(Street	end Numbi	er or Rura	i Route Numbe	r. City or Town	State. Zio Ci	ode)
Baltimore, Ma	permit. Peges 1 and 2 should be filed within Department of Heelih end Mentel Hyglene. Important: if Item 27 is marked other than any Injury or other traumatic event, if a Mance.		Lestie Height/W.  20e. Method of Disposition 1 □ Buriei 2 □ Cremetion 4 □ Donetion 5 Mother (Sp.	-	Stete		v. Mac	deira	a Str					D. 21231
Baltir	Departme Important eny injury		21. Signature of Funeral Service L			Ŝ	2. Name en	d Addres	ss of Fecili	oard	-655 W.	Baltim	ore St	reet
	40100		Canald f.	Vade							21201			
	Physician /Medicai		23e. Pert1. Enter the disease, or c shock, or heart feilure. List o Immediate Causa (Final disease or condition	_	aused the deet ech line.	0						rest,	In O	pproximate hervel Between haset end Deeth
-	Examiner		resulting in deeth)	0.	Due to (c	or es e consec	quence of):	40						44/15 min
	D #	Examiner		PN:	EUMOCY	ISTIS	DNE	MUF	ANI A				2	- NIPPAIS
	nd	E	Sequentielly list conditions,	0		or es e consec		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1-171					000012
0	sete be executed physician end the buriel-transit	ũ	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that Initiated events	AID	5									
8760,	ate b	dicai	thet initieted events resulting in deeth) Lest	c.		or es e conseq	quenca of):							
9	tiffice ng pt	0	resulting in deetily cest											
Вох	eath certific ettending p I for use es	N/UE		d										
	death certific e ettending p ed for use es	Physician/M	Pert II. Other significant condition	s contributing to de	eath but not res	uiting In the u	nderlying c	ause div	en in Pert I		23b. Did t	obacco use co	ntribute to th	he cause of death?
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0.	ned by	by P										20110	0	on, 4 🗔 on known
Records,	been s should	Completed b										an eutopsy med?	avella	eutopsy findings able prior to pletion of cause
Be	: The lay cate has	Ë											of de	
	ti The loate h										1 U Y	es 2 x No	1 D Y	res 2□ No
of Vital	Physician: this carific ral director,	8	25. Wes case referred to medical examiner?	Hospitei:				Ott		of Deeth	(Check only o	ne)		
70	Maria di	70	1 ☐ Yes 2 ☑ No	161	•	ER/Outpatier			4 LI NU		me 5 Resid			
=		on	27. Manner of Deeth  1 ☑ Neturei 5 ☑ Pending	28a. Dete	of Injury th, Day Year)	28b. Time of Injury		8c. Injun Worl			28d. Describe h	ow injury occur	rred	
Sio	Attending ir death. sctor: After by the fune	cati	2 Accident Investige				М	1 🗆	Yes 2	No				
Division	afor All after of I Direct of in by	Certification:	3 ☐ Suicide 6 ☐ Could no 4 ☐ Homicide determin	ed 28e. Pieca	of Injury - At heng, etc. (Specif	ome, farm, str fy)	reet, factory	r, offica		:	28f. Location (S City or Tow		ber or Rural R	Route Number,
	To the Hospital or Attenswithin 24 hours after deal To the Funeral Director: completely filled in by the	edical (	29a Cartifier 1 Certifying (Check only one) 2 Medical Ex	Physician: To the xaminar: On the ba	best of my kno asis of exemine ner steted.	wiedge, deetl ation end/or in	h occurred vestigetion	et the tim , In my of	ne, dete en pinion, dee	d plece, e	end due to the o	euse(s) end m dete end plece,	anner es state and due to th	ed. ne cause(s)
	To the within 2 To the comple	M	29b. Signature and tille of certifier				290	. License	number		T	29d. Date signe	ed (Month, De	y, Yeer)
	NOTATION OF		> delland	M				PAG	976-			APOLI	~	AA1
			30. Name and address of names	no completed caus	e of death /lt	n 23e) (Tuno	Print\	10	100			APRIL	17 16	746
			CAM AMA		REEN (HE		BA	en	MADE	- 1/	UN 7	1201	(	
	Sta	to	31. Date filed (Month, Day, Year)	-	egistrer's Signe		Pr	-(1	0 (0)	1		1-01		
	Registr		JUN 1 7 100G	0	. מל					-				

DHMH 16 Rav 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 2. Dete of Death 3. Time of Death Month Month **Physician** 8:32 AM Hend 11 cks ۵ /Medical 4e. Fecility Neme (Inot institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Holy Cross Hospital Silver Spring Montgomery If Under 1 Year If Under 24 Hrs.
Months Days Hours Min. 5. Social Security Number 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Day, Yeer) Birthpiece (State or Foreign Country) **Funeral** Months 1 X M 2 □ F 66 Yrs 214-26-2149 Director April 19, 1930 New Jersey Usuel Residence of Decedent death with the Maryland 10a. Stete 10c. City, Town or Location r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 10d. inside City Limits Maryland Montgomery Silver Spring 1 XYes 2 □ No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 13304 Georgia Avenue 20906 U.S.A. Funeral "natural", or items 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, 11. Meritai Stetus permit. Peges 1 and 2 should be filled within 72 hours effer a Department of Health and Mental Hygiene. Important: If itsem 27 is marked other than "natural", or item any injury or other traumetic event, the Mental Propose. Affice 1 of the second of the 1 ☐ Never Merried 2 Married Specify: White 1 ☐ Yes 2 No Specify: þ 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Induatry Elementery/Secondery (0-12) College (1-4or 5+) 5 Administrative Officer unknown 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Be 2 Roy Agustus Hendricks Adaline Amelia Bennett 19a. informant'a Name/Reletionship (Type, Print) 19b. Mailing Addresa (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 20906 Carla Hendricks, wife 13304 Georgia Avenue, Silver Spring, MD 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, State 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removei from Stete 4X Donatton 5 ☐ Other (Specify) 21. Signeture of Juneral Service License 22. Neme end Address of Fecility Romald Wade, Dir. State Anatomy Board, 655 W. Baltimore Street Baltimore, Maryland 21201-1559 Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical Examiner Physician/Medical Examiner The law requires that the death certificate be executed physicien and the burial-transit Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in death) Last Division of Vital Records, P.O. Box 68760, for use as ed by the e Pert It. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contribute to the cause of geath? 1 ☐ Yss 2 ☐ No 3 ☐ Probably 4 ☐ Unknown ģ 24b. Were autopsy findings avellable prior to completion of cause of deeth? Completed 24a. Wes en eutopsy s certificate hes director, pege 2 a 2 No 1 Yes 1 ☐ Yes 2 ☐ No Hospital or Attending Physician: 24 hours efter death. 25. Was case referred to medical examiner? Be 26. Place of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes ZNo 1 Inpatient 2 ER/Outpatient 3 DOA After this funeral 27. Menner of Deeth 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred s efter des. 1 Naturel 5 Pending 1 Tyes 2 No 2 Accident Investigation 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, ferm, atreet, fectory, office building, etc. (Specify) 281. Location (Street and Number or Rural Route Number, City or Town, State) 4 - Homicide To the Hospital or A within 24 hours efter To the Funeral Direcompletely filled in b 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and manner as stated.

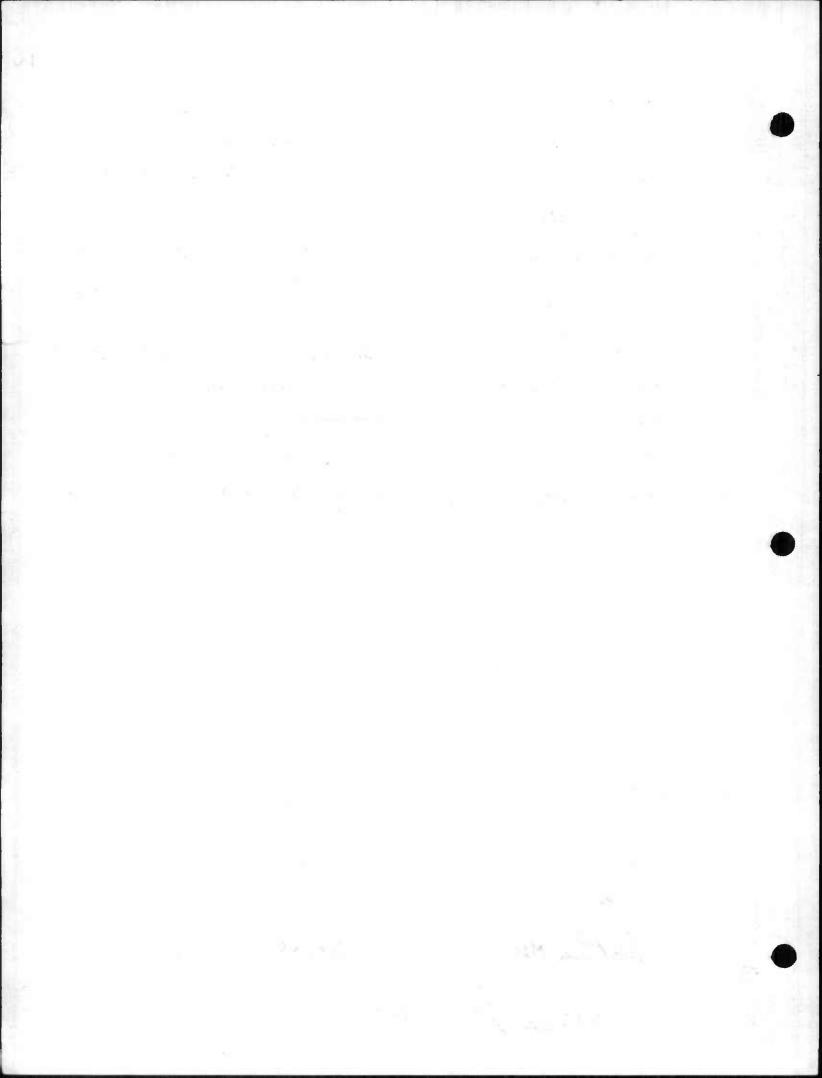
2 Medical Examiner. On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a, Certifier Medical 29b. Signature and file of certifie 29d. Date sighed (Month, Dey, Year) Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print) ernwed LEVIN 10 32. Registrer'a Signature State JUN 14



State of Maryland / Department of Health and Mental Hygiene

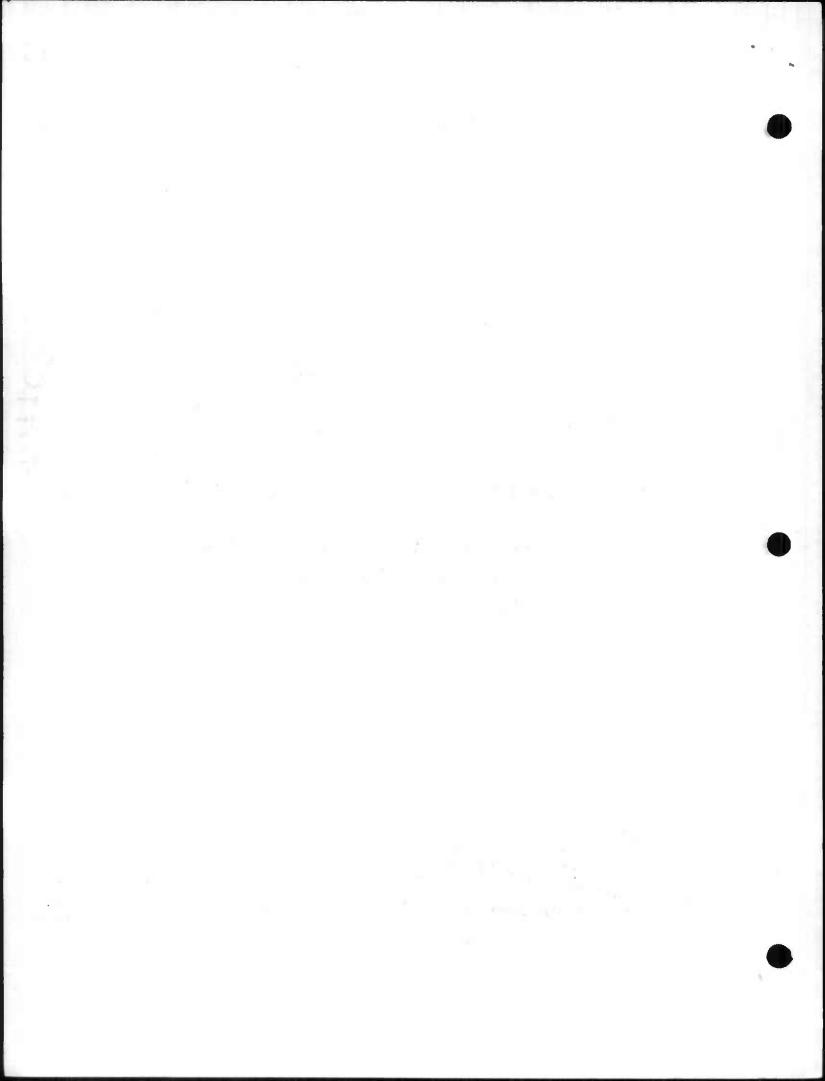
	ŢŢ	EM#19b film g736 6/17/96ag perF  1. Decedent's Neme (First, Middle, Last)	HOEITIICATE OF	2. Dete of D	Reg. No.	3. Time of Death
Physic /Medi		WILLIAM H.	HALL JR.	JUNE	06,1996 Year	6:52 AM
Exami	ner	4a. Fecility Neme (If not Institution, give street end number)	4	b. City, Town, or Location of Dec		
F		101 ARGYLE AVENUE  5. Social Security Number 6. Sex 7. Age (In yrs. last	birthdev) If Under 1 Yeer	BALTIMORE  If Under 24 Hrs. 8, Dete of E	Sirth O Birth	n/a hplace (State or Foreign
Funeral Director		216-09-3169	Yrs. Months Deys	BAL I I MURE  If Under 24 Hrs. Hours Min. B. Dete of E	3, 1914 G	EURGIA
Mow #			own or Location			10d. Inside City Limits
Series Offilias	ctor	MD n/a	BALTIMORE			1XXYes 2□No
23a or 2 ust be n	Funeral Director	101 ARGYLE AVENUE	10f. Zip Code	21 217	10g. Citizen of What Co UNITED S.	untry? ATES
insent et divental hygene. Iden 127 ja marked other than "natural", or itema 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at	by	11. Meritel Stetus  1 Never Married 2 Merried  3 Widowed 4 Divorced  12. Wes Decedent Ever in U,S. Armed Forces?  1 Yes 2 No If Yes, Give Yeer or Detes:	13. Wes Decedent of Hi If Yes, specify Cube 1 ☐ Yes 2 2 Wo	Ispenic Origin? (Specify Yes or Non, Mexican, Puerto Rican, etc.)  Specify:		
dical	Completed	15. Decedent's Education (Specify only highest grade completed)	6a. Decedent's Usuel Occupa (Give kind of work done of	during most of working	16b. Kind of Business/	Industry
ther than	du	Elementery/Secondery (0-12) College (1-4or 5+) 5 th —	MAINTENANC	0	BALTO, CO	UNTY SCH.
ent.	Be Co	17. Fether's Neme (First, Middle, Last)	MAINILNANC	18. Mother's Neme (First, Midd		UNIT JUII.
la marked ot raumatic eve	To B	WILLIAM H. HALL SR.		MARIE HAL		
em 27 la m other traum		19e. Intorment's Neme/Reletionship (Type, Print)  JULIA M. KENDRICKS	9b. Meiling Address (Street of 101 ARGYLE	BALTIMORE	ber, City or Town, State, 2, MD 21217	
		LAMPINE 2 DOIGHIGHOU 3 DIMENIOVER HOUR STEELS	of Disposition (Name of stery, cremetory or other plec ON PARK C EN		BALTIMORE,	
Important: h any injury o	l	4 Donation 5 Other (Specify)	22. Neme end Addres	i	DALTIHORE,	MD
eny j		Minotto K- Com			E. NORTH A	VENUE
sician		23a. Part1. Enter the disease, or complications that caused the deeth. D shock, or heart feilure. List only one cause on each line.	o not enter the mode of dyln	g, such es cardiec or respiratory	errest,	Approximete Interval Between Onset and Deeth
ledical aminer		Immediate Cause (Finel disease or condition resulting in deeth)	I've H	cost to	mene	10412
**	Iner	- Metano	e consequence of):	astrate (	en(0)	SYA
and I-trans	Examiner	Sequentieily list conditions, if any, leeding to immediate	a consequence ot):	0 00		6
attending physician and I for use as the burial-transit	edical	Sequentieily list conditions, if any, teeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last  Due to (or es	e consequence of):	Heidl	4	341-
he atte	Physician/M	Pert II. Other eignificant conditions contributing to death but not resulting	g In the underlying cause give	en In Pert i. 23b. Di	d tobacco usa contribute	to the cause of death
igned by the a be detached	by Phy			10	Yes 2 No 37F	robably 4 Unknow
s been s 2 should	Completed b			24e. We	formed?	Were autopsy findinga evallable prior to completion of cause of death?
pag				10	Yes 25 No	T Yea 2□ No
is certificate director, pag	Be C	25. Wes case reterred to medical examiner?	Outpetlest 20 DOA Othe	26. Place of Deeth (Check only		
를 들	T: To	27. Manner of Death 28e. Dete of Injury 28th	Outpatient 3 DOA Circ D. Time of 28c. Injury Work	4 LI Nursing Home 2 LSQRe	sidence 8 Other (Spece of the sidenc	olfy)
stor: After y the funer	atio	Delaturat 5 Pending (Month, Dey Year) 2 Accident Investigation		<br Yes 2□No		
Director: d in by the	Certification:	3 ☐ Sulcide 4 ☐ Homicide  6 ☐ Could not be determined  28e. Plece of Injury - At home, building, etc. (Specify)	term, street, fectory, office		(Street and Number or Ru own, State)	ral Route Number,
To the Funeral Direct completely filled in by	edicai (	29e. Certifier (Check only one)  Certifying Physician: To the best of my knowled medical Examiner: On the basis of examination and menner stelled.	ge, death occurred at the time end/or investigetion, in my op	ne, date end place, end due to the binion, death occurred at the time	e cause(s) and menner as e, date and plece, and due	steted. to the cause(s)
apide I	Me	29b. Signeture and little of confider	29c. License	number	29d. Dete signed (Monti	h, Day, Year)
2 8		Matt. MD	14	3145	6-17-91	
<b>₽</b> 55		person some	U	31 ( 3	W (T-16	
2 8		30. Name and edgress of person who completed cause of death (Item 23s	a) (Type, Print)	( R-11	W (T-(6	MOZN

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DIVISION OF VITAL RECORDS, P.O.	The second secon
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tend .	

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF H	EALTH AND M	ENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)  SALLIE VIRG	GINIA HO	ULING			2. DATE OF DEATH DATE UNE 15, 1		YEAR	S. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 211-28-5470	5. SEX 6. AGE (N		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) June 3, 1		Country)	LACE (State or Foreign
	9a. FACILITY NAME (If not institution, give str	eet and number)	1	b. CITY, TOWN O	R LOCATION OF DEA		9c. COUNT		
DIRECTOR	Laurel Regional Ho			Laure1			Princ	e G	eorge
		ce George	10c. CITY,	Laurel	ON				IOd. INSIDE CITY LIMITS? I YES 2XX NO
FUNERAL	10e. STREET AND NUMBER			101	ZIP CODE				AT COUNTRY?
NE I	6109 Parkway Drive				20707		USA	_	
BY FU	1 MARTIAL STATUS  1 Never Married 2 XXMerried  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	U.S. ARMED 22 NO TES		cify Cuben, Mexicen,	C ORIGIN? (Specify Yee , Puerto Ricen, etc.)	or No — 1	4. RACE - Black, Specify.	- American Indian, White, etc. White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementery/Secondery (0-12)	CATION completed)  College (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of wo life. Do NOT use	rk done during mo:		16b. KIND OF BUS	SINESS/INDU	STRY	
AP.	12 Ø	CHIEF C	Housewi	Ee		Own Hor	me		400
ő	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	E (First, Middle, Meiden	Surneme)		
BE (	Hiram Carr				Erma Du	rkin			
2	19e. INFORMANT'S NAME (Type/Print)					oute Number, City or Tow	n, State, Zip C		
	Wallace Huling/Hus				Drive, L	1	arylar		20707
	1 N Buriel 2 Cremetion 3 Remo	oval from State come	PLACE AND DATE OF etery, cremetory or other	er place)	me of	1	CATION — CI		
	SU SIGNATURE OF UNERAL SERVICE LET	HISEE O	y Hill Ce		D ADDRESS OF FAC		urel.	Mary	y Land
	Danger	no Vorto				Home, In			
-	23. PART I. Enter the discoses, or	omnications of course	we death Do no			ring Road			MD 20707
	ehock, or heert fellure  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	ARTERIOS	WEROT					,	Interval Between Onset and Daath
z		DIABET	CONSEQUENCE OF):	BULIT					
일	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):			15.			
CERTIFICATION	CAUSE (Disease or Injury		CONSEQUENCE OF	MY	GRITGH	171011			
	that initiated eventa resulting in death) LAST	50E 10 (011 NO N	CONSECUENCE OF						i
S		L							+
DICAL	PART II. Other significent conditions	contributing to death be	ut not resulting in	the underlying	g ceuse given in F	Part I. 24s. WAS AN PERFOI	RMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME							•		1 - YES 2 X NO
N.	DID TOBACCO USE CONTR				UNCERTAIN				
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:					
Υ×S	1 TYES 2 NO	1 ☐ Inpatient 2 X ER/Outp  28e. DATE OF INJURY	atient 3 DOA 2		e 5 Residence 8	28d. DESCRIBE HOW	N HIRY OCCI	IDEO	
	1 Natural 5 Pending Investigation	(Month, Day, Year)	ULMI		RK?	IOU. DECOMBE NOW		MED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datermined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, att	reet, fectory, affic		281. LOCATION (Street City or Town, State)		r Rural Ro	ute Number,
COMPLET	one)	CIAN: To the best of my knowl							
	29b. SIGNATURE AND TITLE OF COLUMN		2 h	, in my opinion, u					
TO BE	1/00	reignu	the	_	DO 8	307	<b>&gt;</b> (	6/	Month, Day, Year) 15/96
	DR TAKY MOU	272 ANAC	ATH (ITEM 27) (Type, I	50 F	rt Mead	Le Pd, Su	ite 10	9, 6	surel MD
	31. DATE FILED (MONTH, Day, Year)	ha Davidson Man	ALEC.						



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	Physic /Medi		CURT		HASAN			_				2. Date of Das Month JUNE	Day	Yaar 1996	3. Time of Deeth
	Exami	ner		(If not institution, g		E.R.			•		. City, Town, or Lo			nty of Deeth	
E	Funeral Director		5. Social Sacurity	-7614	Sax 1₩ M 2□F	7. Age (In	yrs. last bir	thday) Yrs.	If Undar 1 Ye Months Da		If Undar 24 Hrs. Hours Min.	8. Date of Birth Month, Day June 2	h (, Year)	9. Blrth	place (Steta or Foraign intry)
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	a-f sho	Director	Md	N/A			alti								10d. Inside City Limits  1 Yes 2 No
4	or 28	ě	10e. Street and N	umber					10f. Zip Cod	ia		T.	10g. Citizan o	of What Cou	intry?
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0200-6	re nous ener deam with the maryland natural, or items 23a or 28a-f show heat Examiner must be notified at	by Funeral	11. Maritai Status 1 Navar Ma		12. Was Dac Armed Fo	edent Evar orces? 2 No iva X		11	/es Dacedant Yes, specify C ☐ Yas 2	uban,	panic Origin? (Sp. Mexican, Puarto Specify:	ecify Yas or No- Rican, etc.)	В	laca - Ameri lack, Whita, offy: Bla	, atc.
		eted	(Spa	15. Decedant's	Education grada completed)		16a.	Deceda (Giva k	ant's Usual Oc	cupationa dur	ion ring most of work	ina	16b. Kind of	Businass/Ir	ndustry
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al ylallu	Mentel Hygi rked other itic event, t	To Be	17. Father's Nema	(First, Middle, La.	1						8. Mother's Name	Λ	Maidan Sumi	ema)	100
Mai	alth end 1 27 is me or traume		19a. Informent's i	Name/Relationship			196	. Mailing	Addrass (Str		SH. Da	11	4	m, Stata, Zij	
emore,	nent of He ant: If Item ury or othe	I	20a. Method of Di		☐Removal from	Ctoto	b. Place of camatar	y, cram	ition (Nama of atory or other	place)		Data	20c. Location	11	. 1
Saltım	mportuny inj		21. Signetura of F	unaral Sarvica Lic	ansaa 0		0	22.	Nama and Ad		of Facility	no - We	+2		

**Physician** /Medical **Examiner** 

Physician/Medical Examiner Hospital or Attending Physician: The law requires that the death certificate be executed
34 hours after death.
 Furnarial Director: After this certificate has been signed by the ettending physician end
and yilled in by the furnerial director, page 2 should be deteched for use as the burnel-transit ettending physician end for use es the bunel-tran cate hes been signed by the page 2 should be deteched Certification: To Be Completed by

Division of Vital Records, P.O. Box 68760,

Immediate Ceusa (Final disease or condition rasulting In death) Sequentielly list conditions, if any, leading to immadieta ceusa. Enter Undarlying Causa (Diseasa or Injury that initiated events rasulting in daath) Last ATHOROSCIONOTIC CAMIOVISCUIS R DISERSE Due to (or as a consequence of): Dua to (or es a consequence of):

Due to (or as a consequence of): 23b. Did tobacco use contribute to the cause of death?

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown

23a. Part I. Entar tha disaasa, or complications that caused the seath. Do not antar the mode of dying, such es cardiac or raspiretory errast, shock, or haart failura. List only ona causa on aach lina.

24e. Wes en autopsy performed? DUSPERDON

24b. Ware eutopsy findings eveilabla prior to completion of cause of death? 1 Yas 2 No 1 ☐ Yas 2 ☐ No

Approximeta Intarval Batween Onsat and Deeth

25. Was casa rafarred to medical axaminar?

XXas 2□ No 26. Plece of Death (Check only ona) Other: 4☐ Nursing Homa 5☐ Rasidence 6☐ Othar (Specify) 1 ☐ Inpatiant ★ ER/Outpatient 3 ☐ DOA 28e. Deta of Injury (Month, Day Year) 27. Mannar of Deeth 28b. Tima of 28d. Dascribe how injury occurred 28c. fnjury at Work? 1 Naturel 5 Panding investigation 1 Yas 2 No 2 Accidant 6 ☐ Could not be determined 3 Sulcida 28a. Plece of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Straat and Number or Rurel Routa Number, City or Town, Stata) 4 ☐ Homicida

29a. Cartifiar 1 Certifying Physician: To the bast of my knowledge, death occurred at the time, deta and plece, end due to the cause(s) end manner as stated.

Medical Examiner: On the basts of examination end/or invastigation, in my opinion, death occurred at the time, deta end place, and due to the cause(s) end manner steted. (Check only one) 29b. Significa and titla of certifie 29c. Licanse number 29d. Dete signed (Month, Day, Year)

JUNE 12, 1996

30. Name and address of parson who completed causa of death (Itam 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201 1.100000 MARROMOD

O.C.M.E

State Registrar

edicai

31. Data filed (Month, Day, Year)
JUN 1 71996 32 Registrar's Signatura no Marter of got to distress series in er reconstruction and an artist and

State of Maryland / Department of Health and Mental Hygiene

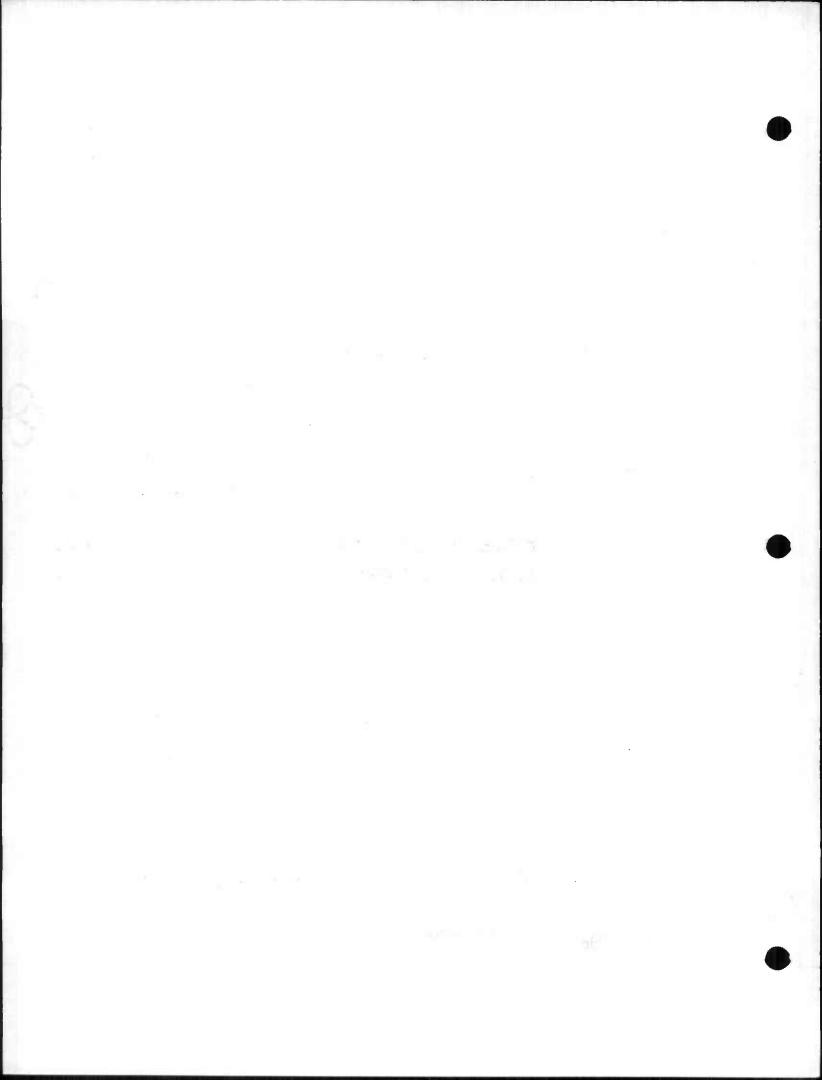
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	Dhunia		1. Decedant's Nar	ma (First, Middla, L	ast)								2. Data of Date Month	ath Day	Yaar	3. Tima of i	Death
	Physic /Medi		Clara						HARI	RIS			June		1996	9:10	PM
<b>)</b>	Exami			(If not institution, g	iva street and n	umber)					4b. City, To	wn, or Lo	ocation of Death		y of Death	,,,,,,	
			FRANK	LIN SQUA	RE HOSP	ITAL					RO	SEDA	LE	Balt:	imore		
	Funeral		5. Social Security	Number 6.	Sax	7. Aga	(In yrs. last bir	thday)	If Undar				8. Data of Birt	h .	9. Birthp	olaca (Stata or	r Foraign
	Director		213-05-1	121	1□M 2KF	8	7	Yrs.	Months	Days	Hours	Min.	8. Data of Birt (Month, Da OCT *8	1908		RYLAND	
	D		Usuai Rasidence	of Decedant				1							1 111	INTLAND	
	ahow ed at		10a. Stata	10b. County			10c. City, Tow	n or Lo	cation						1	0d. Inside City	y Limits
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	r 28	Director	10e. Streel and Nu	umber					10f. Zip	Coda				10g. Citizan of	What Cour	itry?	
	3a o	0	5657	UTRECHT	ROAD					2	1206			I	J.S.A.		
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21215-0020	within 72 hours after death with the Maryland jiene. Then "natural", or items 23a or 28a-f show the Medical Examene must be notified at	b	3 Widowed	4 Divorced	If Yas, G	iva		1	☐ Yas	2 No	Specify			Speci	ty: WI	HITE	
Ö	2 hou			15. Decedant's I	Education		168	Deced	ant's Usua	i Occur	netion			16b. Kind of I	Rusinass/In	duetry	
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Maryland	2 should be filed and Mental Hygi a marked other aumatic event, I	Be	JOHN	ZELLER								FRAN		WKUSKI			
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<b>S</b>	0 6 6		SHARRAS				100		_								
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Ë	artmen ortant: injury	1 8		5 Other (Spec	•		ST.M	ATHE	WS C	EM.		J	UNE 17	BALT.	IMORE	MD.	
Baltimore,	permit. Pages Department of Important: If i any injury or page.		21. Signature of	uneral Service Lide	eeeny			22.	Nama an	d Addre	ss of Facili	HA	RTLEY M	ILLER	FUNERA	AL HOME	E
ш	20 = a			Jarley	MM	-		Ì			752	7 HA	RFORD R	OAD B	AT.T.M	D.2123	4
			23a. Part1. Entar	tha disaasa, or con art failura. List only	mplications that	caused t	ha daath. Do	not enta	r lha mod	a of dyl	ng, such as	cardiac	or raspiratory ar		1	Approximata	
	Physician	-0	SHOOK, OF HE	art fallula. List Off	y ona causa on	aaGI IIIIa										Intarval Betw Onset and D	eath
А	/Medical		Immediata Ceuse	(Finai	Pneum	onia									1	days	
	Examiner		disaasa or conditi- rasulting in daath)	on	a.											, days	
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_6	certificate be executed iding physician and ise as the burial-transit	Xa	Sequantially list of if any, laading to it	onditions, mmediata		D	ua to (or as a	consequ	Jance of):						ì		
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×	certific Iding p	3			d												
Вох	death e atter	Physician															
o	es that the death igned by the atter be detached for u	ysi	Part II, Other signi	ficant conditione	contributing to d	death but	not resulting in	tha un	darlying c	ausa gh	van in Part		23b. Dld t	obacco use c	ontribute to	the cause of	f death?
Δ.	requires that the sen signed by th hould be detach		Upper ga	strointe	stinal	blee	d.urina	arv	trac	t ir	fecti	on.	10	/ee 2804No	3 ☐ Prol	bably 4 U	Jnknown
of Vital Records,	sign al be	by											7277	C. D. C. STORT CO. L.	T	orotro o secu	
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ec	aw 2 s	old.														mplation of ca death?	IUSA
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ta	ician: Th certificate rector, pa	Be	25. Was casa rafa	rred to medical							28. Piace	of Deat	h (Check only o	ne)	1		
>	00	To	axaminar? 1 ☐ Yas 2 ☐	No	Hospital:	Inpatian	2 ER/Ou	tpatient	3□ DO	A Oth	ser		ma 5 Resid		har (Specif	v)	
	g Ph er thi		27. Mennar of Dea	th	28a. Data	ol Injury	28b. 1	Tima of		8c. Injui Wo			28d. Dascribe h				
Division	Attending r death. ector: Atte by the fune	e e	1 Natural 2 Accident	5 Pending invastigetic		nth, Day	Year) I	njury	М		rk? Yas 2□	No					
/IS	i or Attendate after deat Director:	fice	3 Sulcida	6 Could not datamine	28e. Place	e of Injur	y - At homa, fa	rm, stre	at, lactory	office			28f. Location (5		ber or Rura	l Routa Numb	ber,
á	aftar Direction D	Certification:	4  Homicida		build	ling, atc.	(Specify)						City or Tow	n, Stata)			
	Hospital or Attending 124 hours after death. Funeral Director: After tely filled in by the fune		29a. Certifier	1X Certifying P	hysician: To the	a best of	mv knowledga	daath	occurred a	at tha tir	ma, data an	d place.	and due to the	ause(s) and m	ennar as s	tated.	
	Fur Fur	edical	(Check only one)	2 Medical Exa	miner: On that	pasis of a	xamination and	d/or Inv	estigetion,	in my c	pinlon, dea	th occurr	ed at the tima,	dete end piace	, end dua to	tha cause(s)	
	No.	Me	29b. Signature and	d title of certifier					290	. Licens	se number			29d. Data sign	ed (Month,	Day, Year)	
	(0)			him w	in Mi	M - 1				011							
	\'					5				2113	5			June	13,1	196	
1	3		Dr. Khir	rass of person who n Myint 9	000 Fra	nkli	th (Itam 23a) (	Type, F	rint)	R <sub>2</sub> 1	timor	e Ma	rvland	21237			
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	Sta		JUN 1		Juna Dan	jegistrar Ko/Aen/	Agnature -										
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1 -	FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		IENTAL HYGIENI REG. NO.	E	
1.1	DECEDENT'S NAME (First, Middle, Last	)				2. DATE OF DEATH MONTH DA	y YEAR	3. TIME OF DEATH
i	JAMES OLIV	VER	HART			JUNE 13,	1996	10:40 A.
2	SOCIAL SECURITY NUMBER	1 X M 2 □ F 7	_	F UNDER 1 YEAR NONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	May 24, 19	Cour	ryland
	FACILITY NAME (If not institution, give				R LOCATION OF DE	ATH	9c. COUNTY OF	
CTOR	Stella Mari	s Hospice		То	wson		Balt:	imore
₩ 10 <sub>1</sub>	a. STATE 10b. COUN		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY
		altimore		Tim	onium			1 YES 2 NO
FUNERAL	121 Northwo	od Drive		101	21093			WHAT COUNTRY? USA
	MARITAL STATUS  Never Merried 2 X Merried  Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DA	2 NO	II yes, spi	ENDENT OF HISPANI ecity Cuban, Maxican 2 NO Specify:	C ORIGIN? (Specify Yea , Puerto Rican, etc.)	Ble	CE — American Indien, ick, Whita, atc. ccity: White
	15. DECEDENT'S ED (Specify only highest grad	de completed)	16a. DECEDENT'S U	ork done during mo	ON st of working	16b, KIND OF BUS	INESS/INDUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	•		20 1- t	- /m	6 0
17.	10th  FATHER'S NAME (First, Middle, Last)		Busin	ess Ow		AE (First, Middle, Maiden		sfer Compa
		mith Hart				ie Stell:		pert
H 194	a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		oute Number, City or Town		DCI C
۲ <u>۱</u>	Helen Kondax	Hart/wife	121 No	rthwood	Drive 1	Cimonium, 1	MD 21093	3
	a. METHOD OF DISPOSITION  Burtal 2 Cremation 3 - Re	moval from State 20b.	PLACE AND DATE OF	DISPOSITION (Na		4	CATION — City or	Town, State
4.1	□ Donation 5 □ Other (Specify)	Me	etery, crematory or other crem				altimo	re, MD
21.	George E.			Crem		ociety o		land, Ind ce, MD 2122
IN.	PART I. Enter the diseases, or shock, or heart failure     MEDIATE CAUSE (Final sease or condition	a. Bone A	nch line.			a a cardiac or reapl	ratory arreat,	Approximate interval Between Onset and De
re	aulting in death)		CONSEQUENCE OF		<u> </u>			mos.
S S	equentially list conditions, any, leading to immediate	DUE TO (OR AS A	CANCE OF	ER				mos.
IFICA P P P	AUSE (Disease or Injury lat Initiated events	cDUE TO (OR AS A	CONSEQUENCE OF)	:				
CERTIFICATION	aulting In death) LAST	d						
MEDICAL	ART II. Other significant condition	ons contributing to death b	ut not resulting in	the underlying	g cause given in i	Part I. 24a. WAS AN PERFOR	MED?	No. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?
	DID TOBACCO USE CON	TRIBUTE TO CAUSE O	F DEATH YES	NO [	UNCERTAIN	<u></u>		1 NES 2 NO
SICIAN:	. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH					
- XS	1   YES 2   XNO	1 Inpetiant 2 ER/Outp	atient 3 DOA		ne 5 🗆 Residenca		Hospi	ce
BY PHY	MANNER OF BEATH  Natural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WO	URY AT DRK? YES 2 NO	28d. DEŞCRIBE HOW II	NJURY OCCURED	
ETED	3 Suicide 6 Could not b 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, term, at	reet, factory, offic	•	281. LOCATION (Street a City or Town, Stete)	and Number or Rura	I Route Number,
COMPLE	onel	YSICIAN: To the best of my know						e(a) and manner as states
	b. SIGNATURE AND TITLE OF CERTIF	Haule	ATH (ITEM 27) (Type.	Print)	DO TO	1643	. 1. /	ED (Month, Day, Year)
	DR. KENDALL FAU	JLKNER 2300 D	ULANEY VA		O., TOWSO	ON, MD 212	204	
31.	JUN 1 71996	Su La Laurdson-H	nouse					



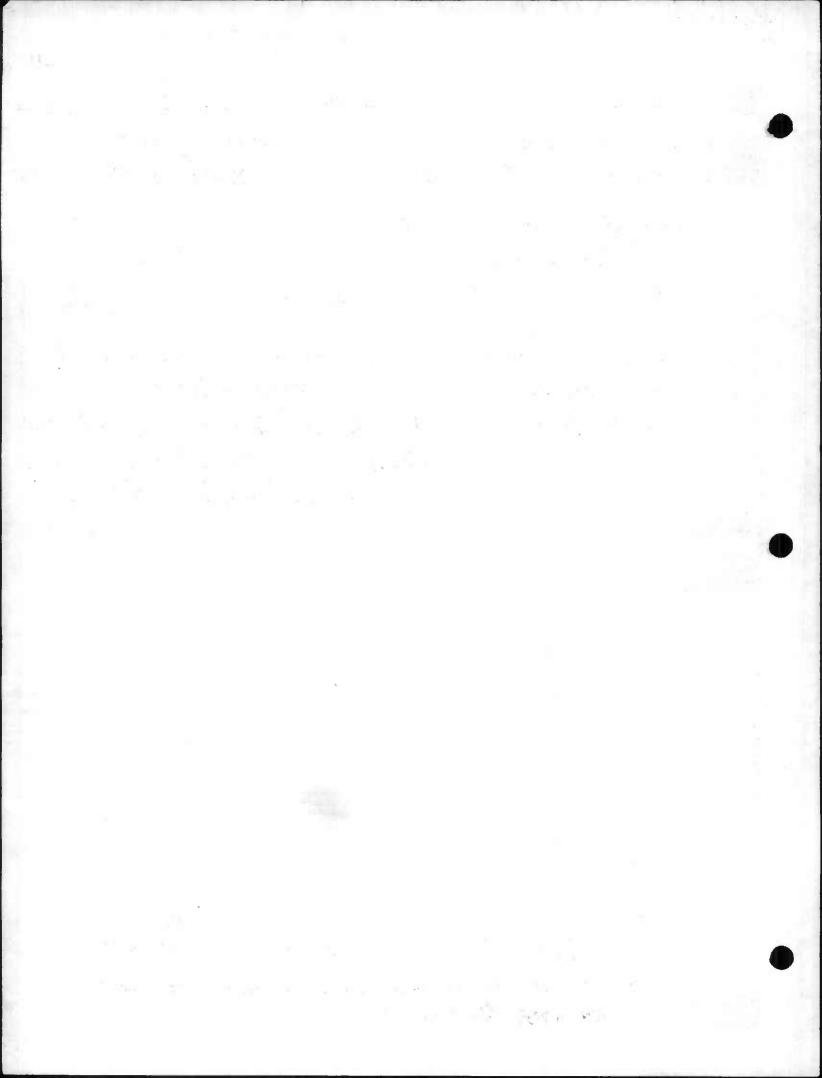
ML ITEM: 23 PART I, 27, PER MED FILM 6-736 6/15/96 + + State of Maryland / Depart

tment of Health and Mental Hygie	ne	9	6		7	8	2	1
ficate of Death		-	0	1	8	U	Lun	3

			Ln d=730 0/13/30 [.[		Certific	ate of		· Woman	Reg. No.	U	11020	
	Physici /Medic		Decedent's Neme (First, Middle, LI MALISSA	ast) Jaria	Н	HOOKS			2. Data of Death  Month Day Y  JUNE 04 199		3. Time of Deeth 8:23 All	
	Examir		4a. Facility Nama (If not institution, gi	va street and number)			4b. City, Town, o	or Location of Dee				
			2646 HARFORD R	ROAD			BALTIM	10RE	n	A		
	Funeral Director		112-80-5378	Sex 7. Age (In yrs	. last birthday) If Ut	nder 1 Yaar ths Deys			irth (Pay, Year) 17, 1970	9. Birthp	place (State or Foreign fry) fimore, Ma	
	and w.		Usual Residence of Decedent  10a. Steta 10b. County	10c. C	ity, Town or Location					1	0d. fnside City Limita	
	ith the Marylar or 28a-f show	Funeral Director	Maryland 7),	1A B		Zip Code			10g. Citizen of \		1 PYas 2 □ No	
	with with	급	2/4/7/-01	2-00	0	Zip Code			14.5,7		шуг	
	ne 23e	era	11. Marital Status	12. Was Decedant Ever in the Armed Forcas?	J.S. 13. Wes D	ecedent of	Hispanic Origin?	(Specify Yes or N	0,0.	e - Amario	an Indien,	
020 urs after o	filed within 72 hours after death with the Maryland Hyglene. ther than 'naturel', or items 23s or 28s-f show int, the Medical Examiner must be motified at		1 Navar Married 2 Married 3 Widowed 4 Divorced	Armed Forcas?  1  Yas 2 No If Yes, Give Yeer or Datas:		<ul> <li>13. Wes Decedent of Hispanic Origin? (Speciff Yes, specify Cuben, Mexican, Puarto Ri</li> <li>1 ☐ Yas 2 → No Specify:</li> </ul>			Specify	k, White,	etc.	
21215-0020	n 72 hours aft naturel, or	Completed by	15. Decedent's E (Specify only highest gr	ducation ade completed)	16a. Decedent's l (Give kind o	Jsual Occu work done	pation during most of w	vorking	16b. Kind of B	usineas/in	dustry	
121	within	mpi	Elementery/Secondary (0-12)	College (1-4or 5+)			1.		100 00	/	( )	
	permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: if item 27 is marked other than implication or other traumatic event, the Mades.		17. Fether's Neme (First, Middle, Las.	1477	170m	10 /	18. Mother's N	leme /First. Middl	e, Maiden Suman	mpro	yed	
lan	Mental Mental arked o	To Be	11/2/terHan	k-			maria	1:00	Scatt	+		
Maryland d 2 should be file th and Mental Hy	and Mand Mand Mand	F	19e. Informent's Name/Reletionship	(Type, Print)	19b. Meiling Add	ress (Stree	t and Number or	Rural Route Num	ber, City or Town,	State, Zip	Code)	
	1 and 2 Health a am 27 is		mrydicaHi	1/	738E	Pros	Inn S	Frent-F	Baltimo	co. 71	21.21202	
re,	of Heaith		20a. Method of Disposition		Plece of Disposition cemetery, crematory	Name of	rcel	Date	20c. Location -		own, Stete	
E	Pages nent of I nrt: If Its iry or o		1 Burial 2 □ Cremetion 3 E 4 □ Donation 5 □ Other (Speci	Themover mon State	H. Zion	o. oo. p.c	,	June 1996	Baltin	sere.	Maryland	
Baltimore,	permit. Page Department of Important: If eny injury or once.		21. Signature of Funeral Service Lice	-	22. Nam	a and Addr	ess of Facility	ouglass	Funero	150	ruice	
m	Depar Impor eny ir		1 Coulde C	Touclass	- 1701	mcCo	· 1104 Str.	east Balt	more, 7	noti e	2/2/7	
			23e. Part1. Enter the disaasa, or con shock, or heert feilura. List only	plicetions thet causad tha das				_			Approximata	
	Physician /Medical Examiner		Immediate Ceuse (Finel disease or condition resulting in deeth)	e. EPILEPSY	or as a consequence					age of the state o	Intarval Between Onset and Deeth	
	ted nsit	Examiner		b		,				1		
68760,	requires that the death certificate be executed een signed by the attending physician and hould be detached for use as the bural-transit											
Box 68	certifica nding ph use as th	n/Medical	resulting In deeth) Last	d						1		
	death d for t	iciai	Pert II. Other significant conditions	contribution to death but not re	culting in the undertail	na cause a	wan in Part I	23h Df	tobacco use co	ntribute to	the cause of death	
, P.O	es that the death certigned by the attendin be detached for use	by Physician/										
Records,	_ 0 0	Completed b	24a. Wes an autopsy performed?								era autopsy findings eliable prior to impletion of cause	
Re	has has	dmo									déeth? ÓYes 2□ No	
Vital	iclan: The certificate rector, pag	Bec	25. Wes case referred to medical				26. Placa of D	Deeth (Check only	one)	- 7		
of V	5 00	To	exeminer? 1√EXYes 2□ No	Hospitei: 1 ☐ Inpatient 2 E	☐ ER/Outpetient 3☐	DOA OI	har:		sidence 8 Oth	er (Specil	<b>5</b> y)	
o uo	Attanding Ph ir death. octor: After th by the funeral		27. Menner of Death  1 XXNeturel 5 Pending 2 Accident Investigation	28a. Date of Injury (Month, Day Year)	28b. Time of Injury	28c. Inju Wo	iny et ork? ] Yes 2 □ No	28d. Describe	18d. Describe how injury occurred			
Division	or Attandii after death. Director: A i in by the fu	Certification:	3 Suicide 6 Could not be determined	De Coo Blace of faire. At how for a stand for the				28f. Location City or T	8f. Location (Street and Number or Rural Route N City or Town, State)			
_	To the Hospital or Attanding Ph Within E4 hours after death. To the Funeral Director: After th completely filled in by the funeral	edical Co	29a. Certifier (Check only (Ch	nyelclan: To the best of my kn miner: On the besis of examin	owledge, death occur etion end/or invastige	red et the t	ime, dete end ple	ece, and due to the	e cause(s) end me	enner as s	teted.	
	within 2 To the F complet	Med	7	and menner steted.								
	5 × 5 %		29b. Signature and title of cartifler	1			se number		29d. Dete signe			
		,	anto	LENY		0.0	.M.E.		JUNE 0	1,17	20	
	110	- 1	30 thans and address of person who	completed cause of deeth (Ite	m 23e) (Type, Print)							

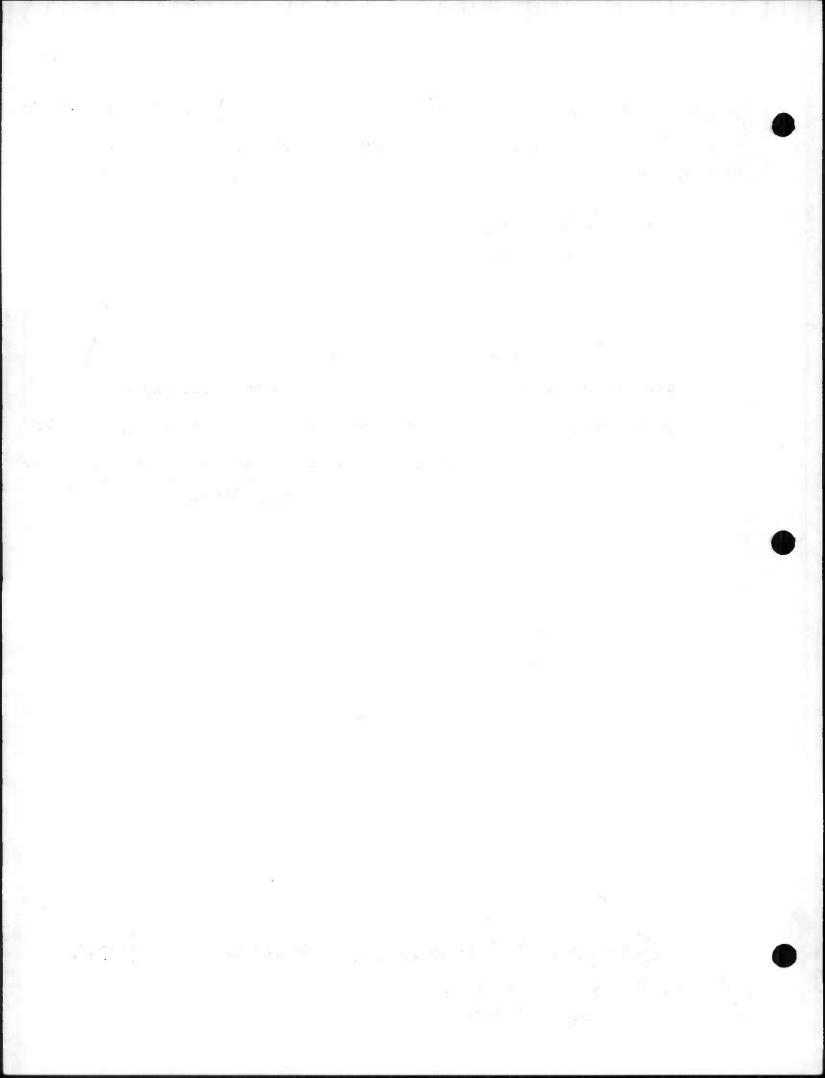
State Registrar

111 Penn Street, Baltimore, Maryland 21201



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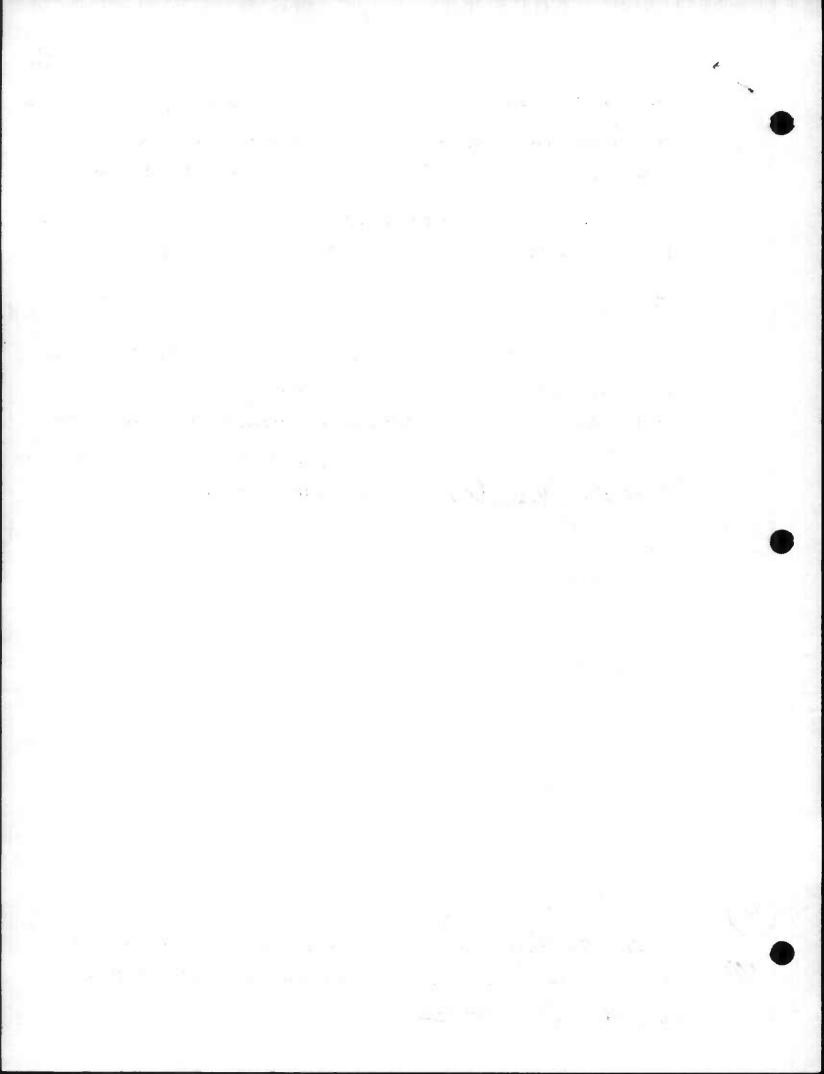
*		Decedent's Neme (First, Middle, La	ast)		Certific	ale of	Death	2. Data of D	Reg. No.		3. Tima of Death	
Physici	an	WAKENA I JOHNS						Month	Day	Year	2 1 2 2	
/Medic		0.1					4h Oihi Toum	or Location of Des	ue 12	1986	2.401	
Examin	ier	4a. Facility Neme (If not institution, give			1 - 41				2 2		0'0-	
		Liberty Medical  5. Social Sacurity Number 6.	Conten 261	00 C11	bery Hers	ndar 1 Yaar	Bartinuw If Under 24 H	Irs. 8. Deta of B		more		
uneral irector			10 M 20 F	9	G Yrs. Mon	ths Deys	Hours M		ey, Year)		a (State or Foreign	
/land		10e. Stete 10b. County					10d.	Inside City Limits				
-f ehow	o	MD. Postian	wre city		Ra1t	imore					Yes 2□No	
noti	Director	10a. Street end Number	110 -109	1		Zlp Coda			10g. Citizen of	Whet Country	?	
filed within 72 hours after death with the Maryland Hygiene. Hydre then "naturel", or frems 23s or 28s-f show ent, the Medical Examiner must be notified a	0	2013 North Fulto	n Avenue			212	217		1	JSA		
	Funeral	11. Meritel Stefus	12. Was Decedent	Ever in U	S. 13. Was D			(Spacify Yes or Narto Rican, atc.)		ca - American		
pamine	by Fur	1 Never Merried 2 Married 3 X Widowed 4 Divorced	Armed Forces  1 Tyes 2 Tye  If Yas, Giva  Yeer or Detes:				Specify:	arto Rican, atc.)	Specia			
병		15. Decedent's E	ducation						16b. Kind of E	Blac Susiness/Indus		
n netu	Completed	(Specify only highest gr		oleted) (Giva kind of work done during most of				vorking			,	
	Eo	Elamantery/Secondery (0-12)	College (1-4or 5+) College Teach				_		Edu	cation		
event, t	Bec	17. Fethar's Neme (First, Middle, Last						leme (First, Middi				
Ü	To B	Samuel Preston Lane Ma							ta Johns	son		
Tar.	-	19a, Informant's Neme/Reletionship	Type, Print)		19b. Meiling Add	ress (Street		Rural Route Num			ide)	
other treu		Mattie Townsend			3321 27t	h Ave	nue	Temple H	ills. Ma	rvland	20748	
~		20a. Method of Disposition			Plece of Disposition (	(Neme of		Dete		- City or Town,		
7 9		1 Donation 5 ☐ Other (Special	Removel from Steta					Tuno 10	Dandal	latorm	Mawritan	
Injury B		21. Signature of Funerel Service Lice		Sa	int Thoma			Nutter E	hineral l	LSTOWIL	Marylan	
permit. Pag Department Important: h eny Injury o		2501 Gwynns Falls Parkway										
		23a. Part I. Enter tha diseese, or com	nuco	d the deet			, Maryl					
ician		shock, or haart feilure. List only	one cause on each li	ine.				,		Int Or	oproximata lerval Between nsat and Deeth	
dical		Immediete Cause (Finei diseasa or condition	· Cere	Lo.	1170101	.00	a Az	oi la	1	İ		
iner		resulting In deeth)	0	Due to (c	r es a consequence		) ()					
£	ne		. H-A	-S (	0190							
s tha burial-transit	Examiner	Sequentially list conditions,	Ь.	Dua to (o	r es a consequence	of):				1		
- Ru		Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury										
hab	edical	thet initiated events resulting in death) Last	C	Dua to (o	r as e consequence	of):						
CI		L										
for usa	Physician/N		d									
200	Sic	Part If. Other significant conditions of	contributing to death b	out not res	ulting in the underlying	ng cause gi	ven in Pert f.	23b. Dfc	tobacco use ec	entributa to the	e cause of death?	
datached	F.								1 Yes 2 No 3 Probably 4 Unknow			
9	þ							-				
should	Completed							24e. We	s en autopsy formed?	availal	autopsy findings ble prior to	
2 84	Pe							-		compl of dea	etion of cause th?	
page	Ю						10	Yes 2 No	1 🗆 Y	es 2 No		
rector,	Bec	25. Wes case referred to medical			1		28. Piece of D	Death (Check only	one)			
al director, pag	To	examinar?	Hospitel:	ent 21	ER/Outpetlent 3	DOA Ott	her:	Homa 5□Res		ner (Specify)		
funeral		27. Menper of Deeth	28e. Dete of Inju (Month, De	Jry	28b. Tima of	28c. fnju Wo			how Injury occu			
a Tur	atio	1 Netural 5 Pending 2 Accident Investigetor		y rear/	Injury M		Yes 2□No					
by tha	Certification:	3 ☐ Sulcide 6 ☐ Could not b	e 28e. Plece of Inj building, et	jury - At ho	ma, farm, street, fed	ctory, office			(Street end Num	ber or Rural Ro	oute Number,	
2	Ser	7 ETICITICIO	,	City of Te	own, State)							
completely filled in	edicai (	29e. Certifier (Check only one) 1 Certifying Ph	ysician: To the best niner: On the basis o	f examine	wledge, deeth occur lion end/or Investige	red et the ti	me, date and ple opinion, deeth oc	ce, end due to the curred at the time	e ceuse(s) end m	anner as stete and due to the	d. e cause(s)	
comple	Med	29b. Signeture and fitla of cartifier	and menner st	eted.		29c. Licens						
8	-	255. Signeture and title of certifier	10		-(	250. LICHTS	- inningi		29d. Dete signe	(Month, pay	, 100/	
		Oregoria	) C. T	tee	Splin	2	10018	126	(c	129	6	
2	1	30. Neme and eddress of person who	completed cause of d	deeth (Item	23e) (Type, Print)					. 1		
U	1	GREGORIO E	- aca	RFO	21							
Stat		31. Dete filed (Month, Dey, Year)	A 32 Bagistr	ars Sang	and see							
Registra	217	11 14 1 1 17 40000°	THE SHOP SHOP SHOP SHOP SHOP SHOP SHOP SHOP	Company Services (CVS)								



State of Maryland / Department of Health and Mental Hygiene 96

4				Cen	tificate o	f Death		Reg. No.	0	17066		
A Service Control of the Control of		1. Decedent's Neme (First, Middle, Last)					2. Dete of De	eth	Vane	3. Tims of Death		
Physici /Medic		HELEN J. KI	ING				Ju N	13	9 6	8:30 PM		
Examin		4a. Facility Neme (If not institution, give st	reet s <i>nd n</i> um <i>ber</i> )			4b. City, Town, or L	ocation of Deet	4c. County	of Deeth			
		Howard County Gene	eral Hospita	a1		Columbi	a	Howa	rd			
Funeral		5. Sociel Security Number 6. Sex	7. Age (In y	78 vrs	If Under 1 Yes		8. Dete of Bir (Month, De	th ey, Year)	9. Birth	piece (Stete or Foreign		
Director		110-30-9524 March 19, 1918 N										
pu ≱ _		Usuel Residence of Decadant  10a. Stete 10b. County	10c.	City, Town or Loc	ation				1	10d. Inside City Limits		
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Maryland d 2 should be file th and Mental Hy 7 is marked othe traumatic event,	Be	17. Father's Neme (First, Middle, Last)				18. Mother's Nem	e (First, Middle	, Meiden Sumam	(8)			
faryla 2 should I and Man Is marke	မ	Francis X. Tunison				Margaret	F. Kir	ng				
Aar 2 sh and lam		19e. Informant's Name/Relationship (Type	e, Print)			et and Number or Ru						
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Baltimore, semit. Pagas 1 ar bepartment of Haa moortant: if Item 2 my Injury or other mice.		20a. Method of Disposition 1 ☐ Buriel 2 🕅 Cremetion 3 ☐ Re		cemetery, crem	story or other p	lece)	Dete	20c. Location -	City or To	own, Stete		
tirr treet treet		4 □ Donetion 5 □ Other (Specify)	/	-		gton Cr.	6/15	Laurel,	Mar	yland		
Baltimore, Maryland 21215-0 permit. Pages 1 and 2 should be filed within 72 ha Department of Health and Mental Hygiene. Important: if item 27 is merked other then 'naturany or other traumatic event, the Medical and once.		21. Signeture of Funeral Service Licenses	0-62			tress of Fecility uneral Hon	no Tno					
Physician /Medical Examiner		23a. Part1. Enter the disease, or complete shock, or heart fellure. List only one immediate Cause (Finel disease or condition resulting in death)	Peritona			ying, such as cardiac	or respiretory e	rrast,	riat	Approximate Intervel Between Onset and Deeth  13 Days  3 Months		
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Division of Vital Records, P.O. Boy of Attending Physicien: The law requires that the death of after death.  Director After this certificate has been signed by the attend in by the funaral director, page 2 should be detached for us	Completed by							sn sutopsy ormed?	SV	fare sutopsy findings reliable prior to empletion of cause death?		
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ysici is ce direc	To	examiner?	spitsl: 1 Inpatient 2	☐ ER/Outpatient	3 DOA	Other: 4 Nursing He	ome 5 ☐ Resi	dence 6 □Oth	er (Specia	fy)		
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To Pund	edical	29a. Cartifier 1 Certifying Physic (Check only one) 1 Medical Examine	clan: To the best of my ker: On the basis of examinand menner steted.	nowledga, daath inetion end/or inve	occurred at tha estigetion, in my	tims, dete and piece, y opinion, death occur	, and due to tha rred et tha time,	csuse(s) and ma data and pleca,	nnar as a end due t	itsted. o the cause(s)		
0 0 0	Σ	29b. Signsture end titla of certifier	,			inse number		29d. Dete signe				
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10		Mei- Hui Wa 30. Neme end address of person who com MEI-HUI WANG	npleted cause of death (II	tem 23e) (Type, P	rint) UXENT	PAKKWAY,	COLUMB	BIA, MD.	210	044		
		21 Date Stad (Month Day Von-1	The state of the	Marian I								





State of Maryland / Department of Health and Mental Hygiene 96 | 7823

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	or 28	Directo	10e. Street and Nur	mber				10f. Zip Coda			10g. Citizan of	What Coun	try?	
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	ter death w Items 23a	Funeral	11. Marital Status		12. Was Decedant	Was Decedant Evar In U,S.     Armed Forcas?     Is Was Decedant of Hispanic Origin? (Spelf Yas, specify Cuban, Maxican, Puarto F								
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Maryland	s 1 and 2 should be filed f Heelth and Mentel Hyg tem 27 is marked othe other traumatic event,		19a. Informant's Na	ame/Relationship	(Type, Print)	1	9b. Maiting	Addrass (Stree	t end Number or	Rural Routa Numb	per, City or Town,	Stata, Zip	Coda)	
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ore			20a. Mathod of Disp				Placa of Disposition (Nema of cematery, cramatory or other place)		ace)	Data	20c. Location - City or Town, Stata		wn, Stata	
E	Peges nent of int: If its iry or o			☐ Cramation 3 I	□Ramoval from Stata			Memoria		6-15-96	Sykesvi	11e.	MD	
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m	Depa Impo		1	P. 11	12 0	11	1					ors, Inc.		
			8728 Liberty Rd. Randallstown, MD 21133  21a. Parti. E-flur tha disaasa, or complications that caused tha daath. Do not antar tha mode of dying, such as cardiac or raspiratory arrast, Approximate Interval Between Interval Between											
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		6				Dua to (or es	e consequ	ance of):						
	uted	ᄪ	Sequantially list conditions, if any, leading to immediate causa. Enter Undartying Cause (Disassa or injury that initiated evants rasulting in death) Last  b. Dua to (or as a consequence of):  c. Dua to (or as a consequence of):  d.									i		
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	thed the	by P									1 Yes 2 No 3 Probably 4 20 nich			
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	# 2 4 die	edicai	(Check only one)	2☐ Madical Exa	minar: On the basis of	axamination	and/or Inva	stigation, in my	opinion, death of	currad at tha tima.	data and place,	and dua to	tha cause(s)	
(	to the second or Attending Physician: The Enter Director: After this certific completely filled in by the funeral director,	Me	29b. Signatura and	titla of certifiar	1			29c. Lican	sa number		29d. Data signe	d (Month. I	Day, Year)	
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Item1, 19a, Film736, 6/19/96, 1t Certificate of Death 1. Decedent's Neme (First, Middla, Last) 3. Time of Death 2. Deta of Death JEROME MICHAEL KUHLMAN Month **Physician** Year 96 FOTOWE M. 0650 /Medical 4a. Facility Nama (If not institution, give street and number 4b. City, Town, or Location of Death 4c. County of Death Examiner 090100 Saltimere N/A5. Sociel Security Number 6. Sax XXM 2□ F If Undar 1 Year 7. Aga (In vrs. last birthday) Birthplaca (Stata or Foreign Country) Funeral Days Months 75 Director 213-16-0496 2-28-1921 Maryland Usual Rasidance of Decedant 10e. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits "natural", or items 23a or 28a-1 show solical Experiese must be notified at Director 1 ☐ Yas 2 No Baltimore Baltimore MD 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? Pages 1 and 2 should be filed within 72 hours efter death with I nent of Heelth and Mental hygiene.
Int: If them 27 is marked other than "natural", or items 23s or improve other transmissions may be any or other transmissions. IISA Funeral 5128 McFaul Road 21206 12. Wes Decedant Evar in U,S. Amged Forces? 1 [∆Yes 2 □ No If Yes, Giva Yaar or Dates: 1942-46 11. Meritel Stetus Was Decedent of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuben, Mexican, Puerto Rican, atc.) 14. Race - American Indian. Bleck, Whita, atc. 1 ☐ Nevar Married 2 X Merried 1 ☐ Yes 2 ◯XNo Specify: Specify: White by 3 Widowed 4 Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 Manufacturing Co. Foreman 17. Fether's Name (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Kuhlman Unknown Unknown Lang Unknown Dorothy 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Coda) ROSEMARIE ROSEMATIW Kuhlman - Wife Baltimore, Md. 21206 5128 McFaul Rd. 20b. Placa of Disposition (Name of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cramation 3 ☐ Removel from Stata permit. Page Department of Important: If any Injury or once. 4 ☐ Donation 5 ☐ Other (Specify) 6-18-96 Baltimore, Md. Gardens of Faith 21. Signeture of Funarel Service bloensee 22. Nama and Addrass of Facility John C. Miller Inc. 6415 Belair Rd. Baltimore, Md 21206 23a. Part 1. Enter the disease, or complications that reused the death. Do not enter the mode of dying, such es cardiac or raspiratory errest, shock, or haart failure. List only one cause on our mo. Approximata Interval Between Onsat and Death Immedieta Ceusa (Final disaasa or condition resulting in daath) Examiner Sequentially list conditions, if any, laading to Immadiata causa. Enter Underfying Causa (Diseasa or Injury that initiated events rasulting in death) Last Dua to (or es e consequance of): Physician/Medicai Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 1 3 Probably 4 Unknown by 24a. Was an autopsy

**Physician** /Medical Examiner

the Meryland

Baltimore, Maryland 21215-0020

P.O. Box 68760.

Division of Vital Records,

63 130 Completed Be 2

Certification:

edical

physician and the buriel-transit that the death certificate be signed by the a certificate has After this or Attending after death. Director: Aft Hospital 24 hours

24b. Wara autopsy findings available prior to completion of cause of death? 1 Yes 1 ☐ Yas 2 ☐ No 25. Was case refarred to medical examinar? 28. Place of Deeth (Check only ona) Hospital: Impatiant 1 Yas Other: 4 Nursing Homa 5 Rasidenca 6 Other (Specify) 2 ER/Outpatient 3 DOA 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 27. Manper of Death 28d. Dascribe how Injury occurred 1 Natural 2 Accident 5 Pending Invastigation 1 ☐ Yas 2 ☐ No 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicida 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 4 Homicida \*\*Eartifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated. 29a. Cartifiar (Check only one)

29c. License number

29d. Dete signed (Month. Day, Year)

within 2

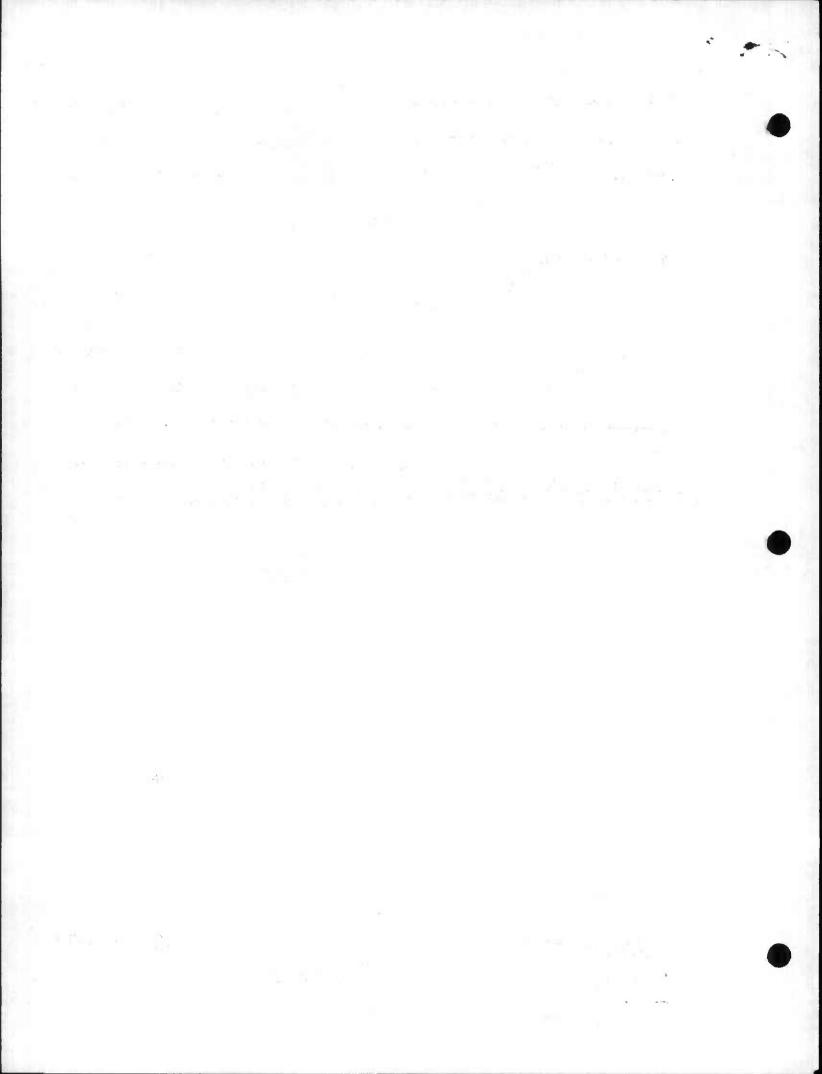
31. Data filed (Month, Day, Year)

29b. Signatura end titla of certifiar



30. Nama and address of person who completed causa of death (Item 23a) (Type, Print) reene

State

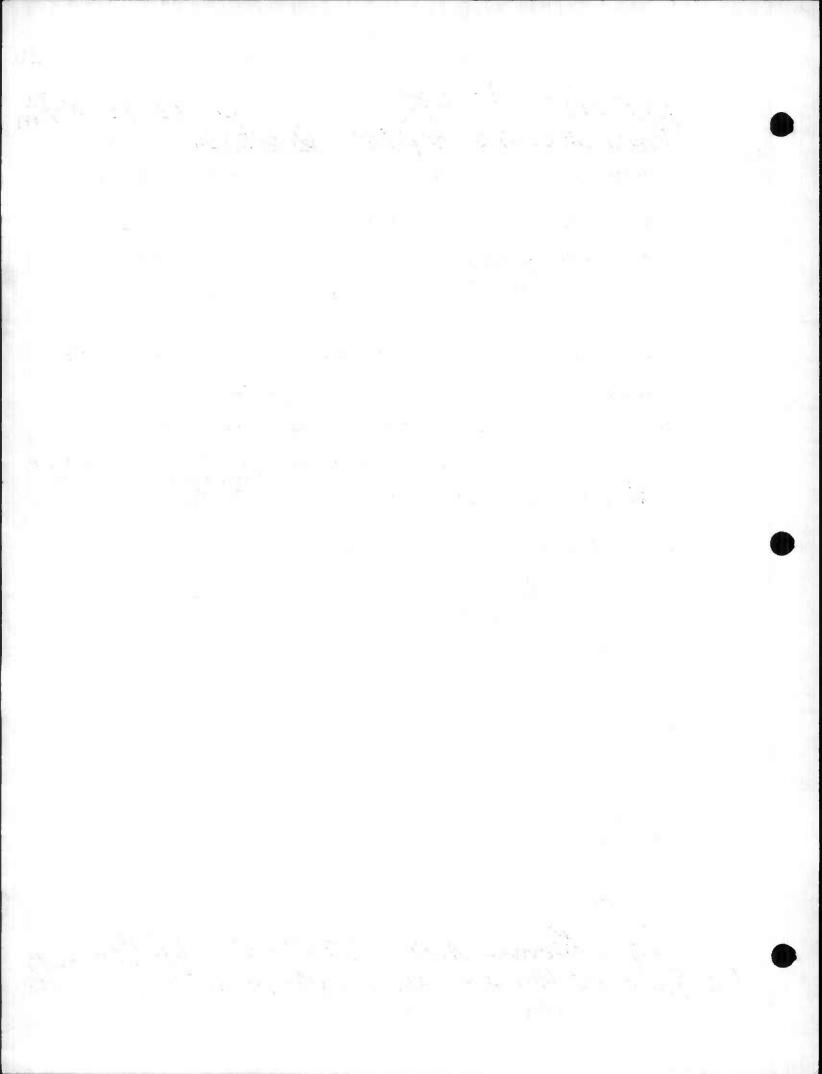


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State of Maryland / Department of Health and Mental Hygiene 96 State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Physic /Medi		1. Decedent's Nama (First, Middle, I	ZKI	IR/	+					2. Data of D Month	Pay	3	Year /	3. Time of Doe
Exami	ner	46. Facility Name (If not institution, of	cours (COURS	HOS	piti	41	1	31	2/1	dation of Dea	th 4c.	County	of Death	, , ,
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ma 23a or 28a-f ahow	_	10a. Stata 10b. County			Town or Loca								10	
or 28a-f ahow	ecto	MD n/a		Ва	ltimo						10 011			41
23a or	ā		rotto Arronia			10f. Zip Co	1217	7					met Coun	try?
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"netural", or its	d by	3 ☑ Widowed 4 □ Divorced	Yaar or Datas:										Bla	
90	Completed	15. Decedent's (Specify only highast of	Education grade completed)	1	16a. Decedar (Giva kir	nt's Usual C ind of work o O NOT usa r	done du	lon iring most	of working	ng	16b. Kir	nd of Bu	sinass/Ind	lustry
9 6	ошо	Elementary/Secondary (0-12) Grade School	College (1-4or 5	i+)		omest:					Pr	Ac. County of Death  In/a  9. Birthplece (St. County)  1918 Virgin  10d. Insk  12   Citizen of Whet Country?  USA  14. Race - American India Black, Whita, etc.  Specify:  Black  Kind of Businass/Industry  Private Family  fan Surname)  Ty or Town, Stata, Zip Code)  NJ 07111  Location - City or Town, Stata  Call Homes, India altimore Country  Call Homes, India altimore Country  Call Homes, India altimore Country  Call Homes, India altimore Country  Approximately  Appro	mily	
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and Mental marked o umatic ev	To E	John Cook						Le	ar J	ones				
4 9 E		19a, Informant's Name/Relationship	. ,, ,		19b. Maiilng	Addrass (S	<i>treet</i> en	d Numbe					Stata, Zip	Code)
Health em 27 ther tr		Ann Cook 20a. Mathod of Disposition	(siste		73 Ha.				Ir	vingto Data				Chata
P H P		1X Burial 2 □ Cremetion 3 4 □ Donetion 5 □ Othar (Space	cify)		e of Disposit afary, crema utus Me	emoria	al E	Park		ne 18	Ba1	timo	ore C	ounty, 1
Department Important: any injury once.		21. Signature of Funaral Service Lic	ensee La Ttu	<u></u>	25	Name end A 01 GW 1timo	ynns	Fal	ls F	Parkway	7	Ac. County of Death  n/a  9. Birthplece (State or For Country) 1918  10d. Inside City L  12 Yas 2 [ Citizen of Whet Country?  USA  14. Race - Amarican Indian, Black, Whita, etc.  Specify: Black  14. Kind of Businass/Industry  Private Family  If or Town, Stata, Zip Code)  NJ 07111  1. Location - City or Town, Stata 21 timore County,  ral Homes, Inc.  Approximate Interval Betwee Onset and Dee  Approximate Inter		
hysician Medical		Immediata Causa Final AS disease or condition	TE CA	RC1	NO	tha moda o	at dying,	of	S/	r raspiratory	ACI	<del>//-</del>		Approximate Interval Between Onset and Deet
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ther death.  Medical man description of the standard of the attending physician and in by the funanti director, page 2 should be detached for use as the burist-transit of the funancial director.	Certification: To Be Completed by Physician/Medical	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  Part II. Other significant conditions  25. Was case referred to medical examiner?  1 Yes 2 No  27. Manner or Death   Natural 2 Accident   September   Pending investigations   Accident   September   Accident   September   Accident   September   Se	Hospital: Dinpaties  28a Date of Injur (Month, Day  ion be 28e. Piace of Injur building, etc.	oue to (or as pu	s a conseque a conseque a conseque a conseque a conseque b conseque a consequ	ance of):  anog of):	Other Injury a Work?	of Place 4 Number 2 N	SI of Death rising Hone	23b. Did 1 24a. War perf 1 1 Check only ne 5 Res 28d. Describe	A CA  tobecco  Yes 2  san autopormed?  Yes 3  one) idence ( how injury  cause(s)	Approximately and Number or Rural Route Number of Greekly)  and Number or Rural Route Number of Greekly)  and Number or Rural Route Number of Greekly)  and Number or Rural Route Number of Greekly)  and Number or Rural Route Number of Greekly)  and Number or Rural Route Number of Greekly)  and Number or Rural Route Number of Greekly)  and Number or Rural Route Number of Greekly)  and Number or Rural Route Number of Greekly)  and Number or Rural Route Number of Greekly)  and Number or Rural Route Number of Greekly)  and Number or Rural Route Number of Greekly)  and Number or Rural Route Number of Greekly)  and Mandamanner as stated, of place, and due to the dause	the cause of de sably 4 Unix us autopsy finding prior to replation of caustiest?	
trector: After this certificate has been signed by the attending physician and trector. After this certificate has been signed by the funeral director, page 2 should be detached for use as the burist-transit or by the funeral director, page 2 should be detached for use as the burist-transit.	To Be Completed by Physician/Medical	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that imitated events resulting in death) Last  Part II. Other eignificant conditions  25. Was case referred to medical examiner?    Natural   S   Pending investigations   Suicide   Gould not determine   Check only   Medical Examiner (Check only   Medical Examiner   Check only   Medical Examiner   Check only   Medical Examiner   Check only   Medical Examiner   Check only   Medical Examiner   Check only   Medical Examiner   Check only   Medical Examiner   Check only   Medical Examiner   Check only   Medical Examiner   Check only   Medical Examiner   Check only   Medical Examiner   Check only   Medical Examiner   Check only   Medical Examiner   Check only   Medical Examiner   Check only   Medical Examiner   Check only   Medical Examiner   Check only   Check onl	Hospital: Impaties  28a Date of Injur iMonth, Day  28e. Place of Injur building, etc  Physician: To the best of  aminer: On the basis of	oue to (or as pu	s a conseque a conseque a conseque a conseque a conseque b conseque a consequ	ence of):  ence of):  ence of):  shoe of):  shoe of):  shoe of):  stigation, in	Other Injury a Work?	26. Place 4 Nut the 2 No. date and	SI of Death rising Hone	23b. Did 1 24a. War perf 1 1 Check only ne 5 Res 28d. Describe	A CA  I tobecco  I tobecco  I ves 2  I san autopormed?  Yes 2  one)  Idence (i how injury  Cause(s)  date and	No No Other	3 Prob  24b. We ave con of control of contro	the cause of de lebby 4 Unk autopsy finding prior to majeton of cause leath?  Floute Number, and the cause(s)



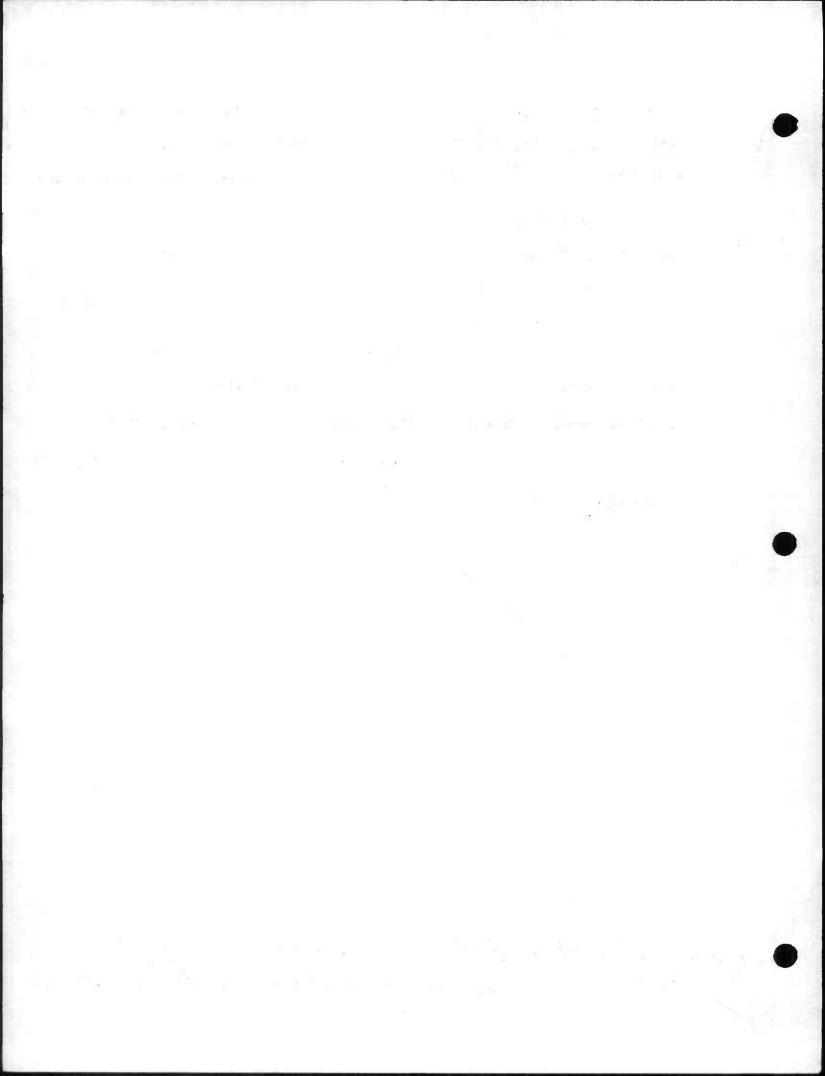
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

96

17826

							Cer	lilicate of	Dealli		Reg. No.		
	Physic	ian	1. Decedant's Na	ma (First, Middla, La:	st)					2. Data of De Month	ath Day	Year	3. Tima of Death
	/Medi		Helen		Kordis					June		996	10:15AM
	Exami	ner		(If not institution, give					4b. City, Town, or I			y of Death	
				Hopkins				W. C	Baltim		N/A		
	Funeral		5. Social Security 165-20-		ax 7 □M 2 <b>X</b> F	. Aga (In yrs. la	st birthday) Yrs.	Months Days		8. Data of Bir (Month, Da	th ly, Year)	9. Birthpin	aca (Stata or Foreign ry)
	Director _		Usual Rasidance	4307		69	113.	- 12		Mar 9	1927	New	Jersey
and	ž		10a. Stata	10b. County		10c. City.	Town or Loc	cation				10	d. Insida City Limits
Aary	E E	ō	Md	Baltin	nore	N/A							1 ☐ Yas 2 🛣 No
the f	8 8	Director	10e. Street and N			1172		10f. Zip Coda		7	10g. Citizan of	What Count	n.0
with	0 2	Ö		Cornwall	БЯ			21222			USA	What Count	iyi
beath	items 23s or 28s-f show	Funeral	11. Marital Status	OTHWATT		ant Evar In U.S.	13. V			necify Vas or No		ce - America	n Indian
fler	2 4	F		rriad 2 Married	Armed Forc	as?			Hispanic Origin? (S an, Maxican, Puart	o Rican, atc.)	Bia	ck, Whita, a	
21215-0020 d within 72 hours after death with the Maryland	"natural", or i	þ		4 ☐ Divorced	If Yas, Giva Yaar or Dat		1	☐ Yas 2 No	Specify:		Speci	y: WI	nite
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aryia should t	marked	To	Andrew	Macey					Anna S	imko			
ar Sah	6 8 6		19a. Informant's h	Name/Raiationship (7	ype, Print)		19b. Mailin	g Address (Straat	t and Number or Ru	ral Routa Numb	er, City or Town	, Stata, Zip	Code)
	Health em 27 other tr		Willia	m Kordis	s / hus	band	3105	Cornwa	ll Rd	Baltim	ore, M	d 212	222
ore es i	of Hear		20a. Mathod of Di	sposition	Demovel from Ct	0.00	ce of Dispos natary, crem	ition (Nama of atory or other pla	ce)	Data	20c. Location	- City or Tov	vn, Stata
altimore,	ant: h			5 Othar (Specify			riso	n Fores	t 6/	17/96	Owing	s Mil	lls, Md
alt mit.	Department of important: If it any injury or conce.		21. Signatura of F	unaral Sarvica Licen	saa		22.	Nama and Addra	ass of Facility	- 1 11			1.7.
<b>m</b> §	2 = 2 9		ant	thanu C	olt C	mull			y Funer				LK
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P.O.	200	F.								10	Y00 29 No	3 Prob	ably 4 Unknown
S to	signed d be del	by											
orc inpe	been sign should be	ted								24a. Was perio	an autopsy rmed?	avai	re autopsy findings ilable prior to
I Records, P.O. Be The law requires that the death	60 CV	Completed										of d	pletion of cause eath?
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of Vital Records, Physician: The law requires the	this certificate ral director, pag	Be	25. Was casa refa axaminar?	rred to medical					26. Placa of Dea	th (Check only o	ona)	1	
	this ce	2	1  Yas 2€	No	Hospitai: 1 <sup>1</sup> ☐ Inp	patiant 2 El	R/Outpatlent	3□ DOA Ott	har: 4□ Nursing H	oma 5 Rasi	dence 6 🗆 Ot	har (Specify,	)
D G	h. After ti funera		27. Manner of Dea	th 5 Pending	28a. Data of (Month,	injury 2 Day Year) 2	8b. Tima of injury	28c. tnju Wo	ry at rk?	28d. Dascribe	how injury occu	rred	
Vision	death. stor: After y the funer	cati	2 Accident	Invastigation				M 1□	Yas 2□No				
Division of or Attending Phy	Direct Direct	Certification:	3 ☐ Suicida 4 ☐ Homicida	6 ☐ Could not be detarmined	28a. Placa o	f injury - At hom , atc. (Specify)	a, farm, stre	et, factory, office		28f. Location ( City or To	Street and Num vn, Stata)	ber or Rural	Routa Number,
	is is a												
Di To the Hospital or	ithin 24 hours after death o the Funeral Director: ompletely filled in by the	edicai	29a. Cartifiar (Check only	Page 15 Certifying Phy 2 ■ Medicat Exam	reician: To the be	est of my knowle	edga, daath	occurred at tha the	ma, data and place	, and dua to tha	causa(s) and m	annar as sta	ited.
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M.	Registr	ar	JUN	1171996	0	~ (MOD) ~- N/~	10.000	_ ,					



B.K.S

State of Maryland / Department of Health and Mental Hygiene

		item #19b, fi		7/96, Eyw, p	Cei	tificate	e of	Death	ALICI IVI	F	Reg. No.	6 1	18	321
	sician edicai	22.02	dia, Last) LOWTHER							2. Data of Das JUNE	10°, 1	996		na of Death 07 AM
	miner	4- 49 110 81 414 -1 -15 -1						BALT	CIMO			y of Death		
Fune Direc		5. Social Sacurity Number 224-12-8740	6. Sax 1√XM 2□ F	7. Aga (In yrs. last b	oirthday) Yrs.	If Undar Months	1 Yaar Days	If Undar 2 Hours	24 Hrs. Min.	8. Data of Birtl (Month, De) AR 22,	1921	9. Birthp Coun	laca (Si	ata o <i>r Foraigr</i> )LINA
Maryland	stor	Usual Residance of Decedant  10a. Stata 10b. Count  MD	n/a	10c. City, To	wn or Lo	cation BALT	IMO	RE				1		da City Limits Yas 2 □ No
ith with the	Funeral Director	10e. Street and Numbar 1806 OL IV	ER STREET			10f. Zip		2120	2		10g. Citizen of UNITED			
Baltimore, Maryland 21215-0020 permit. Pages 1 and 2 should be filled within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If them 21 is marked other than "naturat", or terms 23s or 28s-1 show any Injury or other tranmatic event.	by Funer	3 □ Widowad X Divorce	rried 1 ☐ Yas	2 <b>X</b> XVo		Vas Deced Yas, speci I 🗆 Yas 2			gin? (Spec , Puarto R	elfy Yas or No- lican, atc.)	14. Ra Bia Specia	ick, Whita,	atc.	in,
21215-0020 d within 72 hours aff gjene. r than "naturat", or	Completed	15. Deceda (Specify only high Elamantary/Secondary (0-12) 7 th	nt's Education ast grada complated) Collaga (	1-4or 5+)		lant's Usual kind of work OO NOT usi	l Occup k dona a ratire	pation duning most d)	of working	g	16b. Kind of E			10 N
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h, Maryla and 2 should baith and Mer n 27 is marke or traumatic		19a. Informant's Neme/Ralation	oship <i>(Type, Print)</i> OWTHER / F		b. Meilin 209		(Street		or or Rural STI	REET,	r, City or Town	Stata, Zip	Coda)	802
Baltimore, bemit. Pages 1 ar Department of Hea mportant: if Item;		20a. Mathod of Disposition  ABurial 2 Cramation 4 Donation 5 Other (	3 □Ramoval from Spacify)	Stata	of Dispos ary, crem SHELI	etory or oti	har pla		GARD	Data . 6-15	20c. Location DUNDA	- City or To	wn, Sta	ta
Balt permit. Departminimports	9000	21. Signature of Funarai Sarvice	Licensaa 4	5				ass of Facility  ARCH F		101 E	. NOR	TH A	Death  a Birthplaca (State Country)  Inat Country?  STATES  Amarican Indian Whita, atc.  black  Inass/Industry  Inata, Zip Coda)  MD 19  DELAWARE  Ity or Town, State  Approximate Approximate Approximate Approximate Interval	JE
Physicia		23a. Part1. Entar tha diseasa, a shock, or haart tailure. Lis	f complications that of only one ceuse on a	causad the death Do	not ante	ar tha mode	of dyin	ng, such as o	cerdiac or	raspiratory arr	ast,	1	Approx	
/Medic Examin	er	Immadiata Causa (Final disaasa or condition rasulting in daath)	a	Dua to (or as a	VIZ consequ	uence of):	O	nce				1		
58760, icate be executed physician and s the burial-transit	Examiner	Sequantially list conditions, if any, leading to immediate	<b>f</b> b	Dua to (or as a	consequ	uance of):								
5 0 8	ledical	Sequantially list conditions, if any, leading to immediate ceuse. Enter Undarfying Causa (Disease or Injury thet initiated events resulting in death) Last	c	Dua to (or as a	consaqu	uance of):								
P.O. BOX  net the death cer d by the attendine etached for use	Physician	Part II. Other significant condit	d.	eath but not rasuiting	in tha un	derlving ce	usa niv	van in Part I.		23b. Did to	obacco use co	ontribute to	the car	use of death?
	by Phys										es 2 No	3 □ Prob		Unknow
COLC requir been s should	eted								_	24a. Was a perfor	in autopsy med?	ava	ilabla p	psy findings rior to of causa
Ital Rectant: The law	Be Cor	25. Was cesa refarred to medical axeminar?	al					28. Pieca	of Daath (	1 ☐ Y	1	1 🗆	] Yas	2 No

29a. Certifier

Certification:

Medical

Mas 2□ No 27. Mannar of Death

1 Natural 2 Accident 5 Panding invastigation

3 🗆 Suicida 4 Homlcide

6 Could not be determined

28a. Data of Injury (Month, Day Year)

28b. Tima of Injury

28c. Injury at Work? 1 Yas 2 No 28e. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify)

28d. Dascribe how Injury occurred

28f. Location (Street and Number or Rural Routa Number, City or Town, State)

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and mannar as stated.

\*\*Medicat Examinar: On the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and mannar stated.

\*\*The description of the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and mannar stated.

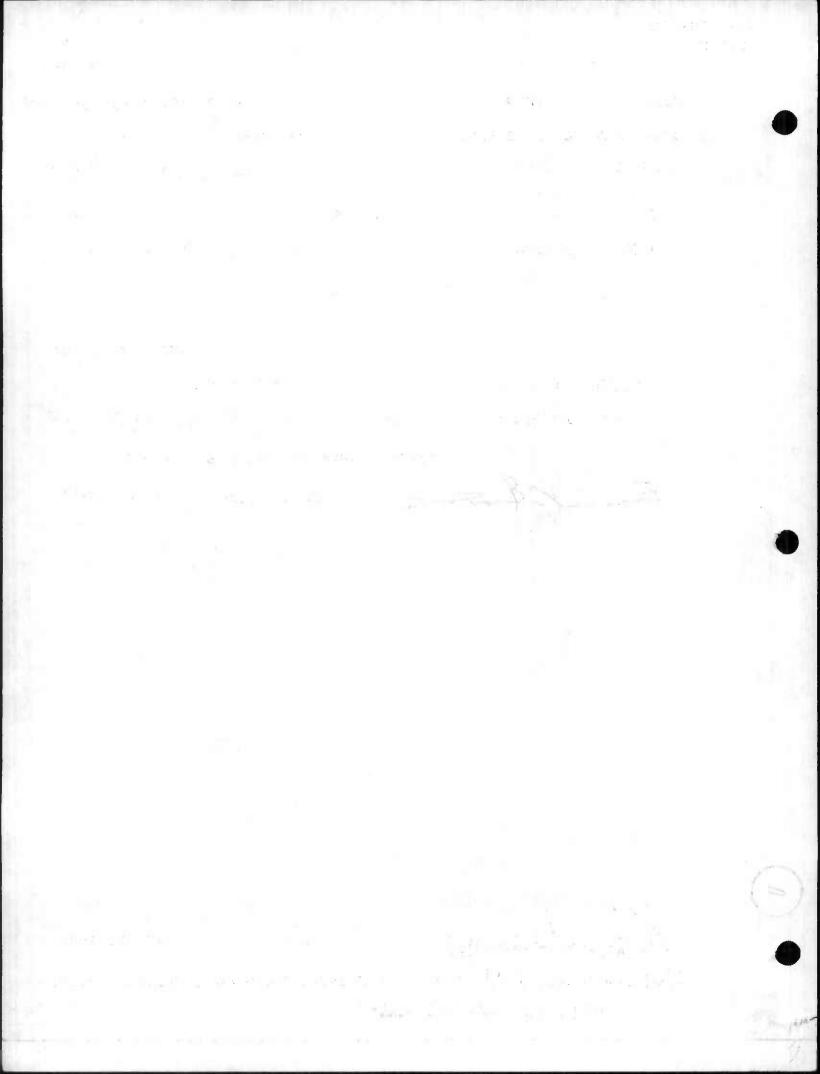
29c. Licansa number O.C.M.E 29d. Data signed (Month, Day, Year) JUNE 11, 1996

daath (Itam 23a) (Type, Print)

J. LARON LOCKE 111 Penn Street, Baltimore, Maryland 21201

State Registrar





	State of Marylar	nd / Depar	tment of			-	5 17828
		Cert	ificate o	f Death	R	eg. No.	
1. Decedent's Neme (First, Middle, Last)					2. Dete of Deel		3. Time of Death
JOHN E. LONGS	TRETH				June 13		12:15 AM
le. Facility Neme (If not institution, give s	street and number)			4b. City, Town, or	Location of Deeth	4c. County of	Death
Summit Nursing Ce				Catons			imore
232-05-19//	7. Age (In yrs. 91	Yrs.	If Under 1 Yea Months Dey			Year) W	9. Birthplece (State or Foreign Country) est Virginia
Jsuel Residence of Decedent  Oa. Stete 10b. County	10c. C	ty, Town or Loca	ition				10d. Inside City Limits
Maryland Baltimore	e C	atonsvi	11e				1 ☐ Yes 2 ☑ No
0a. Street end Number			10f. Zip Code	•	1	0g. Citizen of Wh	at Country?
6130 Wheatland Rd	•		212	28		USA	
1. Maritel Stetus	12. Wes Decedent Ever in L Armed Forces?	J,S. 13. Wa	as Decedent o	f Hispenic Origin? (Suben, Mexican, Puer	Specify Yes or No-		American Indien, White, etc.
1 Never Merried 2 Merried 3 Widowed 4 Divorced	1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates:		Yes 2⊠N		to thous, otoly	Specify:	White
15, Decedent's Educ (Specify only highest grade		16a. Deceder (Give kli	nt's Usuel Occ nd of work dor	cupation ne during most of wo fred)	rking	16b. Kind of Busi	
Elementery/Secondery (0-12)	College (1-4or 5+)			Ired)		Bethlehe	
8th Grade  17. Father's Name (First, Middle, Last)		Superv	isor	18. Mother's No.	me (First, Middle, I	Ship Yai	
Isaac Newton Lon	ostreth				h Samanth		
19a. Informent's Neme/Reletionship (Ty)		10h Mailing	Address /Stre	et end Number or R			Total Zia Coda)
4 Donetion 5 Other (Specify)  11. Signature of Funerel Service License  23a. Patt / Enter the disease, or complishock, or heert failure. List only on mmediate Cause (Finel lisease or condition esulting in death)  Sequentially list conditions, any, leading to immediate ause. Enter Underlying cause (Disease or injury tell initiated events	Due to (	22. I Lor 872 th. Do not enter	Name end Addring By 28 Libe the mode of december of the mode of th	dress of Fecility ers Funer rty Rd. lying, such es cardie	al Direct Randallst correspiretory err	cors, Inc	21133 Approximete Intervel Between Onset end Deeth  2 w k s
esulting in deeth) Lest		then	sili	ntir	diea,	e	20 40
ert II. Other significant conditions con	ributing to death but not re-	suiting in the und	enying cause	given in Pert I.	1 Y	-	ibuts to the cause of death'
					24a. Wes e perfon		24b. Were eutopsy findings evellable prior to completion of cause of death?
					1 🗆 Yı	es 20 No	1 ☐ Yes 2 ☐ No
25. Was case referred to medical exeminer? 1 ☐ Yes 2 ☐ No	ospitel:	] ER/Outpatient	3□ DOA	Whor:	eth (Check only on Home 5 - Reside		(Specify)
7. Menner of Death 1 Neturel 5 □ Pending	28a. Dete of Injury (Month, Dey Year)	28b. Time of injury	28c. In	jury et vork?	T	ow injury occurred	
2 Accident investigation 3 Suicide 6 Could not be determined	28e. Plece of Injury - At h building, etc. (Speci	ome, ferm, stree		Yes 2 No	28f. Location (Si City or Town	treet end Number n, Stete)	or Rural Route Number,
29e. Certifier (Certifying Phys	Ician: To the best of my kno	owledge, deeth o	ccurred et the	time, dete and plece	a, and due to the c	ause(s) end menr ete end plece, an	ner as stated.

To the Hospital or Attending Physicien: The lew requires that the death certificate be executed Division of Vital Records, P.O. Box 68760.

**Physician** 

/Medical

Examiner

**Funeral** 

Director

permit. Peges 1 and 2 should be filled within 72 hours after deeth with the Maryland Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-4 show any injury or other traumatic event, or Medical Exercises must be notified at once.

**Physician** /Medical

Examiner

Completed by Physician/Medical Examiner

Be

Certification: To

30. Name and address of person

31. Dete filed (Month, Dey, Year)
JUN 1 7 1996

completed cause of deeth (Item 23a) (Type, Print)

32. Registrer's Signature

Baltimore, Maryland 21215-0020

Director

Funeral

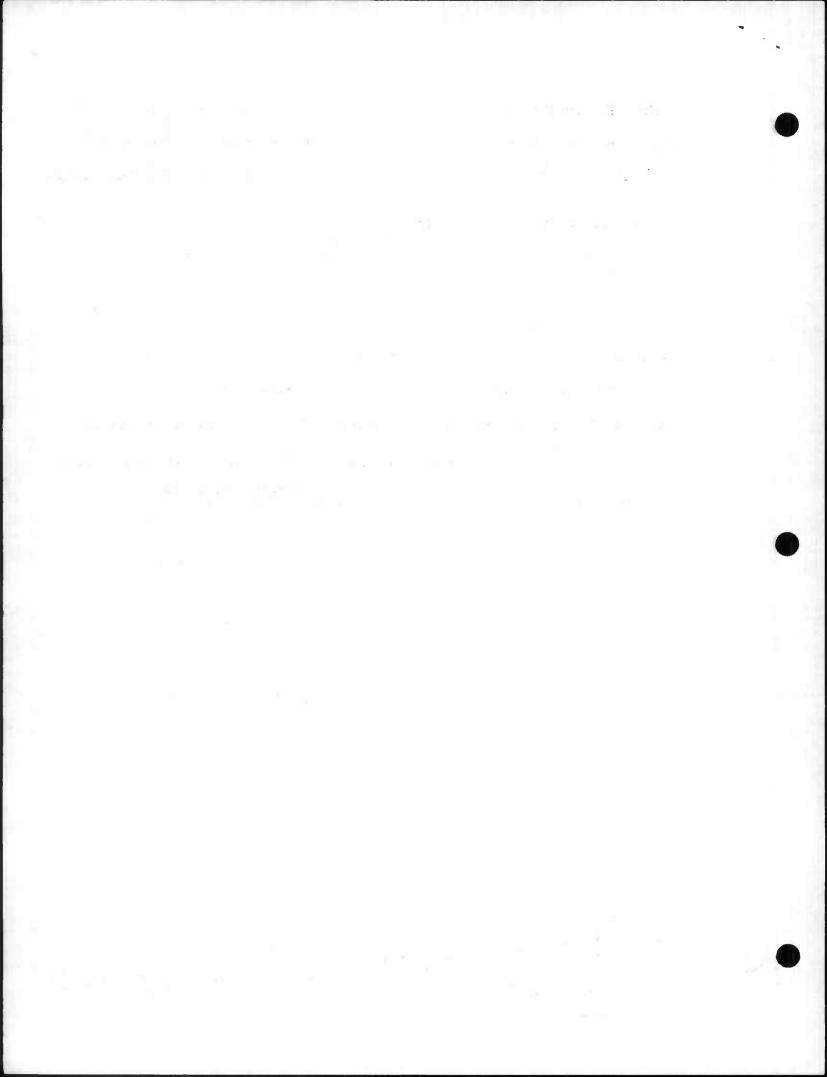
by

Completed

Be To

within 24 hours efter death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be deteched for use as the buriel-transit Medical State



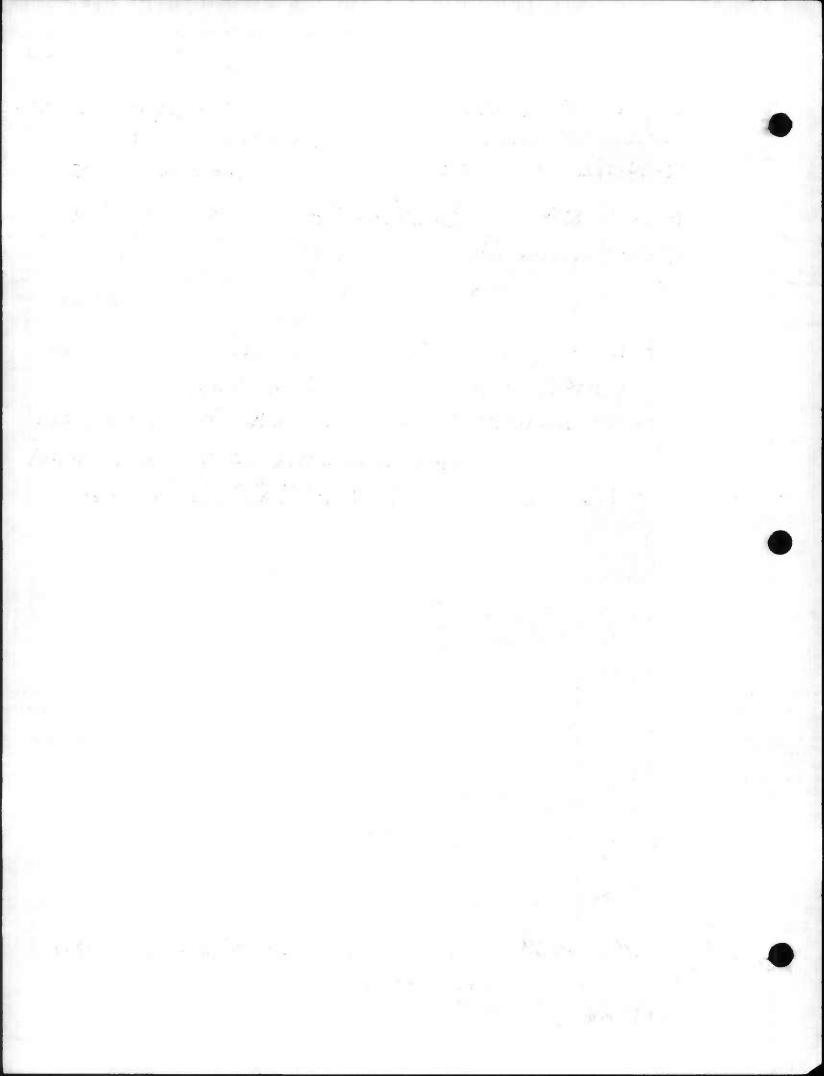
# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene $9\,6$

				Ce	rtificate of	f Death	R	leg. No.		
Dhould	la-	1. Decedant's Neme (First, Middla, Las	t)				2. Data of Dea Month		Vaar	3. Tima of Death
Physic /Medi		Matilda E.	Long				June			9:43 AM
Exami		4e. Facility Neme (If not institution, give	street and number	)		4b. City, Town, or L	ocation of Death	4c. County	of Death	
		Eastpoint Nurs	ing Hom	е		N/A		Balt	imore	<u> </u>
Funeral Director		213-03-4111	ex 7. A □ M 2 🛣 F	ga (In yrs. last birthday) 80 Yrs.	Months Day		(Month, Day		Countr	y)
		Usual Rasidance of Decedant  10a. State 10b. County		10c. City, Town or Lo	ocation				10	d Incide City I leads
lined at	ctor	Md Baltim	ore	N/a	Journal					1 ☐ Yes 2 XN
23a or 28a-f show	Funeral Director	10e. Street end Number 2122 Cameron D	r Apt	2B	101. Zip Coda 212	222	1	Og. Citizen of S	What Countr	y?
or items	by	11. Meritei Stetus  1 □ Navar Married 2 □ Married  3 ☑ Widowed 4 □ Divorced	12. Was Decedant Armed Forces 1  Yas 2 If Yas, Giva Year or Detas:	No	Wes Decedent of if Yes, specify Cu 1 ☐ Yes ※ No	Hispanic Origin? (Sp ban, Mexican, Puarto Specify:	pecify Yas or No- pecify Yas or No- pecify Yas or No-	14. Rac Ble Specifi	ck, White, et	tc.
iene. than "natural", the Medical Exe	Completed	15. Decedant's Ed (Specify only highast grad Elemantary/Secondary (0-12)	ucation da completed) College (1-4or	(Giva		a during most of wor red)	king			istry
d other than	Be	8 17. Father's Name (First, Middla, Last)		Но	usewife	18. Mothar's Nam				
nd Mental marked c	P	Edward Krantz				Mabel				
ls m		19a. informant's Name/Ralationship (7)  Donald Kramer								,
Department of Health Important: If Itam 27 I any injury or other tri pace.		20a. Mathod of Disposition	/ son	20b. Place of Dispo	2 Came	CON DE	Data			
net of int: If Its iry or o		X Buriel 2 □ Cramation 3 □		cematary, cra	matory or other p		7.43			
Department Important: It any injury o		4 □ Donation 5 □ Other (Specify)  21. Signature of Funerel Service License		Gardens			15/96	вател	more,	MQ
Departr Importu any inju		* antlony Col	t Conn	ely	7110 \$	lly Fune Sollers	Point F	Rd 21:	what Country?  ce - Amarican Indian, ck, White, etc.  White dissinass/Industry  Home  ma)  Stata, Zip Coda)  d 21222  - City or Town, Stata  more, Md  Dundalk  222  Approximate interval Betwonset and Dundalk  210  Approximate interval Betwonset and Dundalk  220  Approximate interval Betwonset and Dundalk  24b. Wara sutopsy fi available prior to	lk
		23a. Pert1. Entar tha dis 15 to only of shock, or haart tailure. List only of	ications that cause na ceusa on aach l	d the down Do not and ina.	tar the mode of dy	ying, such es cardlec	or respiretory em	rest,		Approximate intarval Between Onset and Death
nysician Medical xaminer		immediate Cause (Final diseasa or condition resulting in death)	a. A (	UTE		RATORY	FAI	LURE		DAYS
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and Il-transi	Examiner		b	Dua to (or es e consec	1	1110 2	ano			
een signed by the attending physician and hould be detached for use as the burist-transit	Medical	Sequantially list conditions, if any, leading to immadiata cause. Entar Undarfying Cause (Disaase or injury that initiated evants resulting in daeth) Last	d	Dua to (or as e consec	juence of):					
d for us	ician	Dari II. Other significant conditions on	ntelle standarde l	and and annualities to the a	n dank dan nama i	show in Dod I	OOF DIAM	-	-4-11-14-1-1-1	the series of death
igned by the attendir be detached for use	by Physician/	Part II. Other significant conditions co	. V.D.	out not rasulting in the u	ndanying causa g	gran in Part I.				
2 8 5	Completed b			_			24a. Was e perfor	en eutopsy med?	com	lable prior to
is certificate has t director, page 2 s	S						1□ Y	as 2000	10	Yes 2□ No
ertific ector,	Be	25. Wes case retarred to medical axaminar?	14			-	th (Check only or	ne)		
Ø 70	2	Tas Zuprivo	Hospital: 1 Inpati		N 3L DOA		oma 5 ☐ Rasid			
efter death. Director: After I	ation:	27, Manner of Deeth  1	28a. Data of inju (Month, Da	ay Year) 28b. Tima o Injury	W	ury at ork? □ Yas 2 □ No	28d. Dascribe h	ow injury occur	red	
al Direct	Certification:	3 Suicide 6 Could not be detarmined	Zoa. Place of In	jury - At home, farm, sti c. (Specify)	reet, tactory, office	9	28f. Location (S City or Tow	treet end Numi n, Stata)	yaar 1996 9:4  nty of Death timore  9. Birthplaca (Stat Country) Marylan  10d. Insida 1	Routa Number,
within 24 hours efter death.  To the Funeral Director: After thi completely filled in by the funeral	edicai	29a. Cartiflar (Check only one) 1 Certifying Phy 2 Medical Exami	sician: To the best iner: On the basis of and menner st	ot my knowiadga, daatl f axamination and/or in eted.	n occurred at the vestigation, in my	tima, deta and place, opinion, daeth occur	, and due to tha c rred at tha tima, c	ausa(s) and malata and piace,	annar as sta and dua to t	ted. ha causa(s)
o to	×	29b. Signetura and titla of certifier	0		29c. Licar	nse number	2	9d. Data signe	ty of Death  imore  9. Birthplaca (Stata Country)  10d. Insida (1 Yes)  10d. Insida (1 Yes)  What Country?  It what Country?  It what Country?  It what Country?  It white, etc.  It white, et	ay, Year)

State Registrar

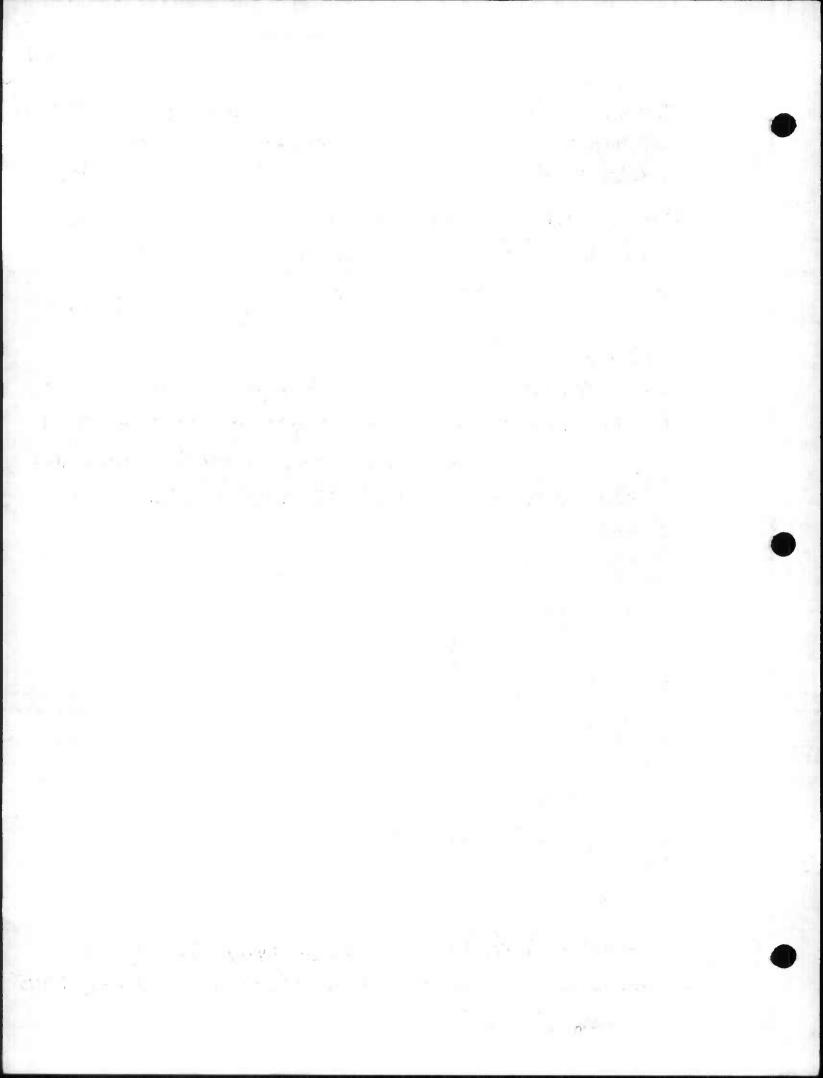
# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

						Certific	ate of	Death			Reg. No.		
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	Physic /Medi		CECIL M	e DOWE	LL					JUNE JUNE	Day 1	99/	5:55pm
	Exami		4a. Facility Name (If not institution, ga					4b. City, To	own, or Lo	cation of Death		of Death	- Pin
	Exami		SINAI HOS	SPITAL				BAL	TIA	MORE		AM	
ŀ	Funeral				Age (In yrs. last bin			If Under	24 Hrs.			Q Riethe	olaca (Stata or Foreign
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	Maryland H ahow	tor	10a. State 10b. County	+	10c. City, Town	or Location	IDR	E				1	10d. Inside City Limits
	3e or 28	I Director	10e. Street and Number 4502 GARRI	500 B1	v.d	10f.	Zip Coda 2 1 2	15			10g. Citizen of		ntry?
	death	Funeral	11. Marital Status	12. Was Daceder	t Ever in U,S.	13. Wes De	cedant of	Hispanic Or	rigin? (Spe	ecify Yas or No Rican, etc.)		e - Americ	can Indian,
5-0020	be filed within 72 hours after death with the Maryland ntal Hygiene.  Id other than "natural", or items 23s or 28s-f show event, the Medical Examiner must be notified at	by	1 Nevar Married 2 Married 3 Widowed 4 Divorced	Armed Forces 1  Yas 2 If Yas, Giva Yaar or Dates			pecify Cut s 2 <b>∑</b> No			Hican, etc.)	Specif	ck, White,	lack
5-0	72 h	tec	15. Decedant's E (Specify only highest gi	ducation	16a.	Decedent's U (Giva kind of	suel Occu	pation	at of worki	ina	18b. Kind of 8	usinass/In	dustry
2121	should be filed within and Mental Hygiene. marked other than "imatic event, the Mes	Completed	Elementary/Secondary (0-12)	College (1-40	(5+) Co	lifa. DO NO	Tuse retire	ed)			Consi	ruct	ias Co.
pu	tal Hygi d other event, t	Be (	17. Fether's Nama (First, Middla, Las	1)				18. Moth	er'a Name	(First, Middla,	Maidan Sumar	na)	
arylan	Went Went rked	To	IVORY MCI	Jowel 1				114	10	HA-2	el to	J	
Man	nd 2 mith ar lith ar track		19e. Informant's Name/Relationship	(Type, Print)	19b.	Mailing Addr		and Numb			er, City or Town	Stata, Zip	2(217
altimore,	00-		20e. Mathod of Disposition 1 ABuriel 2 □ Cramation 3 [		a 1/	y, crematory o	Nama of or othar pla	ace()		Date	20c. Location		- 0
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	dea he at ed fc	SC	Part ii. Other significant conditione	contributing to death	but not rasulting in	tha undariyin	g causa gi	ivan In Part	I.	23b. Dld	lobacco use co	ntribute to	o the cause of death?
P.0	that the de ed by the a detached i	Physician								10	Yes 2000	3 Pro	bably 4 Unknown
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Records,	neen s	Completed									an autopsy med?	ev	are eutopsy findings reliable prior to empletion of cause death?
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Vital	75	O	25. Wes casa referred to medical					OO Diese	a of Doot			11	_ TAS 2   NO
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o	를 를 들	<b>-</b>	27. Mennar of Death	28a. Data of In			DUA	4LI NI			dence 6 Oth		(א
Division	Attending For death.	Certification:	1 Natural 5 Panding 2 Accident Invastigatio 3 Suicide 6 Could not	(Month, E	ay Year) Ir	ijury M		]Yas 2□	No				
Divi	tal or Attendents after death	Certifi	4 Homicide detamined	28a. Placa of I	njury - At homa, far atc. <i>(Specify)</i>	m, street, fac	tory, office			28f. Location (S City or Tox		ber or Run	al Routa Number,
	the Hospital or thin 24 hours after the Funeral Dir mpletely filled in	edical	29e. Certiflar (Check only one)  Certiflying Pl	hysictan: To the bes miner: On the basis and manner s	of examinetion and	deeth occurr Vor Invastigat	ad at tha ti	ime, date en opinion, das	nd plece, o ath occurre	end dua to tha ed at tha time,	causa(s) and modele and placa,	enner as a and dua to	tated. o tha cause(s)
	To the To the	,	29b. Signatura end titla of certifiar	the	111			se number	?:		29d. Data signe		Day, Year)
	3 4		30. Nama and addrass of person who			Type, Print)			ンムト	וודלעה	JUNE	12,	1770
	Sta		31. Data filed (Month, Day, Year)	Sign Ragis	I Signaturan	OSPI	TNL					***	
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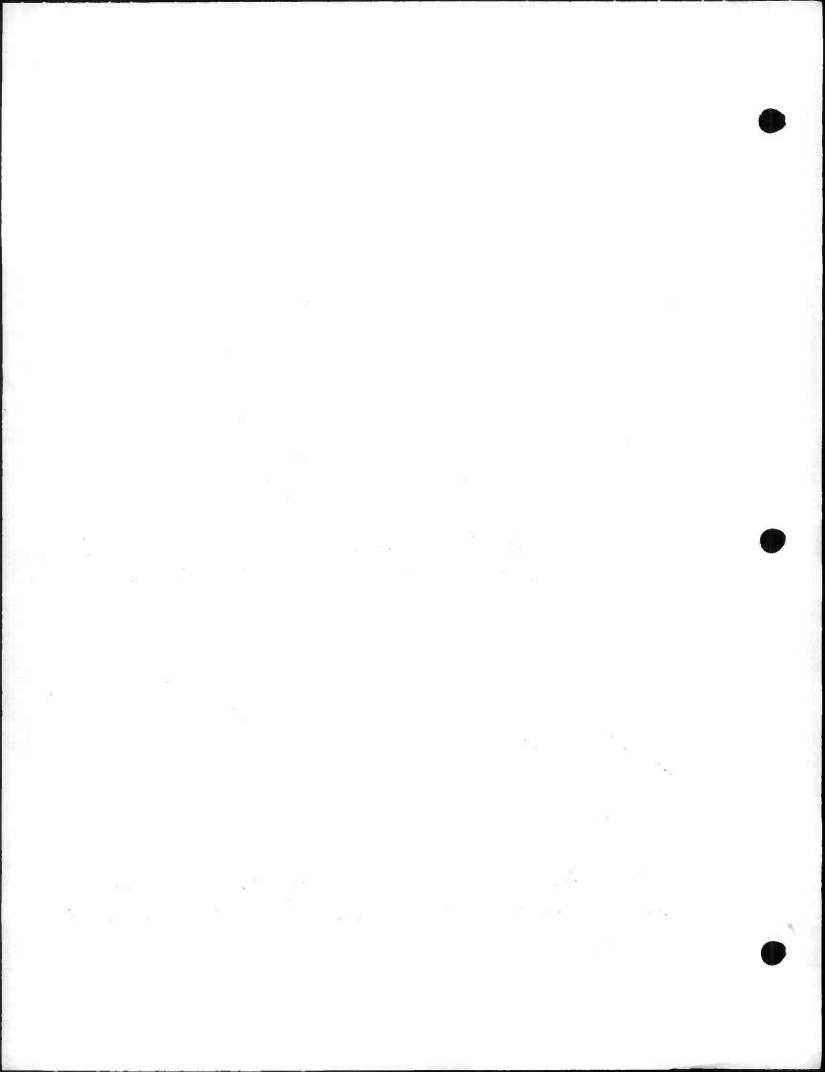
State of Maryland / Department of Health and Mental Hygiene

			Cer	tificate of	Death		Reg. No.		4
	Dhualai	25	1. Decedent's Nema (First, Middle, Last)			2. Date of D		Year	3. Time of Deeth
	Physici /Medi		Stanley, Morris			June	7,19	96	7:06 AM
Ĭ	Examir		4a. Facility Neme (If hot institution, giva street and number)		4b. City, Town, or				
L			Sinai Hospital		Baltimor		N	14	
	Funeral Director		5. Social Security Number  6. Sex  1 M 2 F  7. Age (In.yrs. lest birthday)  Yrs.  Usuel Residence of Decedent	Months Deys		(Month, D	irth Pay, Year) 2, 1936	9. Birthp Coun	place (State or Foreign
	Maryland H show	tor	10e. Stete 10b. County 10c. City, Town or Loc BACT	more				1	0d. Inside City Limits 1 2 Yas 2 □ No
	with the	i Director	10e. Street end Number	10f. Zip Code	17		10g. Citizen of		ifry?
020	ges 1 and 2 should be filed within 72 hours after death with the Maryland tof Haellh and Mental Hyglene. If item 27 is marked other than "natural", or items 23a or 28a-f show or other treumatic event, the Medical Examiner must be recitied at	by Funeral	11. Mentel Stetus  12. Wes Decedant Evar in U,S.  13. W Armed Forcas?  1 ☑ Naver Married 2 ☐ Merried 1 ☐ Yes 2 ☑ No	/es Decedent of Yas, specify Cu ☐ Yes 2 No.	Hispenic Origin? (S ban, Mexican, Puar Specify:	Specify Yes or N to Rican, etc.)	o- 14. Ra	ca - Americ	
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Mar	od 2 shoulth and 127 le me			- 1	fa USTTE	A .	BACTO.		
lore,	Pages 1 and intention of Health int: If Item 27 inty or other tr.		20e. Method of Disposition 1 D Burlai 2 Crametion 3 Removel from State  20b. Piece of Disposer from State	sition (Neme of setory or other pi	ofa)	Dafe	20c. Location	11	1
Baltimore,	permit. Page Department of Important: If any injury or once.		21. Signature of Funerei Service Licensee	Name end Add		6.13.96 towe-1	NEZT		1
_	80588		23a. Part Enter the datase, or complications thet caused the death. Do not enter shock or heart failure. List only one cause on each line.	300 W	anash M	me pa	10 110	1.20	Approximete
	Physician /Medical	-	Immediate Cours (Final						Interval Between Onsef and Death
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68760,	E 0 6	Medical	thet initieted evants resulting in deeth) Lesf	ence of):					
Вох	iras that the daath certifice signed by the attending ph id be datached for usa as t		d						
0	the a	ysic	Part II. Other significant conditions contributing to death but not resulting in the un	derlying cause g	iven in Pert I.	23b. Dic	i tobacco use co	ontribute to	the cause of death?
, P.O.	that the ded by detac	by Physician	Acquired Immune Deficiency Syndrome	dement	ia,	1	Yes 2□ No	3 Prol	bebly 450 Unknown
rds	v requires that the death been signed by the atter should be detached for a	ed b	diffuse enthroderma			24e. We	s en autopsy formed?	24b. We	ere autopsy findings allable prior to
Seco	2 s L	Completed	dittuse explanader ma			pen	ionneg :	co	mpletion of cause death?
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o	Phys this ral die	٦.	1 Inpatient 2 EH/Outpatient	3LI DOA		1	sidanca 6 Otl		y)
O	After funer	tlon	1 Neture 5 ☐ Pending (Month, Dey Year) Injury	28c. lnj W M 1[	ury et ork? ⊒ Yes 2 ⊒ No	280. Describe	how Injury occu	rrea	
Division of Vital Records,	Hospital or Attending Physician: The Is 24 hours after death. Funeral Director: After this certificate he teley filled in by the funeral director, page	Certification:	2				(Street and Num own, State)	ber or Rura	I Route Number,
_	Hospital 24 hours Funeral ntely filled	edical C	29e. Certifier (Check only one)  29 Medical Examiner: On the basis of exemination end/or invition on the basis of exemination end/or invition on the basis of exemination end/or invition on the basis of exemination end/or invition on the basis of exemination end/or invition on the basis of exemination end/or invition on the basis of exemination end/or invition end/	occurred et the astigetion, in my	time, dete end plece opinion, death occ	e, end due to the urred at the time	e cause(s) and m	anner as si	tated.
	4545	Mec	and manner steted.  29b. Signeture and title of certifier	29c. Licer	nse number		29d. Dete signe	ed (Month,	Dev. Year)
	(1)		Jennifer Park, MD		02321-JP-9	937			
(			30. Name and address of person who completed cause of deeth (Item 23e) (Type, F Jennifer Park, MD = Sinai Hospi	44.2.6					re, MD 212/5
	Sta Registr		31. Data filad (Month, Dey, Year)  32. Registrer's Signetura  111N 1 71996 Juha Sandson-Render						
DH	MH 16 Rev 6/9	5	1350						



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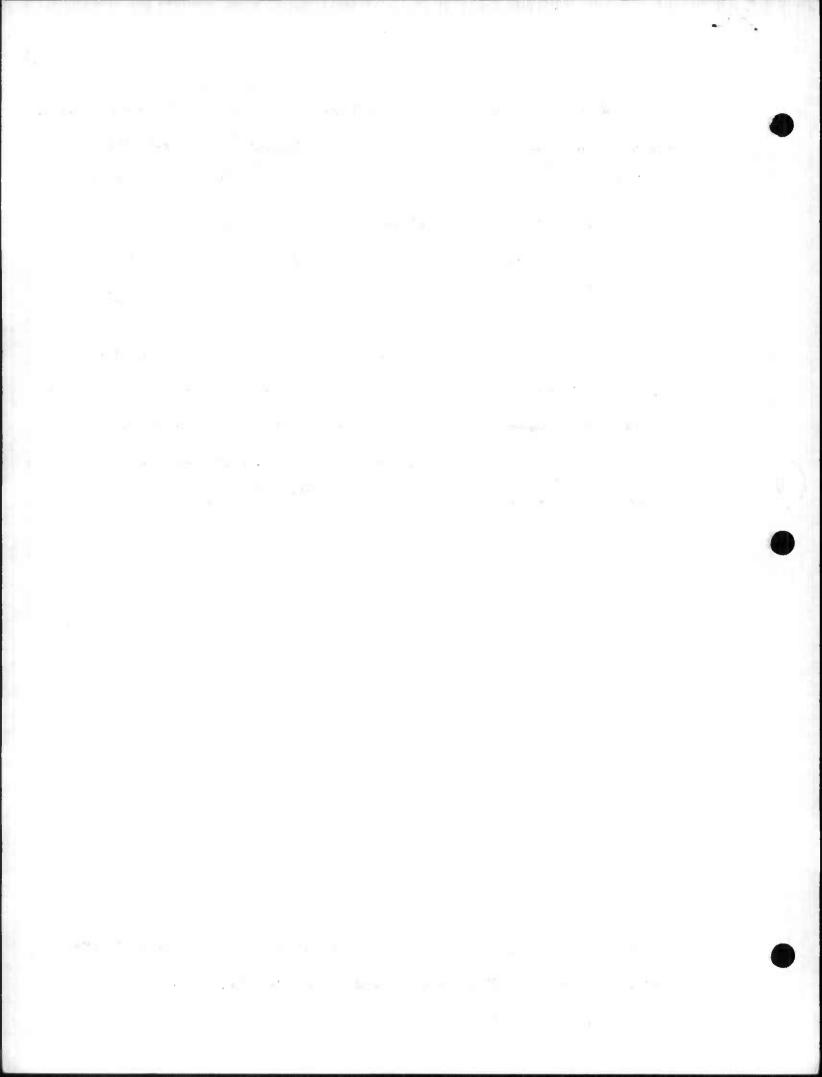
		1 - STATE REGISTRAR	STATE OF MARYL				DEATH AND	MENTA	HYGIEN REG. NO				
		1. DECEDENT'S NAME (First, Middle, Last)	1					2. DATE	E OF DEATH		YEAR 3	. TIME OF DEATH	
		4. SOCIAL SECURITY NUMBER	ECOMPTO	e m	CBI	ZRA	Jey	JU	NC 1:	2 10	196	5:00 AM	
		212 - 12 - 1981	1 M 2 F G. AGE	In yrs. lest birthday	MONTHS	DAYS	IF UNDER 24 HRS, HOURS MIN.	(Mon	OF BIRTH	1	BIRTHPL     Country)	ACE (State or Foreign	
should		9a. FACILITY NAME (If not institution, give str	reet and number)	1	9b. CIT	Y, TOWN C	R LOCATION OF D		Reh 14	9c. COUN	TY,OF DEA	TH.	
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Pages 1,	EG	10e. STATE 10b. COUNTY	1	10c. C	TY, TOWN	OR LOCAT	ION				Li	Od. INSIDE CITY	
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t permit.	RAL	10e. STREET AND NUMBER	1 /		,	101	ZIP CODE	2		10g. CITIZ	EN OF WH	AT COUNTRY?	
020 physician. burial-transit	FUNER	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	Tree.	1	WAS DEC	ENDENT OF NISPA	<u> </u>	MD 40 14 M	21	51	3	
	BY	1 Never Married 2 Married 3 Widowed 4 Divorced		2 NO	13	If yes, spe	ecify Cuban, Mexico 2 NO Specia	en, Puerto	N7 (Specify Yes Rican, etc.)	or No-	Black, V	- American Indian, White, etc.	
1215-0 r attending use as the	TED	15. DECEDENT'S EDUC (Specify only highest grade of		18e. DECEDENT	work done	during mos	ON st of working	166	b. KIND OF BU	SINESS/INDU			
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AND the hospit detached	СОМР	17. FATHER'S NAME (First, Middle, Last)		Mill	127	MA	18. MOTNER'S NA						
# 8 %	BE C	KOBERT LeCOM	PTE				ELIZI	900	TH V	VALL			
MA retain 5 sho notifi	2	196. INFORMANT'S NAME (Type/Print)  196. MAILING ADDRESS (Street end Number or Flural Route Number, City or Town, Stele, Zip Code)  197. Self Delice Stell Code  198. MAILING ADDRESS (Street end Number or Flural Route Number, City or Town, Stele, Zip Code)											
P ag v L		200. METHOD OF DISPOSITION	20b	PLACE AND DATE	OF DISPO	SITION (Na	me of	DAT	20c. LO	CATION - C	Ify or Town	(21, State	
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3 2 . 9 1		23. PART I. Enter the diseases, or co shock, or heart failure. L	omplications that caused list only one cause on e	the death. Do sch ilne.	not ente	r the mo	de of dying, auc	ch ss csr	disc or respi	ratory srre	st,	Approximats interval Between	
F 0 = 0		IMMEDIATE CAUSE (Finel disesse or condition	Acute	myoc	Que	ial	inte	ret	·			Onset and Death	
		reaulting in death)	DUE TO (OR AS A		_		0	1	4 .			James.	
OX 687 be executed action and con rior to burial, traumatic e	NO NO	Sequentially list conditions,	DUE TO (OR AS A	CONSECUENCE	Ce	M	ary ar	ten	1 di	rear	د	10 years.	
Sician prior t	ERTIFICATION	If any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury	535.10 (0.1.15)	O TO TO LITTLE OF THE PARTY OF	J. J.		•		_			0	
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	Σ.	DID TOBACCO USE CONTR	BUTE TO CAUSE O	F DEATH V	ES []	NO IT	UNCERTAIL	NL EZ			1	☐ YES 2 → NO	
I. The law cate has be State Dept.	SIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DE			UNCERIAII	N LE					
SICIAN: The certificate ? h the State d, or item	PHYSICI	1 TYES 2 NO	HOSPITAL: 1 in Inpetient 2 - ER/Outp.	atient 3 DOA	OTHE 4 Nu		5 Residence	8 🗆 Othe	or (Specify)				
VG PHYSK ter this ce ath with t marked,		27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TI	JURY	28c. INJE WOI	RK?	28d. DE	SCRIBE HOW II	NJURY OCCU	IRED		
After death	D BY	2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office							CATION (Street o	and Number o	r Rumi Roui	te Number	
OR ATTENDING DIRECTOR: After hours after death them 28 is ma	ETEC	4 Nomicide determined City or Town, State)											
AL OR A AL DIREC 72 hours If Item	PLE		IAN: To the best of my knowl										
(m)	COMPL	2 MEDICAL EXAMINER	: On the basis of examination	end/or investigat	on, in my	opinion, de	eath occured at the	time, date	and piece, and	d due to the	cause(e) er	nd menner ee stated.	
불분을	8	296. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NUI	-		29d. DATE	1	onth, Day, Year)	
PPSE	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Tvp	e, Print) /	HUR	D460		110	10	121	96	
(D)		CLARENCE SARK		du d		0 1	N 1800	DWE		BAUT	ms	15215	
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State of Maryland / Department of Health and Mental Hygiene

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DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96

96 17834

						Cer	tificate of	Death		Reg. No.			•
	Discolati		1. Decedant's Name (First, Middla, L	ast)				0.1	2. Date of De	path Day	Year	3. Time of Deat	th
	Physici /Medi		Kaprice Ny'Keia	Owens					March		rear	0600	PM
	Exami		4a. Facility Name (If not institution, g.	ve street and number)		<u>.</u>		4b. City, Town, o	r Location of Deat	h 4c. County	of Death		
			Sinai Hospital o	f Baltimor	е			Baltimo	re City	Balt:	imore	City	
	Funeral Director		unknown	Sax 7. Ag	e (In yrs. Ia	ast birthday) Yrs.	Months Days O	Hours Mi	s. 8. Data of Bi n. (Month, De O March	th ly, Year) B, 1996	Coun	laca (Stata or Fore try) yland	eign
	and *		Usual Residence of Decedent  10a. Stata 10b. County		10c City	, Town or Lo	cation				1	Od. Insida City Lim	nite
	Aaryle 7 sho	ō	Maryland Baltimo	va Citu							1	XXYes 2	
	28a	Director	10e. Street and Number	re city	Dal	timore	10f. Zip Code			10g. Citizan of	What Coun	in/2	
	23a or	ral Di	3058 Brighton St	•			21216			USA			
020	permit. Peges 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Health and Mental Hyglene. Important: if item 27 is marked other than "natural", or items 23e or 28e-f show sayl hiluty or other traumatic event, fre Medical Examiner must be notified at once.	by Funeral	11. Marital Status 1 Mavar Marriad 2 Married 3 Widowed 4 Divorced	12. Was Decedant Armed Forces? 1 ☐ Yes 2 ♣ If Yas, Giva Year or Dates:		li li	Nas Decedent of f Yas, specify Cult I ☐ Yes 2 ☑ No	ban, Mexican, Pue	(Specify Yes or No erto Rican, atc.)	Bla	ck, White, y: Blac	atc.	
Maryland 21215-0020	within 72 ho iene. Then *netur	Completed	15. Decedent's E (Specify only highast g Elementary/Secondary (0-12) Unknown	Education ade completed) College (1-4or 5 Unknown	5+)	(Giva life. L	lent's Usual Occu kind of work done OO NOT use retire	dunna most of w	rorking	16b. Kind of B		dustry	
0	Hyg offi- ent,	BeC	17. Father's Name (First, Middle, Las			0111	LIIOWII	18. Mother's N	ame (First, Middle				
au	ked o	ToB	Kahary Owens					Jamia	Handy				
ary	shour mar	-	19a. Informant's Name/Relationship	(Type, Print)		19b. Mailin	g Address (Stree		Rural Route Numb	er, City or Town	, State, Zip	Code) 2121	15
Σ	27 le		Deborah Birckhea	đ		Sinai	Hospita	al 2401	W. Belv	edere Av	re. Ba		
re,	item item othe		20a. Method of Disposition		20b. Pl	ace of Dispo	sition (Name of natory or other pla		Date	20c. Location			
Itimore,	Pege int: If		1 ☐ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Spec				pital 3-		3-11-96	Baltim	ore	ьм	
alti	mit. partm porta y inju		21. Signature of Funeral Service Lice	nsee			. Name and Addr		0 12 00	Darcin	10101	21215	
m	Depariment of the sany in sany		DEBORAL Y	Birckhe	ad	Si	nai Hos	oital 2	401 W. Be	elvedere	Ανρ		БМ
	death certificate be executed  Example 1	I Examiner	Immediate Cause (Final disaasa or condition resulting in death)  Sequentially list conditions, if any, leading to Immediate ceusa. Enter Underlying Cause (Diseasa or Injury	Thera	Due to (or peuti	as a conseq	tion for	2+ weeks	y 21			Onsat and Death	
Box 68/60,	certificate t nding physicals are the t	n/Medical	that initieted events rasulting in death) Last	d	Dua to (or	as a consequ	uence of):						
F.O. B	0 0 0	by Physician/	Part II. Other significant conditiona	contributing to death b	ut not resu	lting in the ur	nderlying ceuse g	iven in Part I.		tobacco use co		the cause of dea	
Records,	aw requisos been s 2 should	Completed								an autopsy ormed?	ava	ere autopsy tinding allable prior to mpletion of causa death?	
<u></u>									炽	Yes 2□No	10	Yes 2 No	
	ician: The la certificate he rector, page	Be	25. Was cese referred to medicel examiner?	Hospital:			0		eath (Check only	one)			
0	Physic this c	T.	1 ☐ Yes 2⊠ No 27. Mannar of Death	28a. Date of Inju		R/Outpatien	1 3LI DOA	-	Home 5 Res			y)	
DIVISION OF VITAL	After fune	Certification:	27. Mannar of Death  1 ⊠ Natural 5 □ Panding 2 □ Accidant investigation 3 □ Sulcida 6 □ Could not be							how Injury occur			
2	の世界に	Certifi	4 Homicide determined	28e. Place of Inju- building, etc			eet, factory, office		28f. Location ( City or To	Street and Numi wn, State)	ber or Rura	i Route Number,	
	To the Hospital within 24 hours a To the Funeral Completely filled	edical	29e. Certifier (Check only one) 1 Certifying P 2 Medical Exa	nysician: To the best of miner: On the basis of and manner sta	examinati	rledge, deeth on and/or Inv	occurred et the trestigation, in my	ime, dete end ple opinion, death oc	ce, and due to the curred at the time,	ceuse(s) and m date and place,	anner as st and due to	ated. the ceuse(s)	
	To the com	Σ	29b. Signature and title of certifier	11 17		·	29c. Licen	sa number		29d. Date signe	ed (Month,	Day, Year)	
			Kame	Mc Ken	zi		AS240	2321DM99	930				
			30. Name end eddress of person who						1				
			Deanne McKenzie,	M.D. Sinai	700	oit al	of Balti	more 240	1 W. Bel	vedere	Ave.	Balto Md	1

and a people of the state of

96 17835

						Ce	rtificate (	of Dea	ath		Reg. No.			
			1. Decedent's Neme (First, Middle	e, Lest)						2. Dete of De	eeth		3. Ti	me of Deeth
	Physic /Medi		RICHARD J		PAR	ISI				JUNE	16,	1996	1:1	0 P.M.
	Exami		4e. Fecility Neme (If not institution					4b. City	y, Town, or L	ocation of Deel		ty of Deeth	_	
			Stella Maris H	Hospice					Towson	n	F	Baltir	nore	
	Funeral		5. Social Security Number	6. Sex	7. Age (In yı	rs. lest birthday,	If Under 1 Y		nder 24 Hrs.	8. Dete of Bi	rth	_		tete or Foreign
	Director		219 60 5162	1 X M 2□ F	4:	3 Yrs.	Months De	sys Ho	urs Min.	Jan. 1	5,1953		Je:	
	D		Usual Residence of Decedent											
	how		10e. Stete 10b. County	,	10c. (	City, Town or L							10d. Insi	de City Llmits
	the Maryler 28s-f show	cto	Maryland	n/a			В	altin	nore				X	Yes 2□No
	th th	Oire	10e. Street end Number				10f. Zip Co	de			10g. Citizen o	f Whet Cou	intry?	
	th wi	ai	5313 Plymouth	Rd.					21214		Unite	ed Sta	ates	
	within 72 hours after death with the Marylend ene. than "natural", or frame 23s or 28s-f show he Modital Evantinet must be notified at	Funeral Director	11. Marital Status	12. Wes De	cedent Ever In	U,S. 13.	Was Decadent If Yes, specify	of Hispani	c Origin? (Sp	ecify Yes or N	0- 14. Re	ace - Ameri eck, White		en,
0	or its	F	1 ☐ Never Married 2√ Marr		Sive XNo		1 ☐ Yes 3(5)		cify:	r noun, etc.,				
00	ral'.	l by	3 ☐ Widowed 4 ☐ Divorced	Yeer or	Detes:		TO 105 ACX	NO Spe	ichy.		Spec	rry:	Whit	te
21215-0020	d within 72 hours piene. r than "netural", the Medical Exe	Completed	15. Deceden (Specify only higher	t's Education	4)	16e. Dece	dent's Usuel O	ccupetion	most of work	kina	16b. Kind of	Business/Ir	ndustry	
21	ithin Ben	npl	Elementery/Secondary (0-12)	T	(1-4or 5+)	life.	DO NOT use re	tired)		9	Self	emplo	yed	
	77 75 10 10	Cor	12			I	llustra				Art S			
pu	2 should be filed within end Mental Hygiene. Is marked other than aumatic evant, the M	Be	17. Fether's Neme (First, Middle,	Lest)				18. N	fother's Nam	e (First, Middle	, Meiden Sume	eme)		
yla	should Ind Men	Lo	Salvatore			Par	isi		Rosema	ary	E	vange	list	ta
Maryland	200		19e. Informent's Name/Reletions	hip (Type, Print)		19b. Maili	ing Address (St	reet and N	umber or Rui	ral Route Numb	per, City or Tow	n, State, Zi	p Code)	
	1 end 2 Health em 27		Kelly Parisi		wife	53	13 Plym	outh	Rd., I	Baltimo	re, MD	212	214	
Ore	of He		20e. Method of Disposition	2 D		. Pleca of Dispecemetery, cre	osition (Neme of matory or other	f place)		Dete	20c. Location	- City or T	own, Ste	ite
Ĕ	Peges nent of I int: If its		1 ☐ Buriel 2 ☐ Cremation 4 ☐ Donetion 5 ☐ Other (S	becify)		reen Mo	unt Cre	mator	v 6,	/17/96	Balti	more,	MD	
altimore,	permit. Peges 1 end Depertment of Health Important: If item 27 any Injury or other tr once.		21. Signature of Fungral Service	Licenseer /			2. Neme end A							
m	Depermine Depermine Important Important Income.		1 Stole W	411.	ana non anno 1		AFA Ste							
			23a. Pert1. Enter the diseese, or	complications that	caused the de	eth. Do not en	717 Gre	en Pa	stures h as cerdiec	or respiretory	Baltimo errest.	re, M	Approx	21286 ximete
я	Physician		shock, or heart feilure. List	only one cause on	eech line.								Interva	al Between end Deeth
$\lambda$	/Medical		Immediate Cause (Final	Cm	MIRO	٦		24 . 5	000				1	10
	Examiner	ш	disease or condition resulting in deeth)	e. 3/11			UNGC	ATU	راح الح			i	-	y.
		ē			Due to	(or es e conse	quence of):					1		0
	uted	Examiner		b	Due te	/	,,,,,,							
,	the death certificete be executed y the ettending physician and tched for use as the buriel-transit	Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury		Due to	(or es e conse	quence or):							
68760,	e be sicia		Cause (Diseese or Injury thet Initieted events	c. ———	Due to	(01.00.0.000	wanna all.							
.89	ficet p phy ss th	Medical	resulting in deeth) Lest		Due to	(or es e consec	quence or):							
×	anding use			d								-		
Bo	eath ce	cial	2 4 11 000 - 1 - 121 - 1 - 111			0								
O	res that the de signed by the e be detached t	Physician/	Pert II. Other significant condition	ns contributing to	death but not re	esulting in the u	inderlying cause	given In F	Pert I.		tobacco usa c			
0	thet deta									1	Yas 2□ No	3 Pro	obably	Unknow
Records,	lew requires that es been signed b ? 2 should be deta	d by		_						240 18/04	s an autopsy	24h W	Jere sute	psy findings
Ö	v require been si should	Completed								peri	omed?	81	vellable p	prior to
šec	hes by	idπ										of	deeth?	
<u>e</u>	Te este	8								1 🗆	Yes 20 No	1	☐ Yes	2□ No
Vital	ysician: The I s certificate he director, pege	Be	25. Wes case referred to medical examiner?					_	Plece of Deel	th (Check only	one)			
of		5	1 Yes 20 No			☐ ER/Outpetle			☐ Nursing Ho		Idence 6 20		ify) Ho	spice
n n	ding Ph h. After th funeral	Certification:	27. Menner of Déeth  1 Neturel 5 ☐ Pendin	28e. Dete (Mo	e of Injury onth, Dey Year)	28b. Time of Injury		njury et Work?		28d. Describe	how Injury occ	urred		
Sio	or:	cati	2 Accident investig 3 Suicide 6 Could				М	1 Yes	2 □ No					
Division	l or Attending I efter death. Director: After I in by the funer	=	3 ☐ Suicide 6 ☐ Could in determine	ned 286. Piec	ce of Injury - At ding, etc. (Spec	home, farm, st	reet, factory, off	ice			(Street and Nun wn, Stete)	n <i>ber</i> or Rur	ral Route	Number,
	Ital o													
	To the Hospital or Att within 24 hours effer of To the Funeral Direct completely filled in by	edicai	29a. Certifier 130 Cartifyin	g Phyelclan; To th Examiner: On the i	e best of my ki	nowledge, deat	h occurred et th	e time, det	te end pleca,	end due to the	ceuse(s) end	menner es	steted.	use(s)
	within 2. To the F		one)	end ma	nner stated.					Tod of the fille,	date one pleet	, 6110 000	(0 (110 00	400(3)
	To	Σ	29b. Signeture end title of certifier	00			29c. Lie	ense numl	ber		29d. Date sign	ned (Month,	, Day, Ye	ear)
			Kendali	2/2/10	ul be	eus	D	756	543		6/1	7/91	Ь	
	(4)		30. Name and address of person	who completed cau	use of deeth (Ite	em 23a) (Type,	Print)				1	1		
			DR. KENDALL FAU	LKNER 23	300 DUL	ANEY VA	LLEY RI	)., T(	OWSON.	MD 21	204			
	Sta	ite	31. Dete filed (Month, Day, Year)	Silia Mis	Registre Sig	AND.						_		
	Registr	ar	JUN 1 71996	0	1									

the first than the fi

BALTIMORE, MARYLAND 21215-0020

BALTIMORE, MARYLAND 21215-0020	YSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	; certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to bunial, cremation, or removal.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760	THE HISPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 2	THE RIVERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi Tied within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
1	1	15.8	,

	FOR STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH AND	MENTAL HYGIENE		
	t. DECEDENT'S NAME (First, Middle, La.	ROLAND P			2. DATE OF DEATH MONTH DAY		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIR	THPLACE (State or Foreign
	213-05-8414	t⊠M2□F 91	YRS.	D. CITY, TOWN OR LOCATION OF D	Oct 9, 1904		ryland
DIRECTOR	Manor Care Nurs	ing Home		Ruxton	EATH	Balti	
S	10e. STATE 10b. COU		t0c. CITY, 1	OWN OR LOCATION			tod. INSIDE CITY
E	Maryland Bal	timore	Tow	son			t YES 2 X NO
	10e. STREET AND NUMBER			tor, ZIP CODE		10g. CITIZEN OF	F WHAT COUNTRY?
E	615 Chestnut A	ve. Apt 1325		21204		USA	
FUNERAL	t1. MARITAL STATUS	t2. WAS DECEDENT EVER		13. WAS DECENDENT OF HISPA		or No- 14, RA	CE — American Indien,
	t Never Merried 2 Merried  3 Widowed 4 Divorced	FORCES? 1 YES		It yes, specify Cuben, Mexicont ☐ YES 2 ☑ NO Specify			eck, White, etc.
BY	3 & Widowed 4 Divorced						White
TED	15. DECEDENT'S E (Specify only highest gr	DUCATION rade completed)	tea. DECEDENT'S US (Give kind of work	k done during most of working	t6b. KIND OF BUS	INESS/INDUSTRY	
LET	Elementary/Secondary (0-t2)	College (t-4 or 5+)	lite. Do NOT use r				
COMPL	12 years		Vice Pres		Maryland		nal Bank
8	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	AME (First, Middle, Meiden S	Surneme)	
BE	George Milton	Price			ouri Alban		
2	19e. INFORMANT'S NAME (Type/Print)	4		DDRESS (Street end Number or Rural		,	
	Richard S. Price	(Son)	8334 Me	rrymount Dr.			1244
	20e. METHOD OF DISPOSITION t C Burlel 2 □ Cremation 3 □ R		b. PLACE AND DATE OF			CATION — City or	
	4 Donation 5 Other (Specify)		metery, cremetory or othe Colive C		6-15 Ran	dallsto	wn, MD
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		Loring Byers		ectore	Inc
TO BE COM	I tolm K	· Myne d		8728 Liberty			
	23. PART Enter the diseases,	or complications that cause	ed the death. Do not				Approximate
	ahock, or haart fallu						
	IMMEDIATE CAUSE (Final disease pr condition		- C	-0:00			Onset and Daath
	resulting in death)	a. Alspiv	ATOY 5	acure			2 weed
		A A a	A CONSECUENCE OF J.	aline spiration	0100.1100	with's	QUADON
RTIFICATION	Sequentially list conditions,	b. DUE TO (OR AS	A CONSEQUENCE OF:	10110n	prieums	11113	o wax
TIFICATION	if any, leading to immediate cause. Enter UNDERLYING			U			İ
	CAUSE (Disease or Injury that initiated events	C. DUE TO (OR AS	A CONSEQUENCE OF):				
	resulting in death) LAST						
AL CER		_ d					+
A	PART II. Other significant condi				Pert t. 24s. WAS AN A		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	Chronic a	ymphocyt	ic Leu	Icemia	1 _ YES 2		COMPLETION OF CAUSE OF DEATH?
: MEDIC	COVONBY	Hytery	disease	2			1 YES 2 NO
5	DID TOBACCO USE CO	NTRIBUTE TO CAUSE	OF DEATH YES	☐ NO ☐ UNCERTA	IN 🗆		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL	L	26. PLACE OF DEATH	(Check only one)			
SICI	1 VES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Ou	tpetient 3 DOA 4	Nursing Home 5 - Reeldence	6 ☐ Other (Specify)		
5   ≥	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME	OF 28c. INJURY AT	28d. DESCRIBE HOW IN	JURY OCCURED	
D.	1 Natural 5 Pending	(Month, Day, Year)	INJUF	WORK?  M 1 YES 2 NO			
BY	2 Accident Investigation 3 Suicide 6 Could not	nd Number or Run	el Route Number.				
ED E	4 Homicide determine	building, atc. (Sp	RY — At home, term, streecify)	,	City or Town, State)		,
	290. CERTIFIER				1		
O BE COMPLE	(Check only			at the time, date end place, and du			
COMP	2   MEDICAL EXAM	INEH: On the basis of exeminat	on end/or investigation,	In my opinion, death occured at th	e time, date end place, en	d due to the cous	e(s) end manner se stated.
BE	296. SIGNATURE AND THE OF CENT	FIER	0	29c. LICENSE NU	JMBER	29d. DATE SIGN	IED (Month, Day, Year)
10 1	71-HWA	my lake	my).	1025	حمد	16/1	2/96
F	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	EATH (ITEM 27) (Type, P				10111
	W. A. Kiley	/mD,/C	-BMC	Suite 203	PPE	6565	N. Charles
4	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE			Bill	Finn, me 21
	JUN 1 7 1996	Julia Lavidson-A	andelle				- 7 6

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 ITEM#1 film g736 6/17/96ag perFH Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Data of Death 3. Time of Death IDA MARIE PULLIAM Yaar Month **Physician** TOA 1705 1996 06 /Medical 4a. Fecility Nema (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner AGNES HOSPITAL BALTIMORE If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) N/A 5. Sociel Sacurity Number 6 Sex 7. Aga (In yrs. last birthdey) Birthplace (State or Foreign Country) **Funeral** 1□M 2X F Months 93 Yrs. 045-01-4277 Director MAR 17, 1903 Canada Usuel Rasidance of Decedant the Maryland 10e State 10b. County 10c. City. Town or Location 10d. Inside City Limits tem  $z_{\rm f}$  is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examinet must be included at 1 ☐ Yes 2 No Director Maryland Baltimore Catonsville 10f. Zip Coda 10e, Street and Number 10g. Citizen of Whet Country? 2112 Tall Pines Court 21228 USA deeth Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yas 2 ☐No if Yas, Giva Yaar or Dates: Wes Decedant of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. Rece - Amarican Indian, Bleck, Whita, atc. 11. Maritai Status permit. Pages 1 and 2 should be filed within 72 hours after 1 Department of Health and Mental Hygiene. Important: If item 27 ie marked other than "natural", or hea any injury or other traumatic event, the Medical Examina 1 □ Nevar Married 2 □ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 XNo Specify: Specify: p 3 Widowed 4 □ Divorced White Completed 16e. Decedent's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT use retired) 15. Decedant's Education 16b, Kind of Business/Industry (Specify only highest greda complated) Elamantary/Secondary (0-12) Collega (1-4or 5+) Waitress Food Service 17. Fathar's Nama (First, Middla, Last) 18. Mother's Nama (First, Middla, Maidan Surnama) Be Andre LeBlanc Delima Cormier 19a. Informant's Neme/Raletionship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Josephine Pulliam / Niece Catonsville , MD 21228

Data 20c. Location - City or Town, Steta 2112 Tall Pines Court 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cemetery, cremetory or other piece) 1 Buriai 2 ☐ Cremetion 3 ☐ Removel from Steta 4 ☐ Donetion 5 ☐ Othar (Specify) Lorraine Park Cemetery 6/15/96 Woodlawn, MD 22. Nama and Address of Facility
MacNabb Funeral Home, P.A. 21. Signature of Juneral Services Licenses 301 Frederick Road Catonsville, MD 21228 George E. MacNabb 23a. Part1. Enter the disease, or complications thet caused the death. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart failure. List only one cause on each line. Approximeta Interval Batween Onsat and Death **Physician** /Medical Immediata Cause (Final SHOCK week SEPTICEMIC disease or condition rasulting in death) Examiner Due to (or es a consequance of): PSEUDOMONAS PNEUMONIA week ician and buriel-transit Sequentially list conditions, if any, laading to immadiata cause. Entar Underlying Cause (Disease or Injury that initiated evants rasulting in death) Last Dua to (or es a consequance of): physician s the buriel Box 68760. Physician/Medical Dua to (or as a consequence of) attending ed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Records, P.O. signed by ti for adenocarcinoma colon Subtotal colectomy 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed COPD page 2 1 □ Yas 2 No 1 □ Yas 2 No certificate Division of Vital after death.

Director: After this certific 25. Was casa rafarred to medical Be 26. Placa of Death (Check only ona) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA 1 Yas 28 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28a. Date of Injury (Month, Day Year) funeral 27. Mannar of Deeth 28b. Tima of 28d. Dascribe how injury occurred 28c. Injury et Work? Certification: 1 Naturel 5 Pending 1 ☐ Yas 2 ☐ No 2 Accident investigation 6 ☐ Could not be datarmined 3 ☐ Suicide 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, larm, straat, factory, office building, atc. (Specify) 4 Homicida Pathours a Funeral D 29a. Cartifier (Check only one) 1 Certifying Physician: To the best of my knowledga, daath occurred at tha tima, data and place, and dua to the cause(s) and mannar as stated.

2 Medical Examiner: On the basis of examinetion end/or invastigation, in my opinion, death occurred at the time, date and place, and dua to the cause(s) end mennar stated. Medical Tothe 29b. Signeture and titia of certifiar 29d. Date signed (Month, Day, Year)

State Registrar St-Agnes Hospital

32. Regisker's Signatures

Jaly Davidson Market

MD

30. Nama and address of person who complated cause of deeth (Item 23e) (Type, Print)

D. M. S. HASAN

June 12, 1996

900 Coton Ave, Boltimore

### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q C

_				cate of L		Re	g. No.	17030
п	Physici	an	Decedent's Neme (First, Middle, Last)			Dete of Deeth     Month		3. Time of Death
J	/Medi	cal	Aretta D. Poling		b Chu Tour only	June 1		
ч	Examir	ner	4e. Fecility Neme (If not institution, give street and number)	41	b. City, Town, or Lo	cation of Deeth	4c. County of I	
н			3701 Old North Point Rd  5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthday) If Ur	nder 1 Year	N/A If Under 24 Hrs.	9 Date of Righ	Balti	
(0)	Funeral Director		234-44-3124 1 M 2 M F 66 Yrs. Mont		Hours Min.	8. Dete of Birth (Month, Dey, 1) Dec 31,	1929 W	Birthplace (State or Foreign Country)  Virginia
	ylend		10a. State 10b. County 10c. City, Town or Location					10d. Inside City Limits
	Ba-f si	ctor	Md Baltimore N/A					1 ☐ Yes 2 No
	th with the 23a or 2	Funeral Director	3701 Old North Point Rd	Zip Code 21222	2	10	g. Citizen of Wha	t Country?
020	72 hours efter deeth with the Marylend natural, or items 23s or 28s-f show final Examiner must be notified at	by Fune	1 Never Merried 2 Married 1 Yes 2 No	ecedent of His specify Cuber as 2X No	spenic Origin? (Sp n, Mexican, Puerto Specify:	ecify Yes or No- Rican, etc.)		American Indian, White, etc. White
Maryland 21215-0020	5 . 5	Completed	Elementery/Secondery (0-12) College (1-4or 5+)	of work done d OT use retired)	turing most of work	ing	6b. Kind of Busin	ass/industry
d 2	Hygint,		10 Homema 17. Father's Neme (First, Middle, Last)		18. Mother's Nem	e (First, Middle, M		1 Home
/lan		To Be	George T. Markley		Buelah	D. Ada	ms	
Man	end end is m				and Number or Run			
	f Heelth fem 27 other tr		Harry Brinn / son 315 Tr	(Name of		ltimore Dete 2	, Md 21	
Baltimore,	permit. Pages Department of I Important: If its any injury or o		1X Buriet 2 □ Cremetion 3 □ Removel from Stete 4 □ Donetion 5 □ Other (Specify)  Oak Lawn (	or other piece				ore, Md
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			23a. Pert1. Enter the discusse, or complications that caused the shock, or heart failtrs. List only one cause on each line.					Approximate Interval Between
	Physician /Medical		Immediate Cause (Final	11 - 1	. 0			Onset and Deeth
1	Examiner		disease or condition resulting in deeth)	you		-		June .
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	ficete be executed g physician and as the burial-transi	Examiner	Sequentielly list conditions,  Due to (or es e consequence)	of):	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-		
68760,	be ex ician burial		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events  Due to (or es e consequence c	U				
_		Medical	resulting in deeth) Last Due to (or as e consequence	of):				
Box	death cert e attending ed for use	Physician/N	d					1
0	the dea by the a	ysic	Part II. Other significant conditions contributing to death but not resulting in the underlying	ng cause give	en in Pert I.	23b. Did tob	acco use contril	buts to the cause of death?
<u>α</u>		by Ph				1 🖰 Yes	8 2□No 3[	☐ Probably 4 ☐ Unknown
of Vital Records,	law requires that as been signed b 2 should be deta	Completed b				24e. Wes an		4b. Were autopsy findings aveileble prior to completion of cause of death?
R	0 - 0	mo				1 ☐ Yes	2 10 No	1 Yes at No
/ita		Bec	25. Wes case referred to medical exeminar?			h (Check only one	)	
of	5 00	은	1 ☐ Yes 2 ☐ No Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐	DOA Othe	4   Nursing Ho	me 5 Residen		Specify)
	After After fune	tion	27. Menner of Death  1 Neturel 5 Pending (Month, Dey Year)  2 Accident invastigetion M	28c. Injury Work	Yes 2 □ No	28d. Describe hov	v Injury occurred	
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	o the Hospital or At ithin 24 hours efter of the Funeral Direct ompletely filled in by	edlcai C	29e. Certifier (Check only one)  1☐ Certifying Physicien: To the best of my knowledge, deeth occur 2☐ Medical Examiner: On the bests of exemination end/or investiga end mannar steted.	red et the time ition, in my op	e, date end pleca, pinion, deeth occur	end due to the cau ed et the time, det	use(s) and manne te end piece, and	er as steted. due to the cause(s)
	within of the comple	Me	29b. Signature and title of certifier	29c License	number	29	d. Dete signed (A	fonth, Dey, Year)
	-		( ) Kus (), ( (Selvice)	P)1	8648		6/19/1	56
1			Name and address of person who complated cause of death (Item 23e) (Type, Print)		4 /	34n A0	1100	10.11
1			31. Dete flied (Month, Dey, Year)	N. Pt	100	SHAN PO	100 21	24
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State of Maryland / Department of Health and Mental Hygiene

111 Penn Street, Baltimore, Maryland 21201

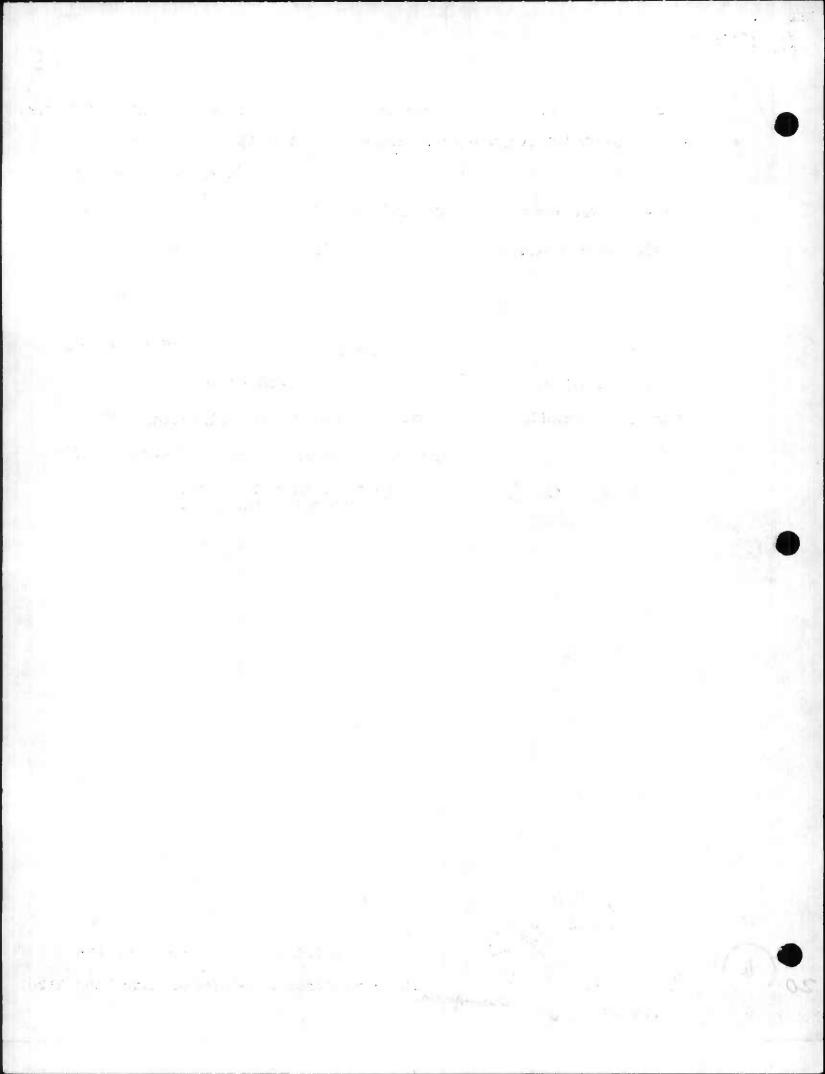
Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death **Physician** Month JOHN REICKER 1996 iune 14 8:15P.M. /Medical 4e. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner N/A JOHNS HOPKINS BAYVIEW MEDICAL CENTER BALTIMORE 6. Sex X□ M 2□ F 7. Age (In yrs. last birthday) If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 178 24 1332 **Funeral** 9. Birthplece (State or Foreign Months Days Hours Director Maryland Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 28a-f show 10d. Insida City Limits the Medical Examiner must be notified at Pa. Lancaster New Holland Yes 2 No Director 10e. Straet and Number 10f. Zip Code 10g. Citizen of Whet Country? ò USA 152 East Jackson Street 17557 23a Funeral death 12. Was Decedent Ever in U,S. Armed Forces? 1 ⊠Yes 2 □ No If Yes, Give Year or Dates: Herris Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 72 hours after 1 ☐ Never Married 2 Merried altimore, Maryland 21215-0020 "naturel", or Specify: White 1 ☐ Yes 2 XNo Specify: by 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedant's Education 16a. Decedent's Usual Occupetion (Give kind of work done during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grade completed) I Hygiene. Elementary/Secondary (0-12) Collage (1-4or 5+) Farm Machine Mfg. Supervisor 9 Pages 1 and 2 should be filed vinent of Health end Mental Hygie int: If Item 27 Is marked other t 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Surneme) Be Beulah Rhoads Simon A. Reicker 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) nt of Health e Jane C. Reicker, Wife 152 E. Jackson St. New Holland, Pa. 17557 20e. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other place, Dete 20c. Location - City or Town, State 1 Burial 2 ☐ Cremetlon 3 ☐ Ramoval from Stata permit. Page Department of Important: If any Injury or once. 6-19-96 Narvon, Pa. 17555 Bridgeville Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licensee 22. Name and Address of Facility Charles S. Zeiler & Son Inc. 6224 Eastern Ave. Balto., Md. 23a. Part1. Entar the disaase, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respirator shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset end Death **Physician** /Medical Immediete Cause (Final Athorosclero hi Cardio vascular dis euce disease or condition resulting in deeth) Examiner The law requires that the death certificate be executed and Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in daeth) Last Due to (or as e consequence of) Box 68760. attending physician for use as the buna Physician/Medical Due to (or as e consequence of): P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? ed by the 1 | Yee 2 | No 3 | Probably 4 | Unknown signed b Records, þ page 2 should Completed 24b. Ware autopsy findings evailable prior to completion of cause of deeth? 24a. Wes an autopsy performed? certificate hes 1 Yes 2 No 1 ☐ Yes 2 ☐ No of Vital ial or Attending Physician: The effect of a state of the continuation is continuated to the continuation of the continuation o director. Be 25. Was cese refarred to medical 26. Place of Death (Check only one) 1 X Yes 2 □ No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 ☐ Inpatient 2 X ER/Outpatient 3 ☐ DOA in by the funeral 27. Menner of Death 28a. Date of Injury (Month, Dev Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? Division 5 Pending Investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accidant 6 ☐ Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Hospital 24 hours 29a. Certifier To the Hosp within 24 hou To the Fune completely fi Medicai 1 Certifying Physician: To the best of my knowladga, death occurred et the time, dete end place, and dua to the causa(s) and menner as steted. 2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) end manner stated. 29b. Signature and title of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) O.C.M.E. JUNE 15,1996 30. Name and eddress of person who complated causa of death (Itam 23a) (Type, Print)

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32. Badistrac's from all

State Registrar avid

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State of Maryland / Department of Health and Mental Hygiene 96 | 7840

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3e or 28	Funeral Director	10e. Street and Number 1402 N.	ELLWO	ODS AV	/ENUE		10f. Zlp	Code		212	13	10g. Citizen of UNITE		TATE:	S
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Departmen Important any injury		21. Signeture of Funeral Servica Licensee  22. Name end Address of Fecility  WM. C. MARCH FH1101								101 E.	NORTH	AVE	NUE		
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rai Di ector lleci by th	Certification:	3 ☐ Sulcide 4 ☐ Homlcide 6 ☐ Could not be determined 28e. Piece of Injury - At home, farm, street, fectory, o building, etc. (Specify)									28f. Location (S City or Tox	vn, Stete)			lumber,
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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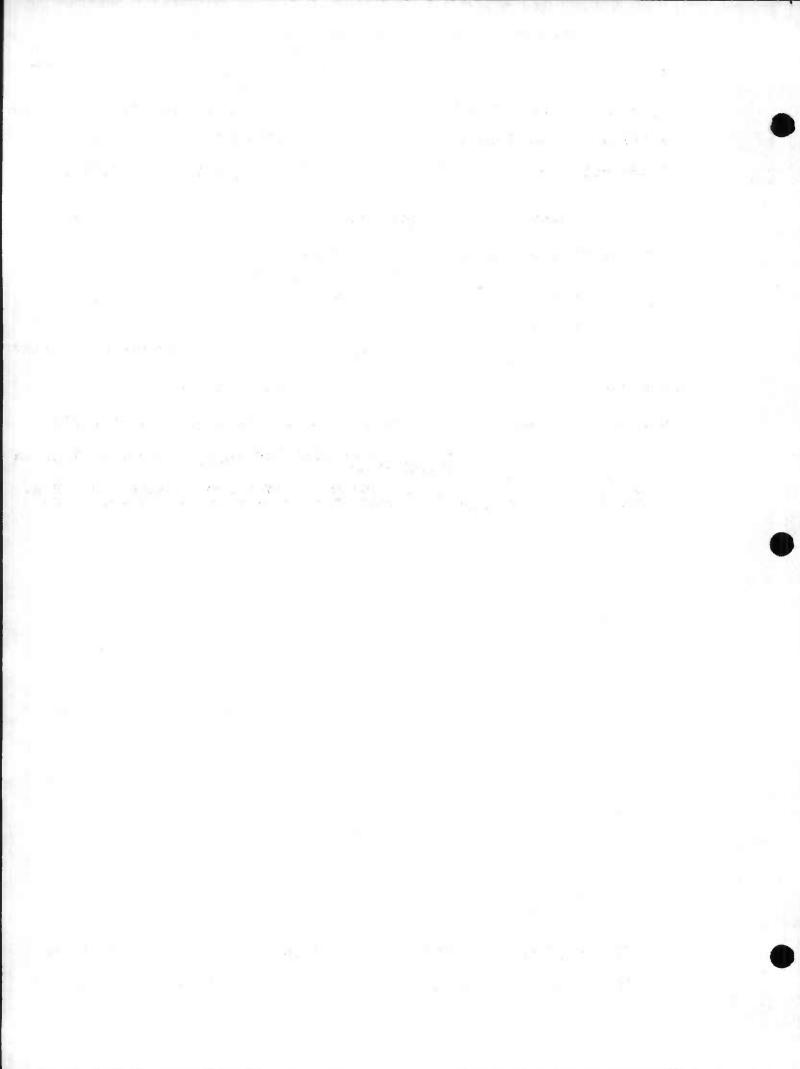
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4	0.0	olre.	10e. Street and Number				10f. ZI	p Code			10g. Citizen of	What Cour	ntry?	
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		10	BERTRAND O. K	ETCHAM					ANNA	MAE HI	GGINS			
1	h and Men 7 is marked traumatic		19a. Informant'a Name/Ralationship	(Type, Print)					t and Number or F				Code)	
			J. ELMER WEIS	SHEIT		401	WASI	HING	GTON ST	. TOWS	ON, MD.	2120	04.	
*		H	20a. Mathod of Disposition			Place of Dispos			ane)	Data	20c. Location	- City or To	own, Stata	
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dand	for t	lan												
-	the	Physicia	Part II. Other significant conditions	contributing to dea	th but not res	sulting In tha ur	nderlying	causa gi	van in Part I.	23b. Did	tobacco use c	contribute to	the cause of death?	
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9 0 4	5.8	by										T		
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F	- E	P								10	Yas 2 No	10	Yas 2 No	
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1	is certific director,	To	axaminer?	Hospitai:	patieni 2	ER/Outpatien	t 3 D	OA Ot	Other: 4 Nursing Home 5 Residence 6 Other (Specify)					
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- 10	death. Hor: Aftar y the fune	atio	1 ☐Netural 5 ☐ Panding 2 ☐ Accidant Invastigati		Day Year)	Injury	М		Yes 2 No		75			
- House	the the	HC	3 Suicida 8 Could not be determined 28a. Place of Injury - At homa, farm, streat, factory, o							28f. Location	(Street and Num	nber or Rura	I Routa Number,	
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3	s after death	Sen			ant of multiple	owledga, death	occurred	at the ti	me data and plac	e, and due to the	a cause(s) and n	nanner as a	anta d	
3	hours after d meral Direct y filled in by	al Certification:	29e. Certifiar 1 Certifying F	hysician: To the b	est of my kno	model comm.	OCCUITOU	01 1110 11	ma, data and plac				(ated.	
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Physician /Medical Examiner					Departmen Certificate				Reg. I		6	17842	
/Medical		. Decedent's Name (First, Middle, L						2. Date	of Death th	Day	Yeer	3. Time of Death	
Examiner	١,	Other I		~ lett			b. City, Town,	Jun Jun			1996	10:201	
	ľ	a. Facility Name (If not institution, gi  BAYVIEW MEDIO		*		4		IMORE	Death	4c. County		/A	
uneral irector		231-28-9137	Sex 7. A	67	Yrs. If Under Months	1 Year Days	Hours A	Hrs. 8. Dete Min. (Mon May	of Birth th, Day, Yes 24, 19	28	Coun	lace (State or Foreign try) Jinia	
To Be Completed by Funeral Director	-	Jsual Residence of Decedent  0a. State 10b. County		10c. City, To	wn or Location						1	0d. Inside City Limits	
Director	5	MD N,	/A	BA	LTIMORE							1 <b>7</b> Yes 2 □ No	
i Director		0e. Street and Number 4903 HERRING	RUN DRIV	VE	10f. Zip	Code <b>212</b>	214		10g. (	Citizen of V	What Coun	try?	
by Funeral	2	1. Marital Status 1 Never Merried 2 Married 3 Widowed 4 Divorced	t Ever in U,S. ? ] No	13. Was Deced		Ilspanic Origini an, Mexican, Pi Specify:	? (Specify Yes uerto Rican, et	or No-	Blac	e - Americ ck, White,	etc.		
Be Completed	- Indicate	15. Decedent's Elementary/Secondary (0-12)	rade completed) College (1-4or	le completed) (Give life.			ecedent's Usuel Occupation Give kind of work done during most of work fe. DO NOT use retired)				Business/Industry		
To Be Co	1	7th 7. Father's Name (First, Middle, Las Ocie Rowlett		n/a Laborer				18. Mother's Name (First, Middle, M Maude Baile)			Maiden Sumame)		
traumatic event, trailing		19a. Informent's Neme/Relationship			9b. Malling Address								
	-	Doris Nash/sis	ster	Table 5	4903 Her of Disposition (Namelery, cremetory or or t Grave)						City or To		
attending physician and for use as the burist-transit can be be burist-transit can be burist-transit can be burist-transit can be burist-transit can be buristed burist-transit can be buristed burist-burist		Sequentially list conditions, I any, leading to immediate ause. Enter Underlying Jause (Disease or Injury hat Initiated events esulting In death) Last	c	Presenta Due to (or as	a consequence of):	nst							
by Physician/Me	F	art II. Other eignificant conditione	contributing to death	but not resulting	in the underlying co	ause give	en in Part t.	235	Did tobac			the cause of death	
pleted	-							24a	. Was an au performed?		ava coi	are eutopsy findings allable prior to appletion of cause death?	
		5. Was case referred to medical	1							2.200	10	Yes 2 No	
Be		examiner?	Hospital:	lent 2   FR/	Outpatient 3 DO	Oth	00	Death (Check		a Doth	ar (Snacih	()	
U.U		7. Manner of Death  1 Natural 5 Pending 2 Accident Investigation	y at k? Yes 2 \( \text{No}\)		cribe how in			9					
			3 Suicide 4 Homicide  3 Suicide 4 Homicide  3 Suicide 4 Homicide  4 Homicide  3 Suicide 4 Homicide  4 Homicide  28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)  28f. Location (Street and Nu City or Town, State)								mber or Rural Route Number,		
Certification:		3 Suicide 6 Could not determined	building, e										
	2	3 Suicide 4 Homicide  4 Could not leadermined		of examination a	and/or investigation,	In my op	ne, date and pi pinion, death o	lace, and due to occurred at the	time, date a	and place,	and due to	ated. the cause(s)	

relia avidson-Randelle

State Registrar

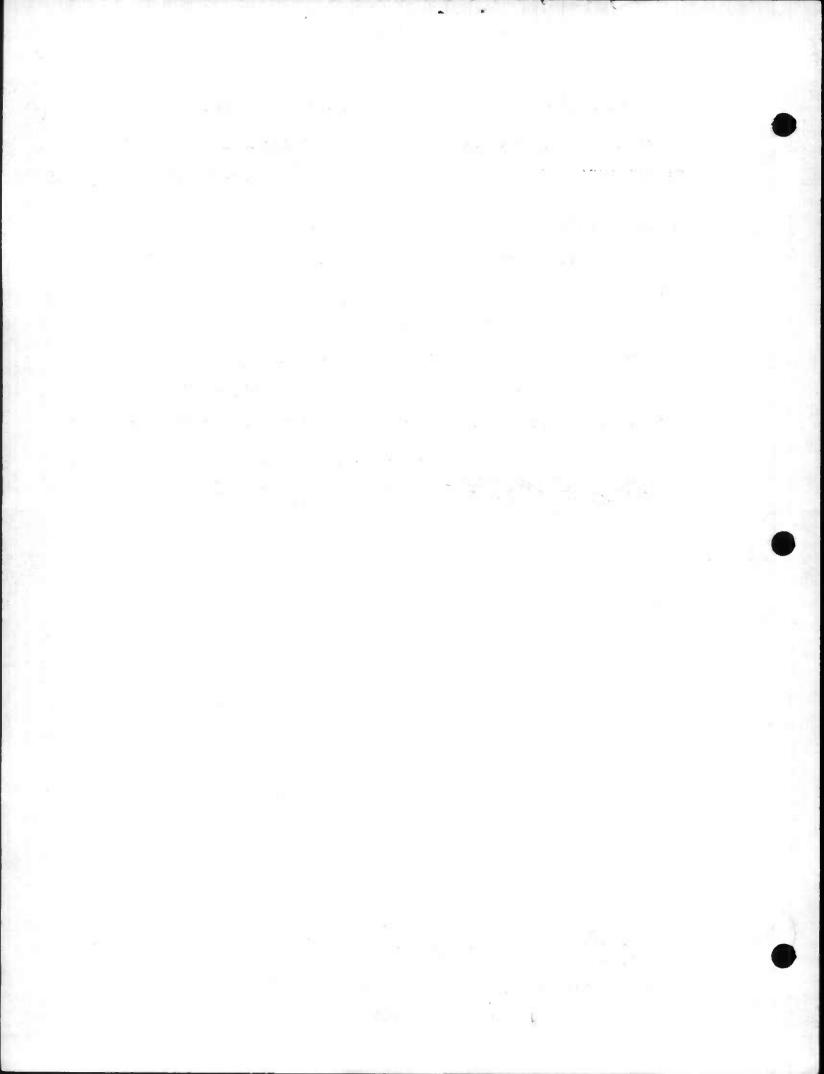


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death ITEM#1film g736 6/17/96ag per FH 1. Decedent's Name (First, Middla, Last) 2. Dete of Death 3 Time of Death Dey TH LAGE Month **Physician** Ruby (RAYSON 4.40 pm JUNE /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Good Samaritan Hospital 7. Age (In yrs. last birthday) | It Undar 1 Yeer | It Under 24 Hrs. | 8. Dete of Birth (Month, Day, Year) N/A 5. Social Security Number 6. Sax Birthplace (State or Foreign Country) **Funeral** 1**X** M 2□ F Yrs. Director 218-74-0830 65 May 16, 1931 Maryland Uaual Rasidance of Decedant the Maryland 10a. Stata 10b. Count 10c. City, Town or Location permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or itams 23a or 28a-f show any Injury or other traumatic evant, the Modical Examine. must be nothered. 10d. Inaida City Limits 1 ☐ Yas 2 ☑ No Director Maryland Baltimore Parkville 10e. Street and Number 10g. Citizen of What Country? 8562 Harris Avenue 21234 USA Funeral 11. Meritel Status 12. Wes Decedant Evar In U.S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, Whita, etc. 1 Navar Married 2 Merried 1 Yaa 2 No If Yes, Give Yaar or Datas: 3altimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Specify: Specify: P 3 ☐ Widowed 4 ☐ Divorced White 16a. Decedant's Usual Occupetion (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) College (1-4or 5+) none Disabled/Never Worked 17. Father's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Sumama) Be Grayson B. Ruby Marie S. Yockel 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Robert R. Ruby/brother 8562 Harris Ave. Parkville, MD 21234 20b. Placa of Disposition (Nama of cometary, cramatory or other placa) 20e. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Steta 4 ☐ Donation 5 ☐ Other (Specify) Metro Crematory, Inc. 06/13/96 | Baltimore, MD 21. Signature of Funaral Service Ligensee 22. Name end Addrass of Fecility Cremation Society of Maryland, Inc. 299 Frederick Road Baltimore, MD 21228 George E. MacNabb 23a. Pert1. Entar tha disaasa, or complications that caused the death. Do not entar the mode of dying, such as cardiec or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intarval Between Onset end Death **Physician** Immediata Causa (Final diseasa or condition rasulting in daath) /Medical HYPOTENSION SECONDARY MEEKS Examiner Dua to (or as a consequence of): Examiner RENAL FAILURE MONTHS CH RONIC attending physician and for use as the burial-transit Sequentially list conditions, if any, laading to immadiata causa. Enter Underlying Cause (Disaasa or injury that initiated avants rasulting in daath) Lest Dua to (or es e consequance of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or aa a consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown þ 24b. Wara autopsy findings available prior to complation of cause of death? Completed 24a. Was an autopsy performed? 1 Yaa 2 No 1 Yas 2 No Be 25. Was casa refarred to medicat 26. Placa of Death (Check only ona) Hospital: 1 Inpetiant 2 ER/Outpatient 3 DOA 1 Yas 2 No Other: 4 Nursing Homa 5 Residence 6 Other (Specify) Certification: To 28c. tnjury at Work? 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28d. Dascribe how injury occurred 1 Natural 5 Panding invastigation death. 1 Yas 2 No 2 Accident or Attand after death Director: 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 6 Could not be datarmined 3 ☐ Suicida 28a. Place of Injury - At homa, farm, straat, factory, offica building, atc. (Specify) filled in by 4 ☐ Homicida To the flospital
within 24 hours a
To the Funeral C
completely filled 29a. Cartifiar 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the best of examination end/or invastigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) end manner stated. (Check only one) 29c. License number 29b. Signature and title of pertifier 29d. Data signed (Month, Day, Year) PO 9306 MEDICAL BOCTOR 30. Nama and addrass of person who completed causa of death (Item 23a) (Type, Print) GOOD SAMALLIAN HOSPITAL OF MORYLUAND FRANCIS KWIBIHE ATTIOGEE 31. Data filed (Month, Dav. Year) 32. Registrar's Signatura State JUN 1 7 1996 Registrar

**DHMH 16 Rev 6/95** 

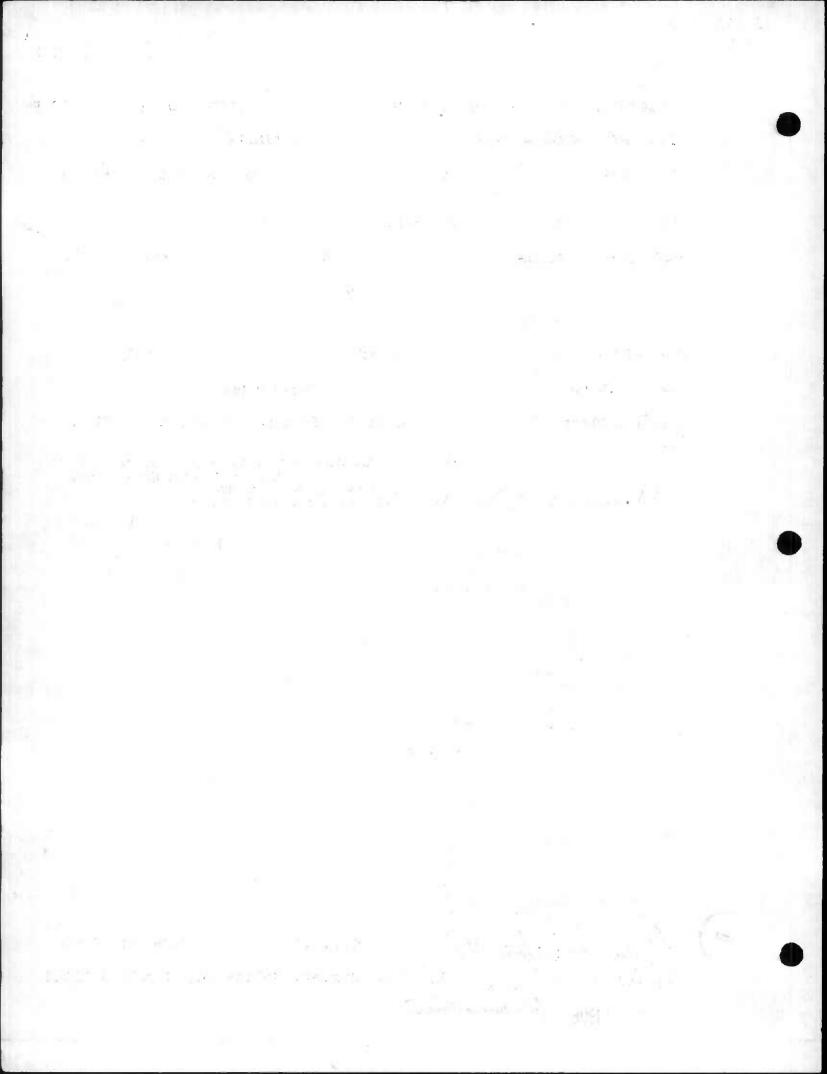


.K.S	ITEMS:	23	PART	Ι,	27,	PER	State of Maryland / Department of Health and Mental Hygiene	

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	/Medi Exami		4a. Fecility Nama (If not institution, gi	ve street and number)	)		4b. City, Town, o	or Location of Deat		y of Death	
			1909 BEECHWOO	DD AVENUE	Ξ		BALT	IMORE	n	/a	
	Funeral Director			Sax 7. Ag 1 □ M 2 1 F	ga (in yrs. ia 47	Months Day			y, Year)		placa (State or Foreigntry) Cyland
	within 72 hours after death with the Manyland ona. than "natural", or Items 23a or 28a-f show the Medical Examine: must be notified at	Director	10a. Stata 10b. County  MD n/a			Town or Location				1	0d. Insida City Limits 1 X Yas 2 ☐ No
	or 2	Dire	10e. Street and Numbar			10f. Zip Code	•		10g. Citizan of	What Cour	ntry?
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	n 72 hours after death with the Maryla "natural", or Neme 23a or 28a-f show edical Examiner must be notified at	by Funerai	11. Marital Status  1 □ Navar Married 2 Married 3 □ Widowed 4 □ Divorced	12. Was Dacedant Armed Forces? 1 Yes 20 If Yes, Giva Yaar or Datas:	Evar in U,S ? No	. 13. Was Decedent of If Yas, specify Co		(Specify Yas or No arto Rican, etc.)	Specia	ce - Amaric ick, Whita, fy: B1a	atc.
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	2 sho		19a. Informant's Name/Reletionship	(Type, Print)		19b. Mailing Addrass (Stra			er, City or Town	, Steta, Zip	Coda)
	C - AL		Calvin L. Rhone			1909 Beechw	ood Aveni	T	imore,	MD 2	21207
	00-		20a. Mathod of Disposition 1 Burial 2 Cramation 3 [	Ramovel from Stata		ca of Disposition (Nama of matery, cremetory or othar p	iace)	Dete	20c. Location	- City or To	wn, Stata
	mit. Pag sartmani cortant: linjury		4 ☐ Donation 5 ☐ Othar (Speci			Cathedral C					
	permit. Pag Department Important: I any Injury o		21. Signatura of Funaral Sarvice Lica	nsae t e. w	the	22. Nama and Add 2501 Gwy Baltimor	nns Falls	s Parkway		omes,	Inc.
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	cate be axecuted physician and the bunal-transit	I Examiner	Sequantially list conditions, if any, leeding to immadiate causa. Enter Undarlying Ceusa (Disaasa or Injury that initiated evants	D	Dua to (or a	as a consaquance of):				1	
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ALC: NO.	the Fun	dical	one) 2 DMedical Exer	nyelcien: To the best of ninar: On the besis of and mennar sta	f axaminatio	edge, deeth occurred et the n end/or invastigation, in my	opinion, death oc	curred at the tima,	dete and pleca,	and dua to	tha causa(s)
1	2 2 2	7	29b. Signature and title of certifier	1	1.1		nsa number		29d. Data signe		
	-	1	30. Name and address of person who	complated cause of d	leeth (Itam 2		C.M.E		JUNE	11,	1996

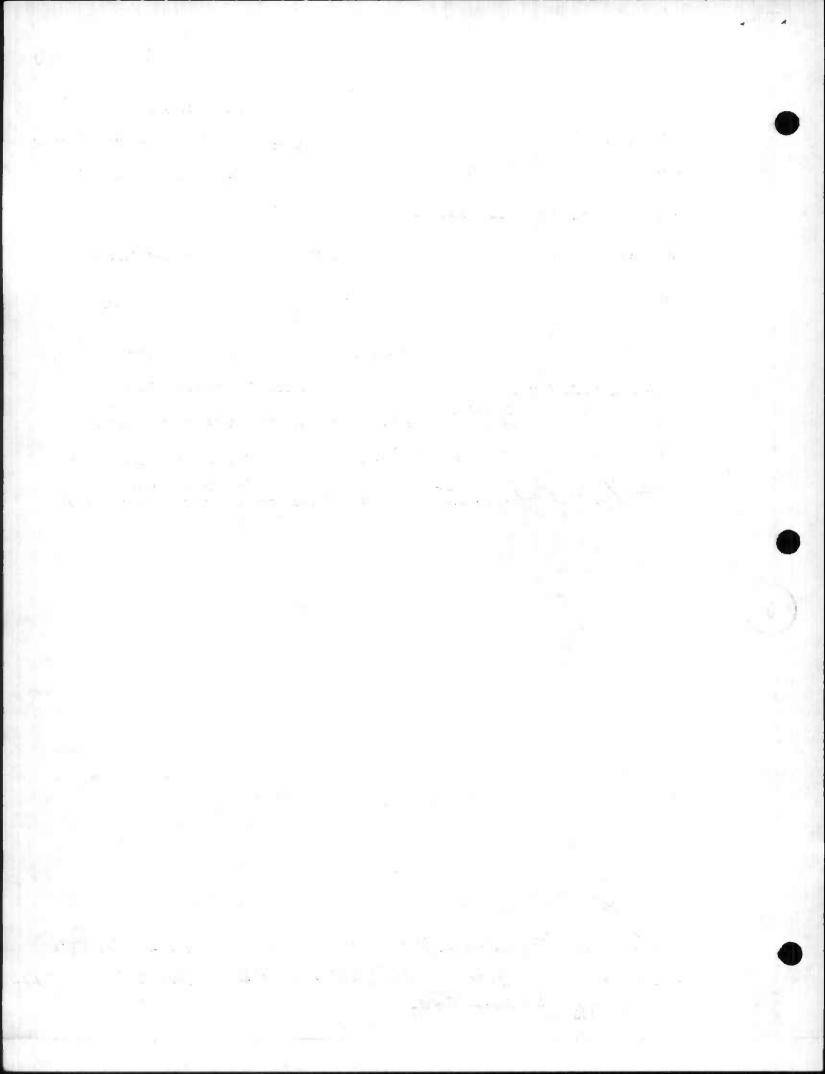
State Registrar

31. Data filad (Month, Day, Year)



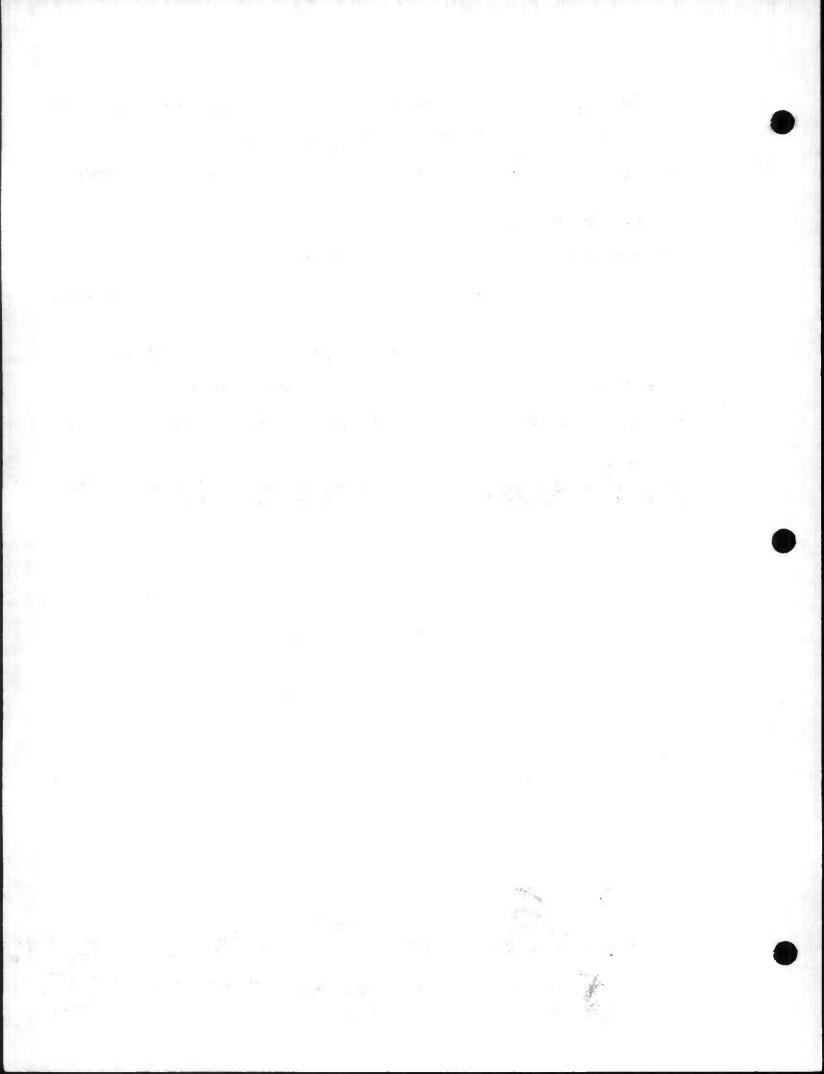
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r 28	Director	10e. Street and Number				10f. Zip Coda				10g. Ci	itizan of V	Whet Coun	try?	
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y fill		29a. Certifiar 1□ Certifying Pl	yalcian: To tha	best of my kno	wledga, death	occurred at tha t	ime, deta and	d placa, a	nd due to tha	cause(s	) end ma	nnar as sta	ated.	
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State of Maryland / Department of Health and Mental Hygiene 96 17846

						Certific	cate of	Death		Reg. No.		1010	
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	Exami		4a. Fecility Neme (If not institution, giv		10-	den	20		, or Location of Dee		ty of Death		-
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ı	Funeral Director		5. Social Security Number  17-38-2460  Usual Residence of Decedent	M & F	e (In yrs. last bi	Yrs. Mor			Hrs. 8. Dete of Bi (Month, D	28/26	g. Birthp Coun Lebai		)
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	Man	tor	Maryland Baltim	ore	Tou	oson						1 ☐ Yes 2 ② No	
	or 28	Director	10e. Street end Number			10	. Zip Code			10g. Citizen of	What Cour	itry?	
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	er de	Funeral	11. Meritel Stetus	12. Wes Decedent I Armed Forces?		13. Wes D	ecedent of I specify Cub	lispanic Origin an, Mexican, P	? (Specify Yes or Nuerto Rican, etc.)	0- 14. Re Bi	eck, White,		
5-0020	s 1 and 2 should be filed within 72 hours after death with the Maryland I Health and Martal Hygiana. Thaturel', or flarms 23a or 28a-f show tam 27 is marked other than "naturel', or flarms 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at	by	1 ☑ Never Merried 2 ☐ Merried 3 ☐ Widowed 4 ☐ Divorced	1 Yes 2 N If Yes, Give Yeer or Detes:	10	1 □ Y	s 2 No	Specify:		Spec	ify: (	white	
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altimore,	A 75 mm		20e. Method of Disposition  1 ☐ Buriel 2 ☐ Cremetion 3 ☐  4 ☑ Donetion 5 ☐ Other (Specif.		20b. Pleca o cemete	of Disposition ary, cremetory	(Neme of 1 or other ple	се)	Dete	20c. Location	- Cify or To	wn, Stete	
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ion	Attending or deeth. octor: After by the fune	atio	1 Naturel 5 Pending 2 Accident Investigation		Year)	Injury M		Yes 2 No					
Division	i or Attending P after deeth. Director: After t d in by the funer	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Plece of Inju- building, etc	ry - At home, for . (Specify)	erm, street, fe	ctory, office			(Street and Num wn, Stete)	ber or Rura	I Route Number,	
	Hospita 4 hours Funeral taly fille	edical C	29e. Certifier (Check only one) 1 Certifying Ph	ysician: To the best on niner: On the basis of end menner ste	examinetion er	e, deeth occu nd/or investige	red et the tir	me, dete end pi opinion, deeth o	iece, end due to the occurred et the time	ceuse(s) end n , date end pieca	nanner es s'	ated. the cause(s)	
	within 2 To the comple	Me	29b. Signeture and title of certifier	C C C C C C C C C C C C C C C C C C C	0 60	. 1	25c Llega	number	-	29d. Dete sign	ed (Month,	Day, Year)	_
	PSPÖ		Nova	les	13.94	معب		DY	1680	+		< 199	1
			30. Name and address of person who	completed cause of de	ath (Item 23a)	(Type, Print)	1	, ,		4	~	>111	1
			6717	Poul	212	eic	1.	20	Jen	م أ	71.	715	
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	Registr	ar		0	1-4001 4-		e e						



item#3 gfilm g36 6/17/96 ag per .doctor Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene film g736 6/17/96ag per FGertificate of Death 1. Decedent'a Neme (First, Middle, Last) 2. Deta of Death 3 Time of Beath Month **Physician** EVELYN ROSE JUNE 12, 1996 SCHWARTZ /Medical BONITA 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY If Undar 1 Yaar | If Undar 24 Hrs. 5. Social Security Number 8. Data of Birth (Month, Dey, Year) Dec. 1, 19 7. Age (In yrs. lest birthdey) Birthplece (State or Foreign Country) 6. Sax **Funeral** 1 M 2 F Months Deys Hours Min 213-76-3415 33 Yrs. Director Maryland Usuel Residence of Decedant 10e. Stete 10b. County 10c. City, Town or Location 10d. Insida City Limits N/A Baltimore 1X Yes 2 No Maryland Director 10e. Street end Numbar 10f. Zip Code 10g. Citizan of What Country? 21205 USA 3036 McElderry Street Funeral 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Giva Yaar or Dates: 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. Rece - American indian, Bleck, White, etc. 11 Marital Status Navar Married 2 Married 1 ☐ Yes 2 XNo Specify: Specify: White à 3 Widowed 4 Divorced Completed 16e. Decedent's Usual Occupetion (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) Public Schools Substitute Teacher 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) Be Thomas Walter Schwartz Linda Gennette Hamilton 19e. informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 3036 McElderry Street Baltimore, MD 21205 Thomas Walter Schwartz/father 20b. Pleca of Disposition (Neme of cemetery, crematory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 □ Burlal 2 □ Cremetion 3 □ Ramovel from Steta 4 ☐ Donation 5 ☐ Othar (Specify) 06/13/96 Baltimore, MD Metro Crematory, Inc. 21. Signatura of Funerel Sarvice Licensee Cremation Society of Maryland, 299 Frederick Road Baltimore, George E. MacNabb 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not anter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death Immediate Cause (Final disease or condition resulting In deeth) 4days anoxic enlephalopathy Dua to (or as e consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury thet Initieted events resulting in death) Lest Due to (or as a consequence of): Physician/Medical Due to (or as a consequence of) Pert II. Other eignificant conditions contributing to death but not resulting in the underlying causa givan in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☑ Unknown by 24b. Ware autopsy findings evailable prior to completion of cause of deeth? Completed 24e. Wes an eutopsy performed? 1 Yas 2 □ No 1 ☐ Yes 2 No Be Certification: To

**Physician** /Medical Examiner

physician and the burial-transit

been signed by t should be detach

Division of Vital Records, P.O. Box 68760.

Attending Physicien:

8

permit. Page Department of Important: If any Injury or once.

Pages 1 and 2 should be filed within 72 hours after death with the Maryland nent of Health and Mental Hygiene.
Int: If Ikem 27 is marked other than "netural", or Ikems 23a or 28a-f show Int: If them 27 is marked other than "netural", or other traumatic event, the Medical Exercises must be notified at

Baltimore, Maryland 21215-0020

25. Wes case refar examiner?	red to medical	26. Pleca of Deeth (Check only one)									
1 ☐ Yes 2 🔀	,No	Hospitel: 1. Inpetient 2 □	ER/Outpatient	3□	DOA Other: 4 Nursing I	Homa 5 ☐ Residence 6 ☐ Other (Specify)					
27. Manner of Deet  1 Natural 2 Accident	5 Pending Investigetion		28b. Time of Injury	М	28c. Injury et Work? 1 Yes 2 No	28d. Describe how Injury occurred					
3 ☐ Sulcide 4 ☐ Homlcide	6 Could not be determined	28e. Plece of Injury - At h building, etc. (Special	ome, ferm, strae fy)	et, fect	ory, office	28f. Location (Street and Number or Rurel Route Number, City or Town, State)					
29e. Certifier	1 Certifying Ph	vsician: To the best of my kno	wiedge, death o	occurre	ed et the time, dete end plec	a, end due to the ceuse(s) and menner as stated					

12 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end pleca, end due to the ceuse(s) and menner es stated. 2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated.

29b. Signature end title of certifiar

29c. License number

29d. Date signed (Month, Dev. Year)

JUN17

N4487

JUNE 12, 1994

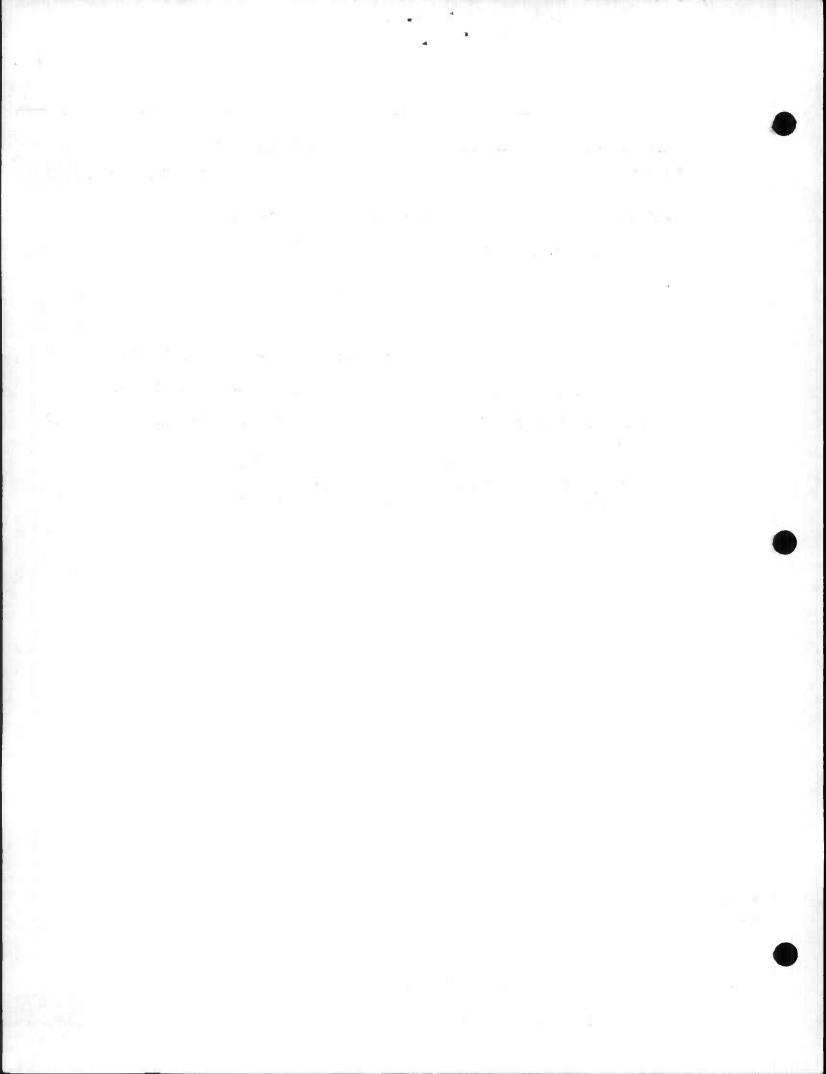
30. Neme and address of person who completed cause of deeth (Item 23a) (Type, Print) 601 North Wolfe ST Balknore, MD 21287

Gebo 31. Dete filed (Month, Dey, Year)

32. Registrer's Signetura Jaki Swelson Real !!

State Registrar

Medical



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene ITEM#1 film g736 6/17/96ag perFiCertificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death 3. Time of Death Month Veer JOSEPH Sansale Charles 1996 1:55 pm SOU 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Baltimore Johns Hopkins Hospital N/A If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 5. Social Sacurity Number 7. Aga (In yrs. last birthdey) 6. Sex 1 M 2 ☐ F 9. Birthplaca (Stata or Foreign Country) Months 150-12-2625 Yrs. Jan 3, 1925 New Jersey Usuai Rasidance of Decedent 10a. State 10c. City, Town or Location 10d. Insida City Limits 1 Yes 2 No Sussex Delaware Lewes 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 29 Oak Street East 19958 USA 12. Was Decedent Evar in U,S. Agned Forces? ☑ Yes 2 □ No If Yes, Giva Year or Dates: ₩₩ II Was Decedent of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Maritai Status 1 Never Married 2 Married 1 ☐ Yes 2 ◯ No Specify: 3 ☐ Widowed 4 ☐ Divorced White 16a. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Business/Industry College (1-4or 5+) 5 + Elementary/Secondary (0-12) Engineer Defense Industry 17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Charles George Sensale Mary Anne Heintjes 19a. Informant'a Name/Raiationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Route Number, City or Town, State, Zip Code) Audrey Jensen Sensale/wife P.O. Box 757 Lewes, DE 19958 20b. Place of Disposition (Name of cemetery, cramatory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from Stata Metro Crematory, Inc. 06/12/96 4 ☐ Donation 5 ☐ Other (Specify) Baltimore, MD 21. Signature of Funaral Service Licensee Dawn F. McDonald 22. Name and Address of Facility Cremation Society of Maryland, Inc. aux SIV 299 Frederick Road Baltimore, mala MD 21228 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or raspiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onsat and Death Immediate Cause (Final disease or condition resulting in death) End Stage Renal 1-2 weeks DISCOSE Due to (or as a consequence of): Pulmonary Disector

Dua to (or as a consequence of): 1-2 months Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initials as well as a sequential of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions, if any conditions of the co that initiated avants resulting in death) Last Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Coronary Artery Disease, Periphenal 24b. Ware autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Vascular Discuse stornal wound infaction 1 Yas 2 No 1 ☐ Yes 2 ☐ No 25. Was case raferred to medical axaminar? 26. Piace of Death (Check only one) Hospitai: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 28a. Date of Injury (Month, Day Year) 27. Mannar of Death 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 1 Natural 5 Pending 1 Yes 2 No invastigation 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as atlated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifier (Check only one)

29c. License number

AJ4147357

HOSPITZI

29d. Date signed (Month, Day, Year)

une 11, 1996

Examiner Box 68760. certificate be Records, P.O. Division of Vital Attending For Attending safter death. Director: Aft 24 hours hours

**Physician** 

/Medical

**Examiner** 

**Funeral** 

Director

ir than "naturel", or items 23a or 28a-f show the Medical Examiner must be nothed at

2 should be filed within 72 hours after and Mental Hygiene.
Is marked other than "naturel", or its

permit. Pages 1 and 2 should be filed w Department of Health and Mental Hygier important: if Item 27 is marked other th any injury or other traumatic event, thy and injury or other traumatic event, thy and sonce.

**Physician** /Medical

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Baltimore, Maryland 21215-0020

Director

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State Registrar

31. Date filed (Month, Day, Year) **JUN17** 

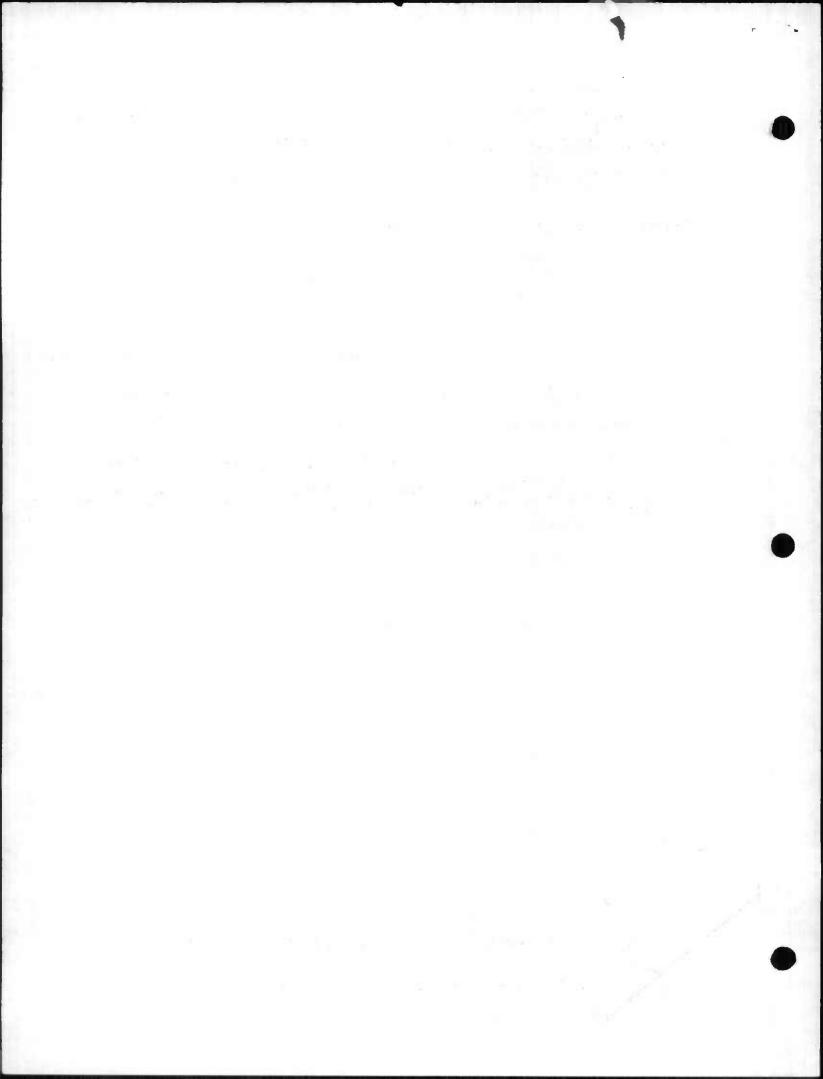
29b. Signatura and title of certifier

Mulanie A. Batte

30. Name and addrass of person who completed causa of daath (itam 23a) (Type, Print)

Melanie A. Bettle Johns Hopkins 32. Registrar's Signature

**DHMH 16 Rev 6/95** 24



Please Type or Print in Biack indelible Ink. Assure All Copies Are Legible. ITEM: 26. PER DR. FILM G-736 State of Maryland / Department of Health and Mental Hygiene 6/17 /96 t. t Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month **Physician** SR Joe JUNE 1996 FLOYD STRAHAN 10:30AM /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner NIA BALTIMORE HOPKINS MEDICAL CENTER BAYVIEUS Hours Min. 8. Data of Birth (Month, Day, 7. Aga (In yrs. last birthday) If Undar 1 Yaar Months Days 5. Social Sacurity Number Birthplaca (Steta or Foreign Country) **Funeral** Days UM 20 F 60 428-58-8514 Yrs. 1935 MISSISSIPPI Director 2 Usual Rasidence of Decedant the Marylend 10a Stata 10b. County 10c. City, Town or Location 10d. inside City Limits r 28a-f show 1 ☐ Yas 2 No BALTIMORE Director DUNDALK 10e. Street and Number 10f. Zip Coda 10g, Citizen of What Country? with r then "netural", or items 23s or the Medical Examiner must be a HIGH SHIRE U.S. A. CT. 21222 Pages 1 and 2 should be filed within 72 hours efter deeth next of Health and Mental Hygiene.
Into If New 27 is marked other than "natural", or items 23. Funeral 14. Race - Amarican Indian, Black, Whita, atc. 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11 Maritai Status 1 Yas 2 No If Yas, Giva Yaar or Datas: 1 Navar Marriad 2 Married 1 ☐ Yas 2 No Specify: WHITE by 3 ☐ Widowed 4 ☐ Divorced 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Eiamantary/Secondary (0-12) Collega (1-4or 5+) Commercial Cleaning Cleaning Contractor 17. Fathar's Nama (First, Middla, Last) 18. Mothar'a Nama (First, Middla, Maldan Sumama) Be Lovile STRAHAN LORETTA DOUGLAS 19e. informent's Neme/Ralationship (Type, Print) 19b. Melling Addrass (Street and Number or Rural Routa Number, City or Town, Steta, Zip Code) Dorothy Strahan / wife 1 Highshire Ct. Baltimore, Md 21222 Baltimore, 20b. Place of Disposition (Nema of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 X Buriai 2 Cramation 3 Ramoval from Stata Department of ò 6/13/96 Baltimore, Md 4 ☐ Donation 5 ☐ Other (Specify) Oak Lawn Cemetery 22. Nama and Address of Facility
Connelly Funeral Home of Dundalk 21. Signature of Funaral Sarvice Licenses jolt nthony 7110 Sollers Point Rd 23a. Part1. Enter the dischool, or complications that caused the death on not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliuly. List only one cause on each line. Approximata Intarval Between Onset and Death **Physician** /Medical immediata Causa (Final disaesa or condition rasulting in daath) MYOCARDIAL IMMED Examiner Examiner BACCO the deeth certificate be executed physician end the buriel-tran Sequantially list conditions, if any, laading to immediata causa. Enter Underlying Causa (Disaasa or injury thet initiated avants rasulting in daath) Last HYPERCHOLESTEROLEMIA Physician/Medical 98 esn ş ed by the a deteched i Part ii. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacto use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy Completed has 2 No 1 Yas 2 No 1 ☐ Yas funeral director, 25. Was casa refarred to medical axaminar? 26. Placa of Death (Check only ona) Be Hospital: Other: 4 Nursing Homa 1 Yas 2 No 2 3DOA 5 Rasidance 1 Inpatient 2 ER/Outpatient 6 Other (Specify) this 27. Manner of Death 28a. Deta of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred Certification: After 5 Panding Invastigation 1 Natural of the death.

Office of the death. 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be datamined 3 Suicida 28a. Place of injury - At homa, farm, street, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 - Homicide n 24 hou. Funerel F Hospital 24 hours 6 29e. Certifian To Certifying Physician: To the best of my knowledge, deeth occurred et tha tima, data and placa, and dua to tha cause(s) and mannar as steted. Medical (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. To the To the To the 29b. Signatura and titla of certific 29c. Licansa number 29d. Data signed (Month, Day, Year) 6/10

plated causa of death (itam 23a) (Type, Print)

21236; JEFFREY C. SCHULTZ MD

State

Registrar

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State of Maryland / Department of Health and Mental Hygiene

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248. Was an autopsy performed?  249. Was an autopsy performed?  240. Were autopsy findings available prior to completion of cause of death?  1   Yes   2   No    25. Was case referred to medical examiner?  1   Yes   2   No    26. Place of Death (Check only one)  27. Menner of Death   1   2   28   No    28. Deate of Injury   28   1   1   1   1   1   1   1   1   1		that hed b							1 1	8 2 LI NO	3 Probab	ly Onknown
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21215-0020	n 72 hours after des "neturel", or itema	Completed	(Spec	15. Deceden city only higha	it's Education st grade com	pleted)		18a. De	ecedent's Usuai	done settles	eation during most of word)	rking	18b. K	and of Bu	usiness/Indu	ustry
212	with than	дшс	Elementary/Seco	ndary (0-12)	N/A	ollege (1-4or	5+)	***	N/A	70(1101	0)			N/A		
b	Hygin other	Be C	17. Fathar's Nama	(First, Middla,		1			N/A		18. Mother's Nar	ne (First, Middle	, Ma <i>id</i> en		na)	
Maryland	Mental Mental arked o	To B	ARNELL	ABRAMS							LYNN ST	EVENSON				
lan	2 she and and and		19a. Informant's Na	ame/Ralations	ship (Type, P	rint)		19b. M	lailing Address (	Street	and Number or Ru	ıral Route Numb	er, City	or Town,	State, Zip (	Code)
	ここのと		LYNN STE		-MOTHE	R	001 51	170	6 N. WAS	SHI	NGTON ST					
Baltimore,			20a. Method of Disp 1 Burial 2 4 Donation		3 □Remov	al from State		etery,	isposition (Nama crematory or oth	er pla	ce)	Date 4/22/96	20c. L	ocation -	City or Tow	m, Stata
Itim	permit. Pages Department of important: If i any Injury or sance.		4 Donation				THE	JOH	NS HOPK		HOSPITA	L 7/22/30	BAL	TIMO	RE, MD	
Ba	permit. Departm Importar any Injui		ZI. Signature of Po	The service	Ciconson	1/1	1/2 11		ZZ. Name and	Addre	iss of racility					
	_		23a. Port1. Enter to	ne disease, or	complication	s that cause	the death	Do not	THE JOI	HNS	HOPKINS	HOSPITA	L B	ALTI		MD 21287 Approximate
	Physician		hock, or hea	rt failure. List	only one cau	isa on ea	line.			v,		or roop action,				Interval Between Onset and Death
7	/Medicai		Immediete Cause (	Final	C	20202	DDEMAT	TOIT	TV.						1	MINUTE
п	Examiner		resulting In death)		aS	CVEKE	PREMAT  Due to (or a		T I nsequence of):						1	MINUTE
-	pe jisi	line			b. P	RETERM	LABOR								4	HOURS
	rificate be executed ng physician and as the burial-transit	Examiner	Sequentially list co. if any, leading to imcause. Enter Under Cause (Disease or	nditions, imediate			Due to (or a	s a cor	nsequence of):							
68760,	siciar bund		Cause (Disease or that initiated avants	riying Injury	c		Due to fee a									
	E 0 6	fedical	rasulting In death) I	Last			Dua to (or a:	s a con	sequenca of):							
Вох	death cert e attendin od for use	an/N			d										-	
	the at	Physician/N	Part II. Other signif	cant condition	ons contributi	ng to death I	but not rasulti	ng in th	ne underlying cau	use giv	ven in Part I.	23b. Did	tobacco	use co	ntribute to	the cause of death?
P.0	± 20		MATERNAL	ומאדת ו	2 עד דיי							10	Yes 2	No	3 Prob	ably 4 Unknown
Vital Records,	2 52	d by	TATERNA	L DIADI	STIES							24a. Was	an auto	pev.	24h Wer	re autopsy findings
200	EJ (s)	Completed										perf	omed?	рзу	ava	liable prior to apletion of cause eath?
Re	The law ate has b	dwc											Yes 2	₩ No		
ita	ician: The certificate rector, pag	Be C	25. Was case refer	red to medica	1						26. Place of Dec		- 12	ON INO		Yes 2□ No
		To B	examiner?	No	Hospita	al: 17 Inpati	lent 2 EF	VOutpa	atient 3 DOA	Oth	ner _	lome 5□Res		8 DOth	er (Specity)	
n of	P 90		27. Manner of Deatl	n 5 □ Pandir		Date of Inju	ury 20	3b. Tim Inju	e of 280	c. Injur	y at rk?	28d. Describe	how Inju	ry occur	red	
sio	Attending ir death. actor: After by the fune	cati	2 Accidant	Investi	gation not be				М		Yes 2 □ No					
Division	or At after of Direct in by	Certification:	4 ☐ Homicide	determ		e. Placa of In building, e	ijury - At hom: tc. <i>(Specify)</i>	a, farm	, street, factory, o	office		28f. Location ( City or To	Street at wn, State	n <i>d Numb</i> B)	er or Rural	Routa Number,
	To the Hospital or At within 24 hours after of To the Funeral Direct completely filled in by		29a, Certifier	1 Certifyin	g Physician	To the best	of my knowle	dae. d	eeth occurred at	the tir	me, dete end place	and due to the	causals	) and ma	nner as ete	ated
	n 24 h	edical	(Check only one)	2 Medical	Examinar: O	n tha basis o	of axamination	and/o	r Investigation, Ir	n my o	pinion, daath occu	rred at the time,	date an	d piace,	and due to	tha causa(s)
	To the Hospital or Attandit within 24 hours after death.  To the Funeral Director: All completely filled in by the fu	M	29b, Signature and	title cil certifie	20		,		29c. l	Licens	e number		29d. Da	ita signe	d (Month, D	Pay, Year)
			1/	1	10	_	mp		D	426	14		APR	TI. 2	2, 19	96
			30. Neme and addre	ess of person	who complet	ed cause of			pe, Print)	A .	FE ST.	0			n	71200
	Cha	•	JOHNS H 31. Date filed (Mont	OPKIN.	5 HOS	PITAL 22 Regiet	rar's Signatur		N. W.	UL	rt 51.	Balt	im	ore,	11101.	2128/
	Sta Registr	_	JUN17	1996	Julia	augun	-Mandell	2								

should

FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

246-48-9884

1. DECEDENT'S NAME (First, Middle, Last

2, 3 should	стоя	99. FACILITY NAME (If not institution, give st MARYLAND GENE		TAL	98		R LOCATION OF DE TIMORE	CITY
physician. burlal-transit permit. Pages 1,	DIRECT	10e. STATE 10b. COUNTY	n/a	1	loc. CITY, T	OWN OR LOCAT BAL	TIMORE	
n. ansit permi	FUNERAL	100. STREET AND NUMBER 501 Dolphin Stre	et Apt.	503			ZIP CODE	
ding physicial the burial-tra	BY FUN	11. MARITAL STATUS  X Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 XX IF YES, GIVE WAR O	ES 2 NO	D		city Cuban, Maxica	HIC ORIGIN? (Specify n, Puerto Rican, etc.) y:
pital or attend ad for use as	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 12 th	CATION completed)  College (1-4 or 5+)	(Give		UAL OCCUPATION done during mostired.)		16b. KIND OF I
by the hos be detach		17. FATHER'S NAME (First, Middle, Lest) LEWIS J. W	ILLIAMS				18. MOTHER'S NA	ME (First, Middle, Maid A L. DA
be 5 should a notified	TO BE	19a. INFORMANT'S NAME (Type/Print) MURIAL DAV	IS	19b. R	T.2,	BOX 16	3D , WAR	RENTON, N
leath. Page 6 may be retained by the hospital or atti funeral director, page 5 should be detached for use xaminer must be notified at once.		20e, METHOD OF DISPOSITION XIX Burlel 2 Cremetion 3 Remote 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE		cemetery, crema		CEME		6-16 W
ter death. P the funeral oval.		Dynes	Plus:	Jones	0	WM.	C. MARC	H FH110
within 24 hours after pletely filled in by the cremation, or removarent, the medical		23. PART I. Enter the diseases, or a shock, or heart feilure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	PUIMO	n eech ilne.	E	Mb0		h as cardiac or re
th certificate be executed ending physician and com I Hygiene prior to burlal, or other traumatic ev	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Gangr Perip	AS A CONSECUE AS A CONSECUE AS A CONSECUE AS A CONSECUE	ENCE OF):		H Foo	dis ea
ss that the death ned by the atter aith and Mental any injury, o		PART II. Other algorificent condition	s contributing to dee	th but not res	uiting in	the underlying	g cause given in	Part I. 24a. WAS PERI
SICIAN: The law requires the certificate has been signed the State Dept. of Health it, or item 23 shows any	SICIAN: MEDICAL	DID TOBACCO USE CONT			OF DEATH	NO C	] UNCERTAI	N 🗆
AL OR ATTENDING PHYSICIAN: 14 DIRECTOR: After this certificat 2 hours after death with the Staff item 28 is marked, or ite	BY PHYSIC	1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	HOSPITAL: Impatient 2 ER/ 28e. DATE OF INJU (Month, Day, Ye	JRY :		OF 26c. INJ	URY AT	6 Other (Specify) 28d. DESCRIBE HO
ATTENDING ECTOR: After rs after dea n 28 is m		3 Suicide 6 Could not be determined	26s. PLACE OF IN. building, atc.		, farm, stre	el, factory, offic	•	281. LOCATION (Sine City or Town, St
HOSPITAL OR FUNERAL DIR WITHIN 72 hour TTANT: If Iter	COMPLETED	one)	R: On the best of my I					
TO THE HOSPIT TO THE FUNER DE FIED WITHIN	TO BE (	296. SIGNATURE AND TITLE OF CERTIFIE	Amoh	m)	7 /Sma D	d=01	29c. LICENSE NU	MBER 2868
		THOMAS F	ENROA 0.1 SAMESISTRAR'S	CH I	WiD	), N	larylo	and Ge
		JUN 1 7 1996 6	12/12/4/00/dan/-1	Market				

6. AGE (In vrs.

1XXM 2 | F

65

96 17852 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 3. TIME OF DEATH 1946 5:28 P " 7. DATE OF BIRTH
(Month, Day, Year)
FEB. 15, 1931 CAMDEN, NJ 9c. COUNTY OF DEATH 10d, INSIDE CITY VMITS? t YES 2 NO 109. CITIZEN OF WHAT COUNTRY?
UNITED STITES UNITED Yas or No-14. RACE - American Indian, Black, White, etc. SpecifiBLACK BUSINESS/INDUSTRY COMPANY

RUCKING

ten Sumame) VIS

2. DATE OF DEATH

JUNE

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

DAYS

Town, State, Zip Code)
L. CAROLINA27589

LOCATION - City or Town, State JARRENTON, N. CAROLINA

E. NORTH AVENUE

apiratory arrest, Approximata

Interval Between Onset and Death 30 min

2-3 mo.

Approx Il your

Se

24b. WERE AUTOPSY FINDINGS

AN AUTOPSY

AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 2 / NO

1 - YES 2 - NO

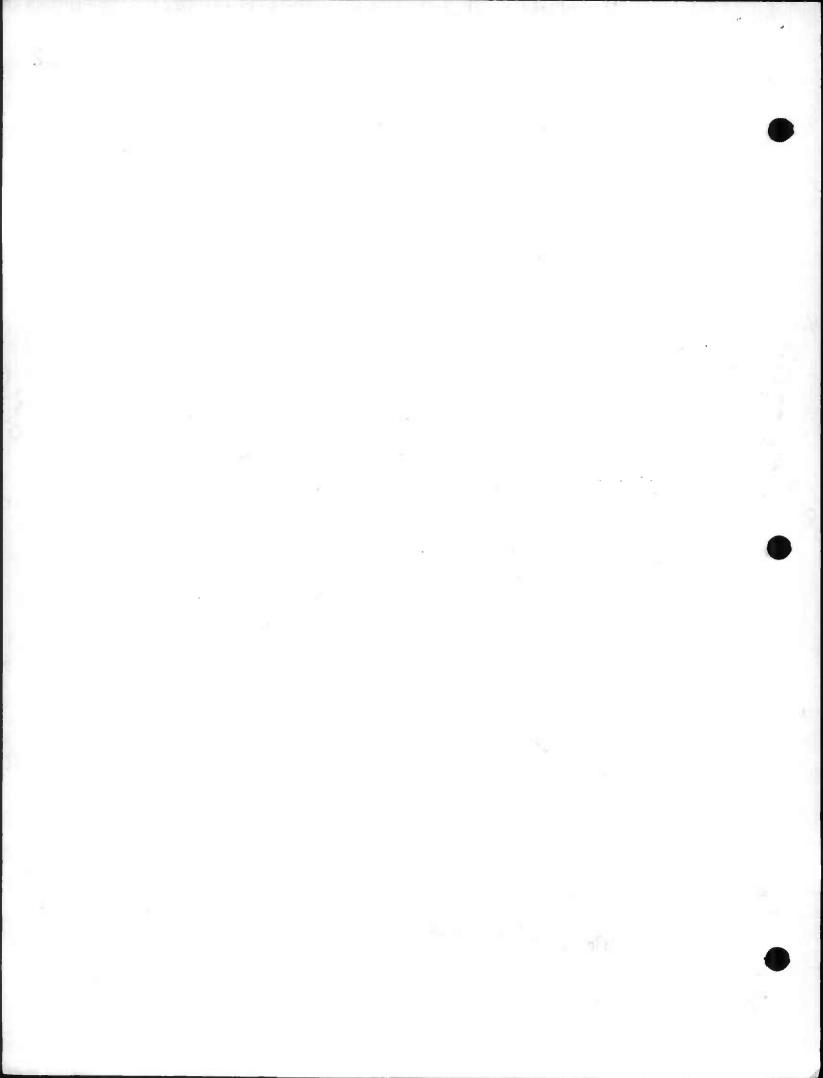
esidence	6 Other (Specify)	
¬ NO	28d. DESCRIBE HOW INJURY OCCURED	

set and Number or Rural Route Number, etc.)

and due to the cause(s) and menner as stated.

29d. DATE SIGNED (Month, Day,

DHMH-16 Rev 1/89

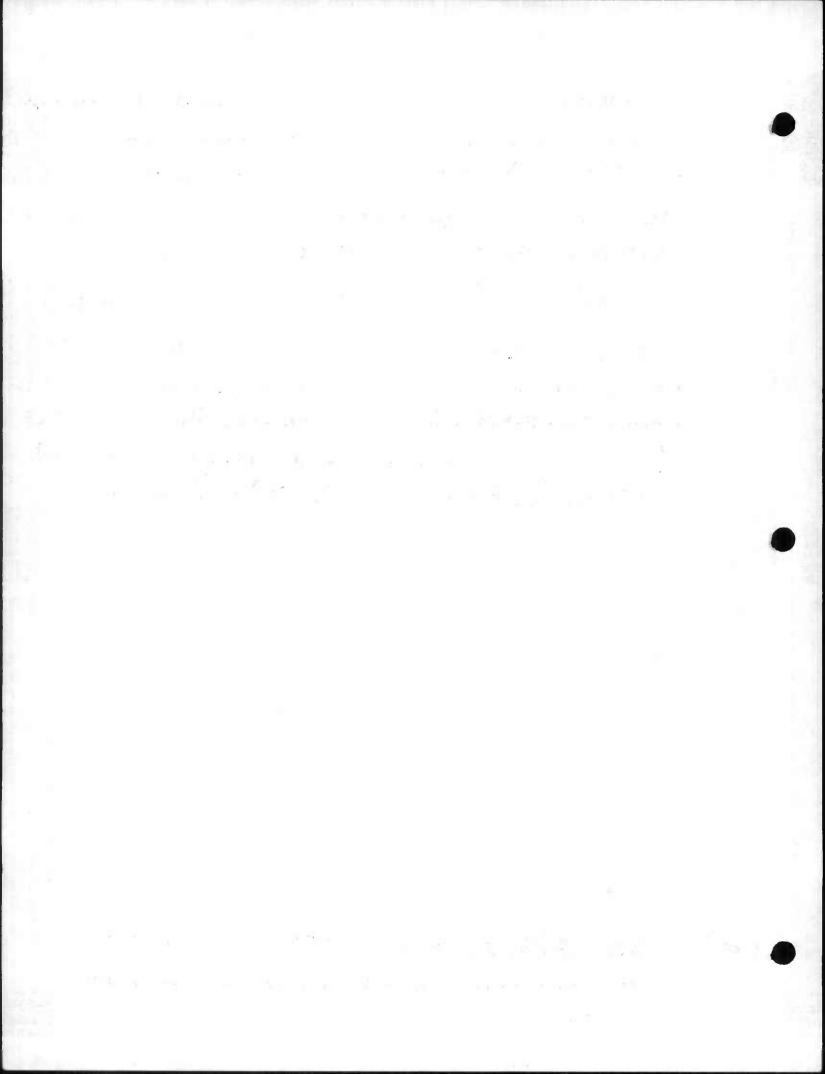


State of Maryland / Department of Health and Mental Hygiene 96

17853

					Ce	rtificate of	f Death	В	leg. No.		
	Physic		Decedant's Nama (First, Middle, Last     NORA WHITE	")				2. Data of Dear	th _	96	3. Time of Deeth 01:55 A.M
	/Medi Examir		4a. Facility Nama (If not Institution, glya	etreet and number)			4b. City, Town, or	Location of Deeth	4c. County		
	Funeral Director		5. Sociel Security Number 6. Se 215-32-3104	x 7. Age	a (In yrs. last birthdey) 88 Yrs.	If Under 1 Yee Months Days	r If Under 24 Hrs	8. Dete of Birth		-	place (Stata or Foreign ntry)
	Maryland e-f show	ctor	Ususi Rasidance of Decedent  10a. State 10b. County  NA  NA		10c. City, Town or Le	more				1	10d. insida City Limits 1 Yes 2 □ No
	ath with the 23e or 28	ral Director	10e. Street and Number 4500 DUNCH	IND R	AAO.	10f. Zip Coda 2 1 2		1	Og. Citizen of 1		ntry?
020	within 72 hours efter death with the Maryland ene. than "neturet", or thems 23s or 28s-f show the Medical Examiner must be incidined at	by Funeral	11. Marital Status  1 Navar Merried 2 Married  3 Widowed 4 Divorced	12. Was Decedent E Armed Forces? 1 ☐ Yas 2 ☑ N If Yas, Giva Yaar or Datas:	lo	Was Decedant of if Yes, spacify Cu 1 ☐ Yas 2 N	Hispanic Origin? (S ben, Maxican, Puar o <i>Specify:</i>	Specify Yas or No- to Rican, etc.)	14. Rad Bia	ck, Whita,	can Indian, atc.
21215-0020	be filed within 72 hours efter death with the Marylan ital Hyglene.  Id other than "neturel", or flems 23e or 28e-f show event, the Modical Even from must be notified at	Completed	15. Decedent's Edu (Specity only highest grad Elementary/Secondary (0-12)	cation la complated)  Collega (1-4or 5	+) (Give	dent's Usual Occi kind of work don DO NOT use retir	a during most of wo red)	rking	16b. Kind of B		dustry
Maryland	should be filed nd Mental Hygid marked other umatic event, the	To Be	17. Fether's Nema (First, Middla, Last)  HENRY STR  19e. Informant's Name/Raiationship (7)	NG ma Print)	19h Melii	na Addraes (Stree	18. Mothar's Na	ma (First, Middle, I	DNG		n Code)
Baltimore, Ma	permit. Pages 1 and 2 should Depirtment of Health and Mer Important: if item 27 is marke any injury or other traumatic once.		20a. Method of Disposition  1 Buriai 2 Cramation 3 4 Donation 5 Other (Specify)	Mamovai from Stata	Pierre 2 (20b. Piece of Disponsional Carlotte)  Carlotte	osition (Name of matory or other plants)	(900)  AL HOPE  rass of Facility  A NOR AL	0AD B Data 6-19-96 1	DACTO 20c. Location West n	City or To	d. 21228 own, Stata ner, Md.
100	Physician /Medical Examiner	188	23a. Part 1. Enter the Cassas, or companies, or heart theure. List only of immediate Causa (Final disease or condition resulting in death)	a. SUBENI	tha daath. Do not an e.	SO W f ter the mode of d	YASH Wing, such as cardia	c or raspiratory arm	, Md a	L	Approximate Interval Between Onset and Death ess Than 4 Hours
ox 68760,	law requires that the death certificate be executed as been signed by the attending physician end a 2 should be detached for use as the burial-transit	VMedical Examiner	Sequentially list conditions, if eny, taading to immediata causa. Entar Underlying Cause (Disaese or injury that initiated evants rasulting in death) Last	b	Dua to (or as a consecutive to (or a) consecutive to (or as a consecutive to (or a) consecutive to (or a) consecutive to (or a) consecutive to (or a) consecutive to (or a) consecutive to (or a) consecutive to (or a) consecutive to (or a) consecutive to (or a) consecutive to (or a) consecutive to (or a) consecutive to (or a) consecutive to (or a) consecutive to (or a) consecutive to (or a) consecutive to (or a)	quance of):					
, P.O. Bo	thet the death ce led by the attendia detached for use	y Physician/	Part II. Other significant conditions con		not rasuiting in tha u	nderfying causa g	givan in Part I.		obacco use co		o the cause of death?
Division of Vital Records, P.O. B.	e law requires thet has been signed b ge 2 should be det	Completed by						24a. Was a perform	n autopsy med?	ev	era autopsy findings silabia prior to empletion of ceuse deeth?
a	ician: The cartificata h							<b>X</b> ⊃ Y	as 2 No	1)	Yas 2 No
5	Physician: r this cartific rral director,	To Be	25. Was casa refamed to medicei examinar?	lospitei:	nt 2 ER/Outpetier	nt 3 DOA	Whar	ath <i>(Check</i> on <i>ly</i> on Ioma 5□ Resida		(Casa)	4.1
ion of	Attending Physician: The is redath.  ector: After this cartificate he by the funeral director, page	on:	27. Manner of Death  1 Naturei 5 Panding invastigation	28a. Data of injur (Month, Day	v 28b. Tima o	f 28c. Inj		28d. Dascribe ho			y)
DIVI	교학	I Certificati	3 Suicide 4 Homicide Could not be detarmined	building, atc				28f. Location (St City or Town	n, Stata)		
	o the Hospital Thin 24 hours of the Funeral oripietaly filled	edica	29a. Certifiar (Check only one)  1 ☐ Certifying Physical Control Cont	nar: On the basis of and mannar sta	f my knowiedge, daet axamination and/or in ted.	n occurred at the vestigation, in my	time, date and plece opinion, daath occu	e, and due to the caused at tha tima, d	ause(s) and ma ata and place,	annar as s and due to	tated. the causa(s)
	0	)	29b. Signatura end titla of cartiflar  But J.	Morton	~, m.D.		nsa number 08949	2	9d. Deta signe June 1		
1			30. Nama and addrass of person who co	emplated causa of da	nath (itam 23a) (Type,	Print)					
5	7		Dr. Bert F. Morto	on St. Agr	es Hospita	al 900 C	aton Aven	ue Baltin	nore, M	D 212	229

State Registrar 31. Dete filed (Month, Day, Year)



YEAR

3. TIME OF DEATH

DHMH-16 Rev 1/89

2. DATE OF DEATH DAY

1 - FOR STATE REGISTRAR

SHARON

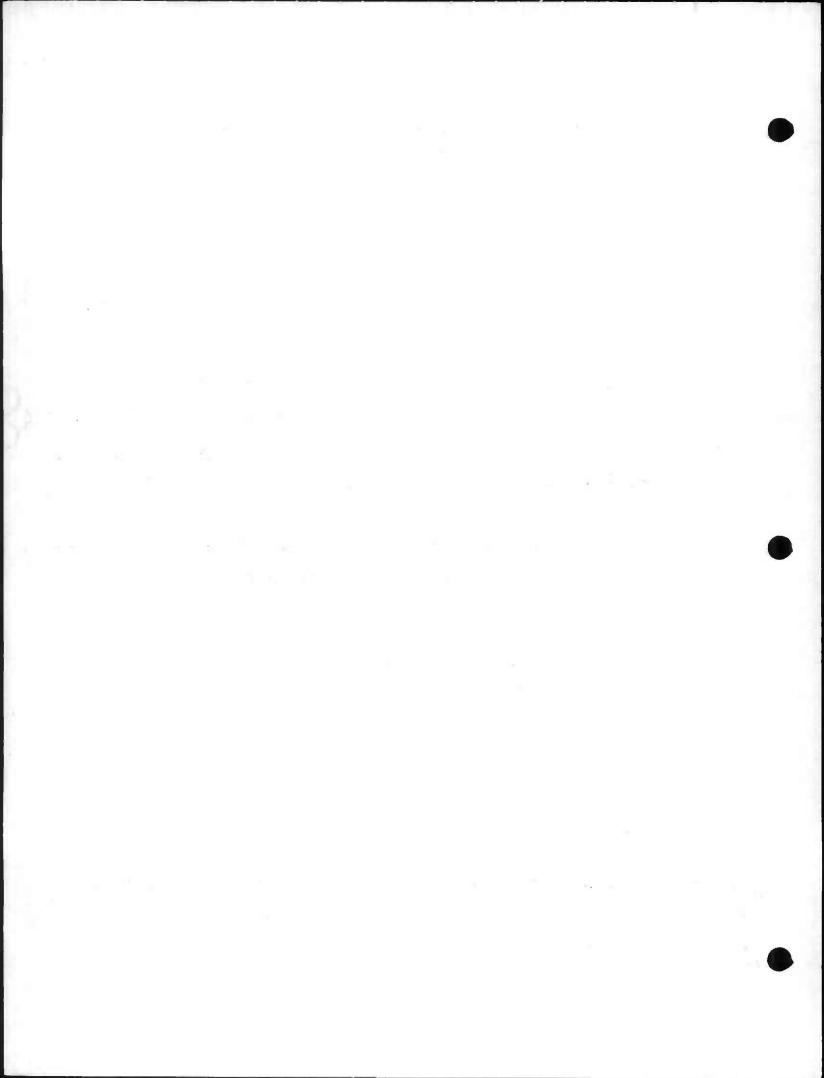
1. DECEDENT'S NAME (First, Middle, Last)

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DESCRIPTION OF COUNTRY OF DEATH BALTIMORE  10d. INSIDE CITY LIMITS?  10d. INSIDE CITY LIMITS?  YES 2 NO  10g. CITIZEN OF WHAT COUNTRY?  U.S.A.  NO- 14. RACE — American Indian, Bleck, White, etc.  Specify: WHITE  SS/INDUSTRY  HOME
BALTIMORE    10d. INSIDE CITY
LIMITS?  XX YES 2 NO  19. CITIZEN OF WHAT COUNTRY?  U.S.A.  NO— 14. RACE — American Indian, Black, Whits, etc.  Specify:  WHITE  SS/INDUSTRY  HOME
YX YES 2 □ NO  19. CITIZEN OF WHAT COUNTRY?  U.S.A.  NO— 14. RACE — American Indian, Black, White, etc.  Specify:  WHITE  SS/INDUSTRY  HOME
U.S.A.  14. RACE — American Indian, Black, White, etc.  Specify: WHITE  SS/INDUSTRY  HOME
No— 14. RACE — American Indian, Black, White, etc. Specify: WHITE SS/INDUSTRY HOME
Black, White, etc. Specify: WHITE SS/INDUSTRY HOME
HOME
name)
4
tate, Zip Code)
N, MARYLANS, 2128
ION — City or Town, State
ro., MD., 21202
SONS COMPANY
MORE, MARYLAND, 2
Approximata Interval Between Onset and Dast
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TOPSY 24b. WERE AUTOPSY FINDINGS
D? AVAILABLE PRIOR TO COMPLETION OF CAUSE
OF DEATH?
10.130.101
Hospice
RY OCCURED
Number or Rural Route Number,
as stated. us to the cause(s) and manner as stated.
od. DATE SIGNED (Month, Day, Year)
1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



State of Maryland / Department of Health and Mental Hygiene 96

							Ce	rtificate o	f Death	7		Reg. No.		
	Physic		1. Decedent's Name (First, A	fiddle, Li <b>R</b> •	WATTS			48			2. Date of Do Month	eeth Day	Yeer	3. Tima of Deeth  1:00 PM
	/Medi Exami		4a. Fecility Name (If not Insti	tution, gi	ve street and num	ber)			4b. City, T	own, or i	June ocation of Dear		L996 by of Death	1.00 FM
			3614 SPRIN	GDA	LE AVEN	TUE (	RES.		BAI	TIM	ORE		N/A	
	Funerai Director		5. Social Security Number <b>215-01-5038</b>		Sex 1☐M 2☐F	7. Aga (In yrs. <b>79</b>	last birthday Yrs.	Months Day		r 24 Hrs. Min.	8. Data of Bi (Month, Data)	rth ay, Year) <b>0,1916</b>	9. Birth	place (State or Foreign
	put		Usuel Residence of Deceder  10e. State 10b. Co			100 Cit	y, Town or L	neation					-	
	8a-f sho	Director	MD		/A	100. 01	y, Town of E	Baltim	ore					10d. Inside City Limits 1
	with the	Dire	10e. Street end Number					10f. Zip Code				10g. Citizen of	Whet Cour	ntry?
	eath re 23	era	3614 Sprin	gaa	12. Was Deced		C 12	Was Decedent of	1216	vining (C			JSA Ice - Americ	an India
020	hours effer death with the Maryland tural', or frems 23a or 28s-f show at Examinet must be multified at	by Funerai	1 Never Marriad 2 □ 3 □ Widowed 4 □ Divo		Armed Ford  1 Yes 2  If Yes, Give  Year or Da	ces? 2 □ No	,0.	If Yes, specify Co	uban, Mexica	an, Puerti	o Rican, etc.)		eck, White,	
0	n 72 hours "natural",				ducation	100.	16a. Dece	dent's Usual Occ	cupation	_		16b. Kind of I		
21215-0020	withir ane. than	Completed		ghest gr	ade completed) College (1-	4or 5+)	(Give	kind of work don DO NOT use ret	ne during mo ired)			Medi		dustry
	Hyge the	BeC	17. Father's Neme (First, Mic	die, Lasi	1)							, Meiden Sume	me)	
/lar	D = D =	To B	Joseph Wa	tts					Ag	nes	Payne			
Maryland	2 9 8 3		19e. Informant's Name/Relat	lonship	(Type, Print)		19b. Maili	ng Address (Stre	et end Numi	ber or Ru	ral Route Numb	er, City or Town	, Stete, Zip	Code)
	other tr		Martha Henl	ey/	sister			Sprin	gda1e	e Av	enue,	Balto.	, MD	21216
altimore,	Pages 1 nent of H int: If Iter ary or oth		20e. Method of Disposition  Burial 2 Cremat	ion 3 E	☐Removal from S	tate	ametery, cre	osition (Neme of matory or other p			Date	20c. Location		
tim	permit. Pages Depertment of I Important: If Ite eny Injury or of once.		4 □Donation 5 □Othe			Ga	rrisc	n Fore	st Ve	t.	Cem.	Owings	Mil	ls, MD
Bal	Deper Import eny In		21. Signature of Funeral Ser	vice Lice	percy /			2. Name end Add			CON	PIMED	T HO	WD D
	00200		Merol	1	J. Kle	ille	4	600 LT	BERTY	HE	TGHTS.	AVENUE		ME, P.A. TO.21207
			23à Perta Enter the disease shock, or heart failure	or con list only	plications that ca one cause on ea	ed the death	h. Do not en	ter the mode of d	lying, such a	s cerdiac	or respiratory a	arrest,		Approximate Interval Between
Q.	Physician /Medical	10	Immediate Course (Circle		Advers	3 A. 5		.1=						Onset end Deeth
	Examiner		Immediate Ceuse (Final disease or condition resulting In death)		a MUL	TIPLE	M	YELDI	NA					26 MONTE
		- a					r as e conse							
	uted J nnsit	Examiner	81.44.6		b. —			3						
ć	execting and and and and and and and and and and	Еха	Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying			Due to (o	r as e conse	quence of):						
68760,	ysicla	edical	Cause (Disease or Injury thet initieted events	<	C	Due to (or	r as a consec	menca off.						
89	eath certificate be executed ettending physician end I for use es the bunel-transit	Med	resulting in death) Lest			2401010	- uo u oomoo	1001100 017.						
0	tendii tendii or use				d								- 1	
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á	d in	erti	4 ☐ Homicide	anninea	bullding	, etc. (Specify	1)			1	City or To	wn, State)	-	
4	To the within 2 Within 2 To the Furnition completely filled		29a. Certifier 120 Certi	fying Ph	ysician: To the b	est of my know	wledge, deati	occurred at the	time, date e	nd piece,	and due to the	ceuse(s) and m	enner es si	tated.
_	No Pu	edical	(Check only 2 Medi	cai Exar	niner: On the bas end manne	is of examinat	ion end/or In	vestigation, In my	y opinion, de	ath occur	red et the time,	dete and place	and due to	the cause(s)
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	15		30. Name and eddress of pers	son who	completed cause	of death (Item	23e) (Type,	Print)	, .		1			MD 21201
			K-KRISH.	NAC	v ms	821	NE	VTAW	17 A	30	5 6	ALTIM	ORE	MD 2120/
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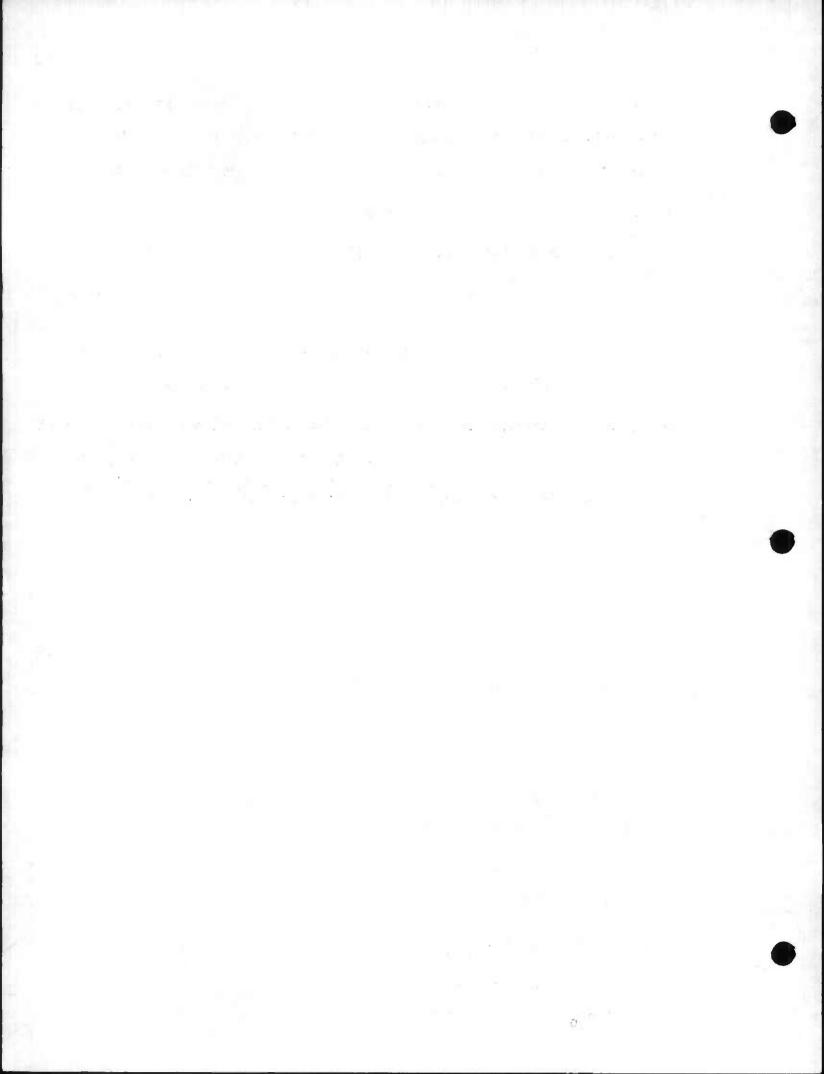
State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death 2. Date of Death 1. Decedant's Nama (First, Middla, Last) 3 Time of Death Month **Physician** SEDETO WARE JUNE 3:15 PM /Medical 4a. Facility Nama (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Stella Maris Clinic at Mercy Hospital Baltimore N/A Months Days Hours Min. 8. Dete of Birth (Month, Day Year) 9. Birthplaca (Steta or Month, Day Year) 1943 Mary Land 5. Social Sacurity Numbar 7. Age (In yrs. lest birthday) 9. Birthplaca (Steta or Foraign **Funeral** X□M 2□F 219-38-7613 52 Director Usual Rasidanca of Dacedant death with the Maryland 10a. Stete 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at Maryland N/A Baltimore 1 Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizan of Whet Country? 501 E. Preston Street Apt. 605 21202 USA Funeral 13. Was Dacedant of Hispanic Origin? (Specify Yes or No-lf Yas, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - Amarican Indien, 11. Marital Status filed within 72 hours after Hygiene. 1 Never Merriad 2 Married Baltimore, Maryland 21215-0020 1□ Yes 2 No Black Specify: Specify þ 3 Widowed 4 Divorced Completed 15. Decedant's Education (Specify only highast grada complated) 16a. Decedant's Usual Occupetion (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 18b. Kind of Businass/Industry Collega (1-4or 5+) Elamantary/Secondary (0-12) Museum Educator Art Gallery 17. Fathar's Nama (First, Middle Last) 18. Mothar's Nama (First, Middle, Maidan Sumama) permit. Pages 1 and 2 should be filt.
Department of Health and Mental th,
Important: if Item 27 is marked oth
any injury or other traumatic even 9 James Blackwell Mary Ellen Ware 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Coda) 1400 Odessa Thomas Ct. Apt. 5 Baltimore, MD 21205 Dorothy Lee McAllister/sister 20a. Method of Disposition 20b. Placa of Disposition (Name of camatary, crametory or other plece) Deta 20c. Location - City or Town, Stete 1 ☐ Burial ※☐ Cramation 3 ☐ Ramoval from Stata 06/12/96 | Baltimore, MD Metro Crematory, Inc. 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funaral Sayvice Licensa Dawn F. McDonald Cremation Society of Maryland, Inc. Donal 299 Frederick Rd. Baltimore, MD 21228 23a. Part 1. Entar tha disaasa, or complications that caused the deshock, or haart failura. List only ona causa on aach Ilna. eth. Do not antar tha moda of dying, such as cardiac or raspiratory arrest, Approximeta Intarval Between Onset end Death Physician Immediata Causa (Final disaasa or condition resulting in death) /Medical ACQUIRED IMMUNE DEFICIENCH SYNDROME INKNOWA Examiner Dua to (or as a consequence of) ~ 6 geans Physician/Medical Examiner INPECTION The law requires that the death certificate be executed Sequentielly list conditions, if any, laading to immadiate cause. Enter Underlying Causa (Disease or injury that initiated evants resulting in death) Last physician and s the burial-tran Dua to (or es a consequance of) Division of Vital Records, P.O. Box 68760, Due to (or es e consequence of): 88 for use as signed by the a Part it. Other significant conditions contributing to death but not rasuiting in the undarlying causa givan in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown ģ 24b. Wara autopsy findings aveileble prior to complation of causa of death? Completed 24a. Was an autopsy performed? peen certificate has egec 1 Yas 200 1 ☐ Yas 2 ☐ No 26. Placa of Death (Check only ona) STELLA MARIS AT MERCY or Attending Physician: 25. Was casa rafarrad to medical Be Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4  $\square$  Nursing Homa 5  $\square$  Rasidance  $\bigcirc$  Othar (Specify) OLE1 Yas 200 No P After this 28a. Date of injury (Month, Day Year) Certification: 27. Manger of Death 28b. Tima of 28d. Describe how Injury occurred Natural 5 Panding Invastigetion death. 1 ☐ Yas 2 ☐ No 2 Accident eral Director: / 6 Could not be 3 ☐ Suicida 28a. Pleca of Injury - At home, ferm, straet, fectory, offica bullding, atc. (Specify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Steta) 4 Homicida within 24 hours a To the Funeral C completely lilled Hospital Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner stated. Medical 29a, Cartifiar 24 29d. Data signed (Month, Dey, Year) 29b. Signature and titla of cartifier 29c. Licensa number Dunon June D40480 30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print) 5810 BEZMIK 20 FERNANDO FERRO, MA BALTO 21206 31. Date filad (Month, Day, Year) State

Registrar

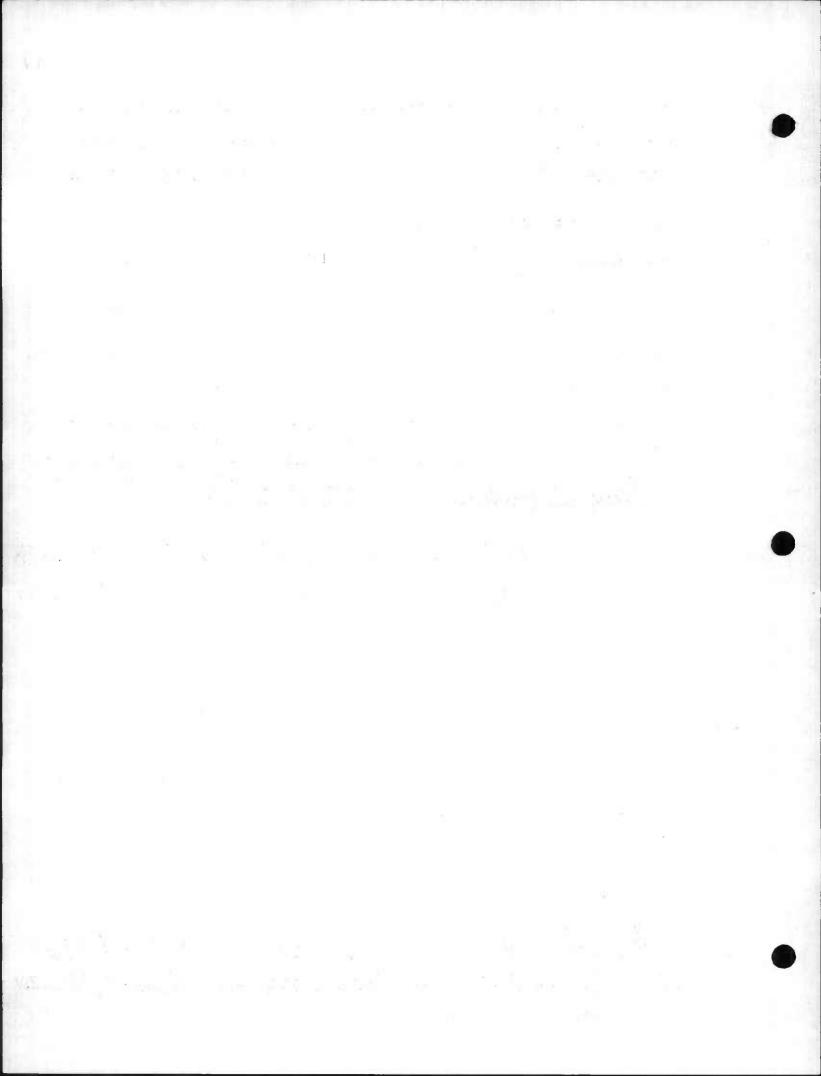
32. Registrar's Signatura



State of Maryland / Department of Health and Mental Hygiene

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event, the Medical Examiner must be notified at Be Completed by Funeral Director	- 1	100. 000	····y		100.01	y, 10411 01 E0	Cation					'	
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- Aller		Elaine Worre	1 1				Hogneck		Pasade				21122
	1	20e. Method of Disposition	4.4		20b. P	lece of Dispo	sition (Neme of		Dete		Location - 0		
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Deta of Deeth 3. Tima of Death Month **Physician** Yaar Gregory Younger 1996 13, 3:00 PM June /Medical 4a. Facility Neme (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Pikesville 800 Painted Post Court Baltimore If Under 1 Year If Under 24 Hrs.

Months Deys Hours Min. 5. Social Security Number 8. Deta of Birth (Month, Day, Year)
June 30, 1954

8. Deta of Birth (Stein (Country))

9. Birthplace (Stein Country)

New York 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Yrs 091-44-7175 41 Director Usual Residence of Decedent with the Maryland 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits rthen "natural", or itema 23a or 28a-f shov The Mexical Examiner must be notified at Maryland Baltimore Pikesville 1 Tyas 2 XNo Director 10e. Street and Number 10f. Zlp Code 10g. Citizen of Whet Country? 800 Painted Post Court 21208 United States deeth v 12. Was Decedent Evar in U,S. Armed Forcas? 1 ☐ Yes 2X No Was Decedent of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) 14. Raca - American Indian. 11. Marital Stetus Black, Whita, atc. filed within 72 hours after 1X Never Merried 2 Merried altimore, Maryland 21215-0020 If Yas, Giva Year or Detes: 1 ☐ Yes 20 No Specify: Black Specify: A 3 Widowed 4 Divorced 15. Decedent's Education (Specify only highast grade completed) 16a, Decedant's Usuel Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondery (0-12) College (1-4or 5+) Service Representative Bell Atlantic years other traumatic event, permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If flem 27 is marked other any injury or other traumatic event once. 17. Father's Neme (First, Middla, Last) 18. Mothar's Neme (First, Middle, Meiden Sumeme) Jessie Younger Rose Clyatt 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Bob Solomon 800 Painted Post Court Pikesville, MD 21208 (Friend) 20b. Place of Disposition (Name of cametery, cremetory or other place) 20a. Mathod of Disposition Deta 20c. Location - City or Town, Stete 1 ☑ Buriei 2 ☐ Cremation 3 ☐ Removei from Steta Glenwood Cemetery June 17,1996 Geneva, New York 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funarel Servica Licensee 22. Name end Addrass of Facility Loring Byers Funeral Directors, Inc. Collne 23a. Pent/Enter the disease, or complications that caused the deeth. Do not anter tha mode of dying, such es cardiec or respiretory errest, shock, or heart feilure. List only one ceuse on eech line. 8728 Liberty Rd Randallstown, MD 21133-4784 Approximate Intervel Between Onset and Death **Physician** Immediate Cause (Final diseasa or condition rasulting in deeth) /Medical 4105 Examiner Due to (or es a consequence of) Examiner physician and the burial-transit Sequantielly list conditions, if any, leeding to immadiate causa. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last Due to (or es e consequenca of): certificate be exec Box 68760, Physician/Medical Due to (or as a consequence of): 80 usa ( ò signed by the a Pert II. Other significant conditions contributing to death but not rasulting in the underlying causa given in Pert I. of Vital Records, P.O. 23b. Dfd tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown p 24b. Ware autopsy findings available prior to completion of cause of death? 24a. Wes an eutopsy performed? Completed peen s hes certificate 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical axaminer? Be 26. Place of Deeth (Check only one) Hospitei: Other: 4 ☐ Nursing Home 5 ☐ Residenca 8 ☐ Othar (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 췯 27. Menner of Deeth Certification: 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending Investigation 1 Neturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 3 Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28a. Pleca of injury - At home, ferm, street, factory, office building, etc. (Specify) 4 - Homicide Funeral 1 Certifying Physician: To the bast of my knowledge, death occurred et tha time, date end placa, and dua to tha cause(s) end mannar es stated.
2 Madical Examinar: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et tha tima, dete and piece, end due to the cause(s) and menner stated. 29a. Certifier To the Hose within 24 ho To the Fune completely Medical 29c. Licanse number 29b. Signatura and title of certifian 29d. Deta signed (Month, Day, Year) 30. Name and addis who completed causa of death (item 23a) (Type, Print) PICER OICLE NA NOOLSNOW 2 2/200 31. Dete filed (Month, Day, Year) 2. Registrere signature State 7 1996 Registrar

ITEM: 26, PER DR. FILM Please Type G-736 6/18/96 t.t

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ite of Maryla	and / Department of Health and  Certificate of Death	Mental Hygiene	96	17859
OYD	AllanisR	2. Dete of Deeth	Year	3. Tima of Death

**Physician** /Medical Examiner

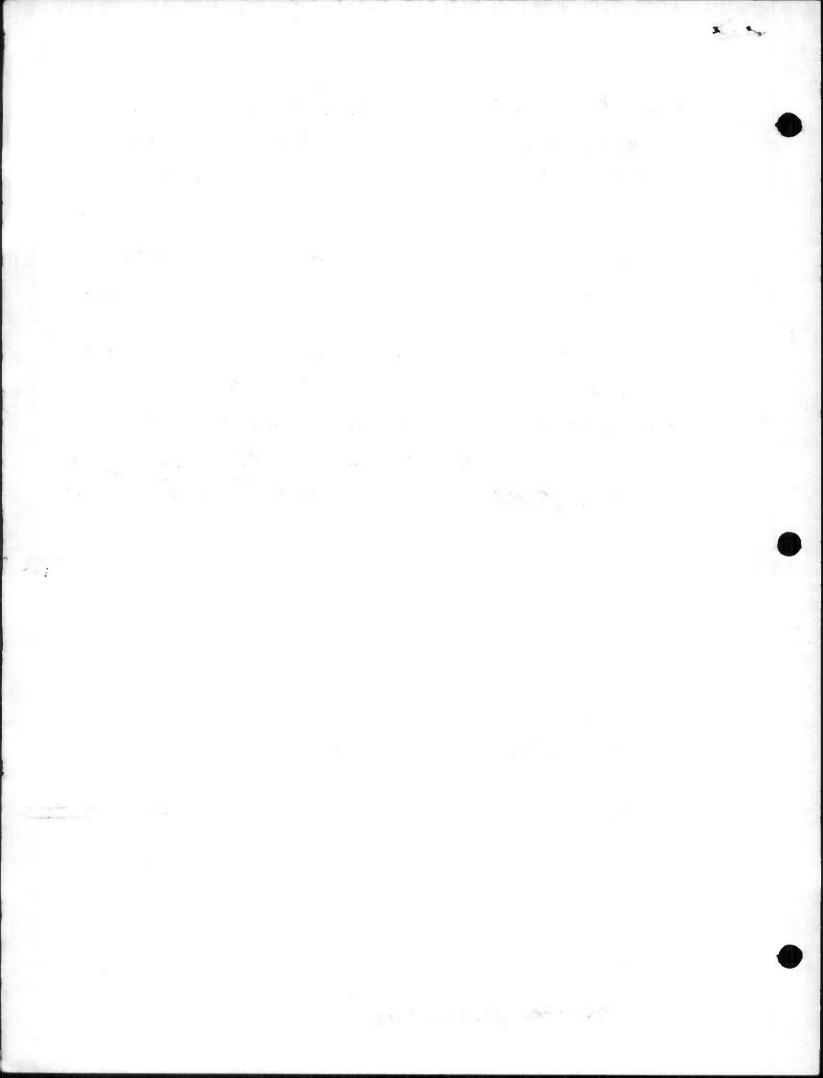
led within 72 hours efter death with the Maryland hygiene. her than "naturel", or flems 23a or 28a-f show nt, the Medical Examiner must be notified at

21215-0020

DIVISION OF VICAL RECORDS, P.O. BOX 5876U, To the Hospital or Attending Physicien: The law requires that the death certificate be executed within 24 hours after death.  To the Funeral Director: After this certificate has been signed by the ettending physician and completely filled in by the funeral director, page 2 should be detached for use as the burial-transit
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1. Decedent's Nama (First, Middle, Last) DANIEL 4c. County of Death DONK 4e. Fecility Nama (If not Institution, give street and number) 4b. City, Town, or Location of Death N/A GOOD SAMARITAN HOS BALTO 7. Aga (In yrs. last birthday) If Undar 1 Yeer if Under 24 Hrs. 5. Social Security Number Birthpiace (State or Foreign Country) **Funeral** Months Days Hours 15 M 2 F Yrs. 226-36-9629 Ĩ'931 Director 65 VA Usual Rasidance of Dacedant 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 X Yas 2 □ No Directo MD N/A BALTO 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? U.S.A. 21218 3650 ELLERSLIE AVE Funeral 12. Was Dacedent Evar in U,S. Armed Forces? 13. Was Decedant of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bieck, White, etc. 1 ☐ Nevar Married 2 Merried 1 ☐ Yes 2 No If Yas, Giva Yeer or Datas: Specify: black 1 ☐ Yas 2 ☐ No Specify: by 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry Eiamentary/Secondary (0-12) Coilega (1-4or 5+) CEMENT MASON 7th N/A CEMENT LAYER 17. Fathar's Nama (First, Middle, Last) 18. Molhar's Nama (First, Middle, Maiden Sumame) Be EMMA JONES JOHN ALLEN 10 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Coda) MD 21218 3650 ELLERSLIE AVE BALTO, RUTH ALLEN/WIFE 20b. Piace of Disposition (Name of cemetery, crematory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, State Duriai 2 Cremation 3 Ramovei from Stete JUNE CREST LAWN CEM 96 4 ☐ Donation 5 ☐ Othar (Specify) 13, Marriots ville, 22. Name end Address of Fecility BETTS FUNERAL HOME 1129 N. CAROLINE ST BALTO, MD 21213 23a. Pefit. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Batween Onsat and Deeth immadiata Causa (Final diseese or condition rasuiting in daath) Examiner Sequentially list conditions, if any, laading to immediata cause. Enter Underlying Causa (Disaasa or injury that initiated evants rasulting in daath) Last Dua to (or as a consequance of): Completed by Physician/Medical Dua to (or as e consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1. 23b. Did tobacco uss contributs to the cause of death? 1 ☐ Yss 2 No 3 ☐ Probably 4 ☐ Unknown 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to complation of cause of deeth? 2 No Be 25. Was casa rafarred to medical axaminar? 28. Piaca of Death (Check only ona) Hospitei: 1 ☐ Inpatlant 1 Yas Other: 4 Nursing Homa 5 Rasidance Other (Specify) Certification: To 2 SER/Outpatient 3□ DOA 28b. Tima of Injury 27. Mannar of Daath 28a. Data of Injury (Month, Day Year) 28d. Dascribe how injury occurred 28c. Injury et Work? Natural 5 Panding 1 ☐ Yas 2 ☐ No invastigetion 2 Accidant 8 Could not be datarmined 3 Suicida 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28a. Place of injury - At homa, farm, straat, factory, office building, atc. (Specify) 4 Homicida Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner so stated.

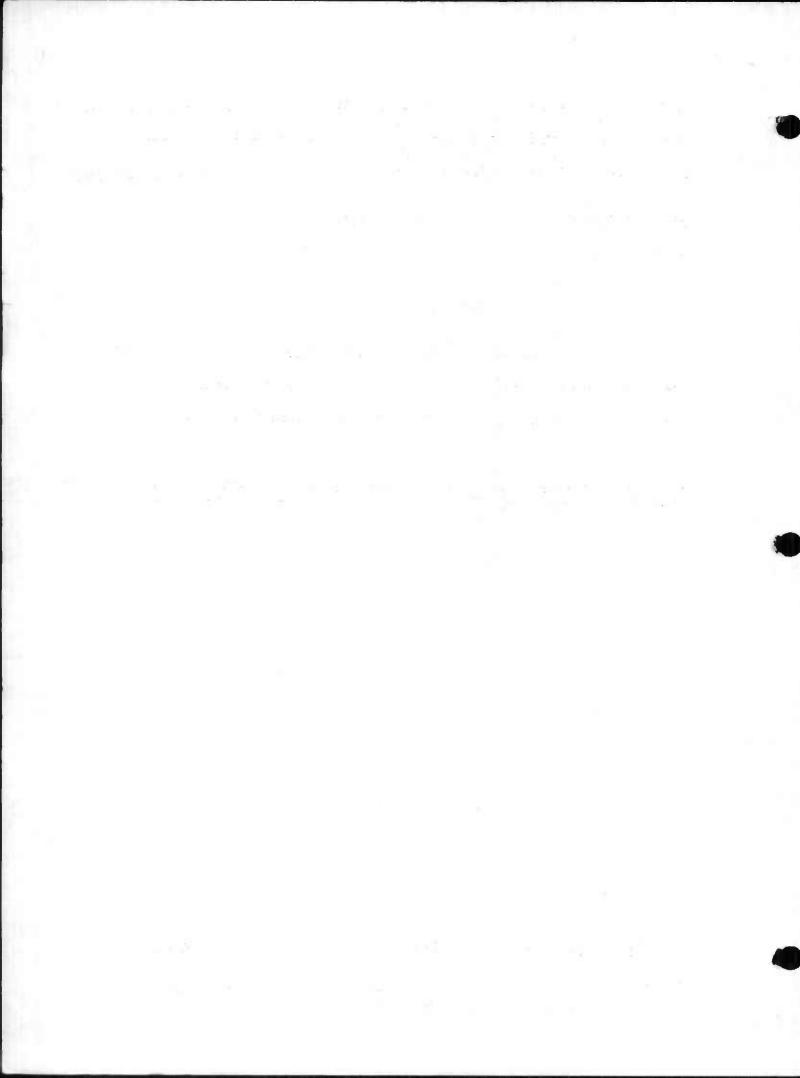
2 Medical Examiner: On the basis of examination end/or invastigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated. 29a. Certifiar Medical (Check only one) 29b. Signatura and litie of cartifiar 29c. License number 29d. Date signed (Month, Day, Year) -MI D38182MD 30. Nama and addrass of person who completed causa of daath (Itam 23a) (Type, Print) 7402 Your PS Surte N. A Aushay MD 31. Data filed (Month, Day, Year) 32. Registrar's Signatura State whi other Randall JUN 1 8 1996



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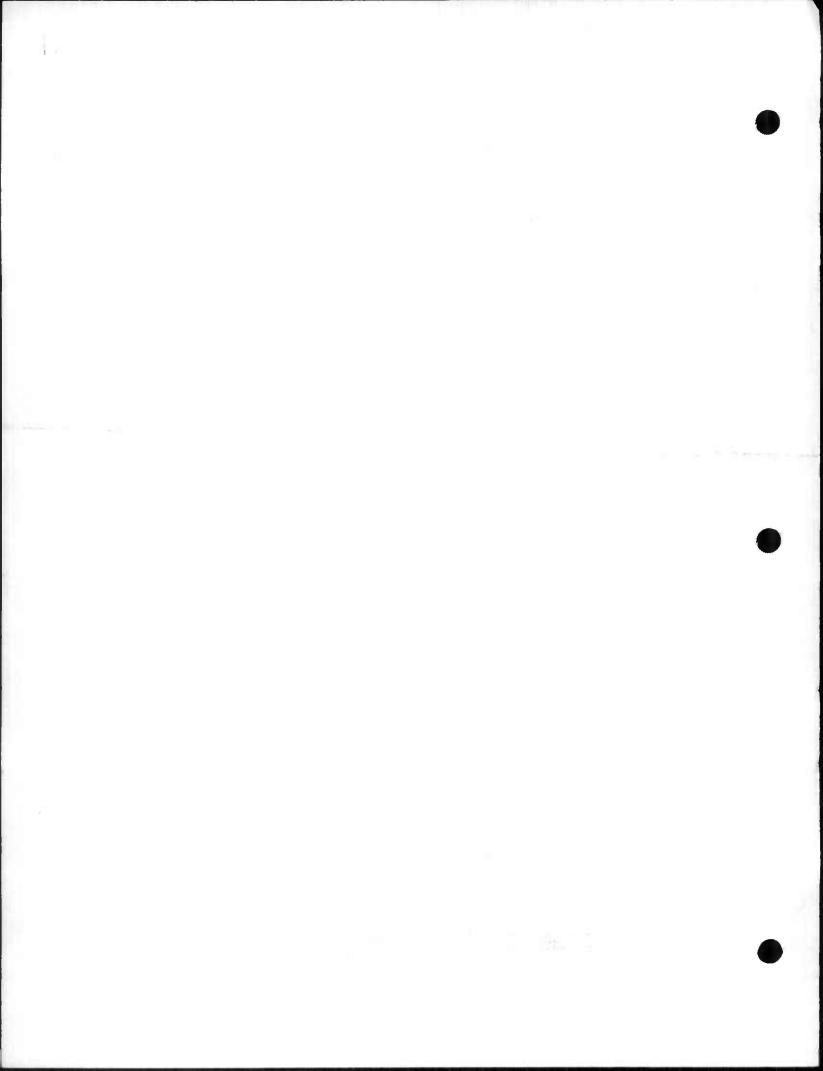
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unerai irector		5. Social Security N 216-20-4 Usual Rasidence of	113	6. Sax 10∑ M 2□	DE I	ge (In yrs. Ia: 69	st birthday) Yrs.	Months Day		Min. (Month, I	Birth Day, Year) 17, 1926	Coul	place (State or Foraign ntry) yLand
% 11		10a. State	10b. County			10c. City,	Town or Loc	ation				1	10d. Inside City Limita
FEEE ST	ctor	Maryland	Carrol	l			westn	iniste	r				1 ☐ Yes 2 No
23a or 2	Funeral Director	10e. Street and Nur 3450 Bak		!				10f. Zip Code	21157		10g. Citizen o	What Could	
r than "natural", or from 23a or 28a-f show the Medical Examiner must be notified at	þ	11. Marital Status 1 □ Never Marri 3 □ Widowed		Arm	ned Forces?  Yas 2 □ I es. Give		1	/as Decedent of Yes, specify C		? (Specify Yas or f ruerto Rican, etc.)	No- 14. R B	aca - Amaridack, White,	etc.
natu	Completed		15. Decedent'	s Education grade compl	leted)		16a. Decede (Giva k	ent's Usual Oci and of work do	cupation ne during most or ired)	working	16b. Kind of	Businass/In	dustry
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2 -		19a. Informent's Ne Mark L.			nt)		19b. Mailing 2613	Address (Street	et and Number of	or Rural Route Num d-Cllict	ober, City or Ton	m, State, Zip Mary	code) Land 2104
Important: If item 2 any injury or other once.		20a. Method of Disp 1 Derial 2 I	☐ Cremation		i from State	con	ce of Dispos natery, crem	ition (Name of atory or other p	olace)	Date	20c. Location	n - City or To	own, State
Importa any inju	36	21. Signature of Fu	neral Sarvice L	icensee	14 0		22.	Nama and Ad	ress of Facility	ard-655 (	D Ralti	maka	Stroot
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sician	1		ne disease, or on failure. List o	complications	that caused	d the death.	Ва	eltimor	2, Maryl	and 21	201-1559		Approximate Interval Batween Onset and Death
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_TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withheart hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
- 1			

	1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPARTM CERTIFIC	ENT OF H	EALTH AND M	ENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)				T	2. DATE OF DEATH		3. TIME OF DEATH
	DONALD Ezi	ra A	ANDERSON				996	1:30 A M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Dev. Year)	0.	BIRTHPLACE (State or Foreign
	551-50-9522  Da. FACILITY NAME (If not institution, give in the second s	1 M 2 F	82 YHS.	CITY TOWN	R LOCATION OF DEAT	Apr. 21,1		Pennsylvania
TOR	Perryville Me				y Point			ville
DIRECTOR	Virginia Fai	irfax	10c. CITY, TO Lort	ON OR LOCAT	ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
¥	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN	N OF WHAT COUNTRY?
E	9525 Greenca	astle Lane	2		22079		U	.S.A.
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Amarried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 X Y IF YES, GIVE WAR O	R IN U.S. ARMED ES 2 NO R DATES	If yes, spe	ENDENT OF HISPANIC polify Cuban, Mexican, 2 NO Specify:	ORIGIN? (Specify Ye Puerto Rican, etc.)	a or No 14.	RACE — American Indian, Black, White, etc.
	15. DECEDENT'S EDU	CATION	ww!	1		Taller		
313	(Specify only highest grade	o completed)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use rel	done during mos lired.)	st of working	16b. KIND OF BU	ISINESS/INDUS	TRY
PL	Elementary/Secondary (0-12)	College (1-4 or 5+)	Enginee			U.S.	Navy	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAME	E (First, Middle, Maider	Surname)	
BE C	William Ander	rson				Johnson		
TO B	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural Roo			
-	Mrs. Gina And	lerson	9525 G	reenca	astle La	ane Lort	on, VA	22079
	20a. METHOD OF DISPOSITION  I X Burial 2 Cremation 3 Rem  4 Donation 5 Other (Specify)	iovat from Stale	20b. PLACE AND DATE OF DI cemetery, crematory or other p QUANTICO	SPOSITION (Nai	me of nal 6/14	OATE 200. LC	iangl	
	21. SIGNATURE OF FUNERAL SERVICE LA	CENSEE		22. NAME AN	O ADDRESS OF FACIL	LITY		
	16 Hotel 11/16	17 05	2900241		tcastle			ridge,VA
	23. PART I. Enter the diseases, or			entar the mod	de of dving, auch	as cardiec or resp	WOOGD.	Lage, VA
	shock, or heart feilure.  IMMEDIATE CAUSE (Final disease or condition	List only one cause of	n each line.					interval Between Onset and Death
	resulting in death)	a. Sepsi:	S A CONSEQUENCE OF):					2 Weeks
NO	Sequentially list conditions,	Decub:						2 Months
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	002 10 (04 )	S A CONSEQUENCE OF):					
윤	CAUSE (Disease or injury that initiated events	OUE TO (OR #	AS A CONSEQUENCE OF):					<u> </u>
토	resulting in deeth) LAST	d						
	PART II. Other algnificent condition	ne contributing to deet	h but not reculting in th	o un dodulo e	savas abus la B	-41   41 1144		
CAL	Alzheimer's Dis				ceuse given in Pi	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
	AIZHEIMEL S DIS	sease, Allem	ia, nyperter	ISTOIT		1 🗆 YES	2 🐴 NO	OF DEATH?
Σ	DID TOBACCO USE CONT	PIRLITE TO CALISE	OF DEATH VES		UNCERTAIN	īkī l		1 TYES 2 NO
₹ I	25. WAS CASE REFERRED TO MEDICAL	T CAOSE	26. PLACE OF DEATH (C		OIACERIAIIA			
Sic	EXAMINER?  1 YES 2 XNO	HOSPITAL: 1   Inpetient 2   ER/0		HER: Nursing Home	5 Residence 6	Other (Specify)	_	
Y PHYSICIAN: MEDIC	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJUI (Month, Day, Yea	RY 26b, TIME OF		JRY AT 2	28d. DESCRIBE HOW	INJURY OCCUR	EO
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e, PLACE OF INJU building, etc. (5	URY — Al home, farm, street Specify)			281. LOCATION (Street City or Town, State	and Number or F	Rural Route Number,
9	29a. CERTIFIER							
COMPLETED	(Check only 1 X CERTIFYING PHYS	ICIAN: To the best of my kr IR: On the basis of examina	nowledge, death occurred at attion and/or investigation, in	the lime, data my opinion, de	and place, and due to eath occured at the tir	The cause(a) and me me, date and place, a	nner sa stated. nd due to the ca	nuse(a) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	MIRZI	A A-BA	16 41	29c. LICENSE NUMB D43115			GNEO (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	IO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Prin	0 -1947	DADITO	,	0/	0/30
	MIRZA BAIG, M.D.	, VA Medical	l Center, Pe	erry Po	int, MD	21902		
	JUN 1 8 195	36 Julia Da	IGNATURE VILLOUND PROPERTY					
							-	DMMH. 16 Sav. 1/80



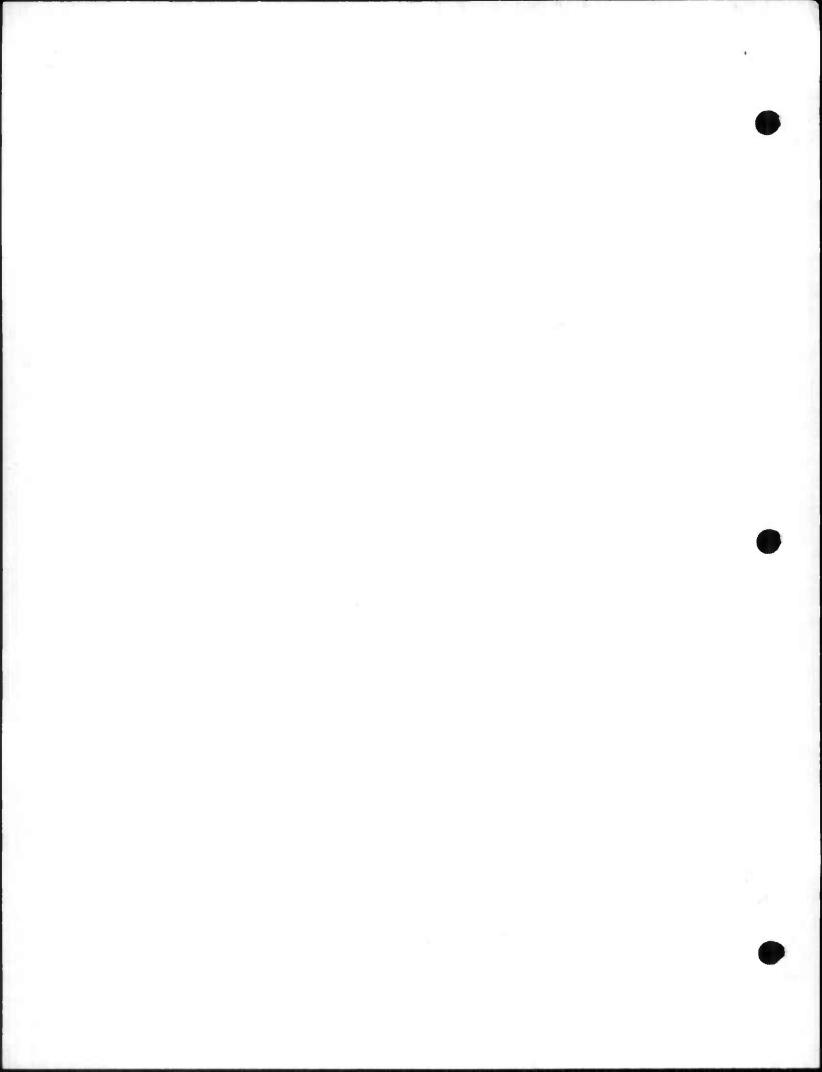
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	1 STATE	SIMIE OF MANTE	AND / DEFA	RTMENT OF	HEALTH	AND I	MENTAL HYGIEN	lE .		
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Lest)		CERTI	FICATE C	F DEAT	ГН	REG. NO	).		
							2. DATE OF DEATH	MY	YEAR	3. TIME OF DEATH
	Betty Oppelt I	1						,199		5:00A
			(In yrs. lest birthday	MONTHS DAY		24 HRS. MIN.	7. DATE OF BIRTH (Month Pay Year)	7	8. BIRTHP Couptry)	LACE (State or Foreign
	212-74-7084		9 YRS.							
DIRECTOR	98. FACILITY NAME (If not institution, give 2504 Roy Terrac			Fall	OR LOCATION	ON OF DE	EATH		rford	
ည	10a. STATE 10b. COUNT	гу	10c C	TY, TOWN OR LO	CATION					and things over
DIR	MD N	/A		ltimore	, carron					10d. INSIDE CITY LIMITS? 1* YES 2 NO
AL.	100. STREET AND NUMBER				10f. ZIP CODE	E		10g. CIT		AT COUNTRY?
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BY FUNI	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes	DECENDENT C , specify Cuba YES 2 X NO	n, Mexica	IIC ORIGIN? (Specify Yen, Puarto Rican, stc.)	s or No-		American Indian, White, aic.
ED E	15. DECEDENT'S EDI	I								WIIICC
ETE	(Specify only highest grad	le completed)	(Give kind or	S USUAL OCCUP work done during use retired.)	ATION most of working	ng	16b. KIND OF BU	SINESS/IN	DUSTRY	
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5 0	17. FATHER'S NAME (First, Middle, Last)  John Oppelt						et Lang	Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)		Tab. MAN III	0.40000000.00			Route Number, City or Tox			
2	Frederick Balda	uf					air , Mar			4
2						201	DATE 20c. LC	_		
5	25e. METHOD OF DISPOSITION 1	noval from State	PLACE AND DATE	Fine Triace + h	Comet	orv	6/19/96 B	- nortace	City or Tow	Maryland
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	iMMEDIATE CAUSE (Fine) disease or condition resulting in death)	· CERE	BRI	7L H	RTR	RI	0 SCLB	ROS	~/6	
	disesse or condition	C.	A CONSEQUENCE OF CONS	CER	ATR BISC	RI		ROS	~/6	Approximate Interval Between Onset and Desth
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31. DATE FILED (Morth, Day, Year)
JUN 1 8 1996

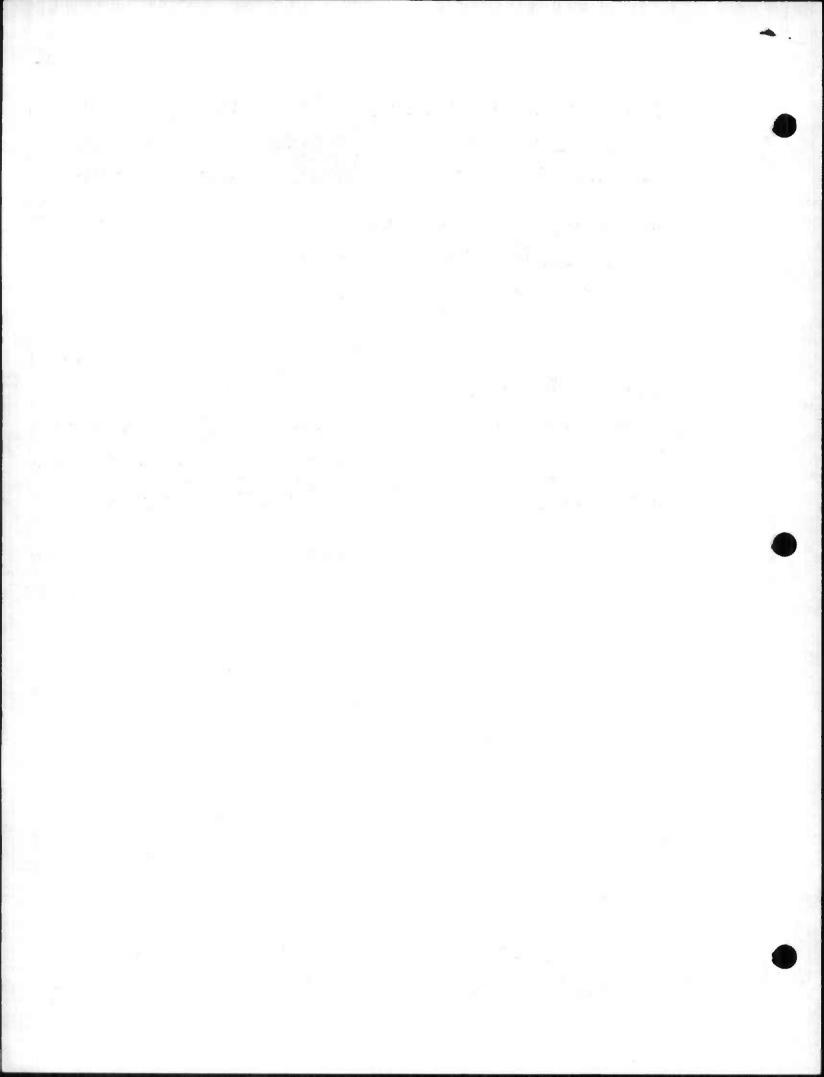
32. REGISTRAR'S SIGNATURE a Savidson-Randell



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

					ertificate o	r Death	Re	g. No.		
		1. Decedent's Neme (First, Middle, L.	ast)	0			2. Date of Deeth	h		of Death
Physicia (Martin		DEVERSAL	· × (<.	BR25:	Sela		Month 1	3 19c	Yeer 3:1	5 P.C
/Medic Examin		4e. Fecility Neme (If not Institution, gi		01020	3121	4b. City, Town, or Lo		dc. County		0 1 1
LXIIIII	C:	3626 Dougle	Rock L	ANS		Parkill	2	CAT	13 min	
uneral				In yrs. last birtho			8. Dete of Birth (Month, Dey,		9. Birthplece (Ster	te or Foreign
irector		236 38 7658 Usuel Residence of Decedent	DEM 20F 5	S Yrs	Months Dey	s Hours Min.		940	Country)	2
ž ==		10a. Stete 10b. County	1	Oc. City, Town o	r Location				10d. fnside	City Limits
53	Ö	MARYLAND BALTIT	01	PARKY	711"				1 U Y	es 28 No
DOG 5	Director	10e. Street end Number	10165	1 HILV	10f. Zip Code	1	10	0g. Citizen of V	What Country?	
"natural", or items 23a or 28a-f show idical Examiner must be notified at	٥	21 01 0 01	- R-2V1		2.10	121.		110		
22	era	11. Meritel Stetus	12 Was Decedent Fv	er in IIS	3 Was Danadani o	Hispanic Origin? (Sp	acify Yes or No.	14 Rec	e - American Indien	
E B	Funeral	1 ☐ Never Married 2 Married	12. Wes Decedent Even Armed Forces? TRYes 2 □ No	or 117 O,O.	If Yes, specify Co	f Hispenic Origin? (Spuban, Mexican, Puerto	Rican, etc.)		k, White, etc.	
y w	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yeer or Detes:		1□Yes 2M N	o Specify:		Specify	2 7 110.1"	
idical Ext		15. Decedent's E		1	acedent's Usuel Occ	unation	1 -	16h Kind of Ru	usiness/Industry	
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and a	ŭ	17. Fether's Neme (First, Middle, Las	f)	4.	25/11/1/	18. Mother's Neme				404
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recu		19e. Informant's Name/Reletionship			_	et end Number or Run	I Houte (vumber,	City or Town,	Stata, Zip Coda)	21231
4.16			SILLES	36	Ab Doug	TY KOCK T	ANETA	ARKVIT	IZ I IARY	LAND
. 2		20e, Method of Disposition  ☐ Burial 2 ☐ Cremetion 3 [	Removal from State	cemetery,	sposition (Neme of cremetory or other p	lece)	Dete TH 2	20c. Location -	City or Town, State	
any injury o		4 ☐ Donetion 5 ☐ Other (Special		GARRI	SON FORS		1996 (	JARRI	500 MA	RYLA
any in		21. Signature of Funeral Service Lice	nsee /		22. Neme end Add	Iress of Eacility	Osmar	2215		
E & 8		1/800 10	- ( \		2 200 88 4 00 88	HALST OF	0		wille	
	$\dashv$	23a. Pert1. Enter the disease, or con shock, or heart feilure. List only	phications the caused th	e deeth. Do not		ving, such es cardiec	or respiratory erre			nete
ician		shock, or heert feilure. List only	one ceuse on each line.						Approxin fntervel I Onset er	Between nd Deeth
licai		tmmediate Cause (Finel	Marie	1-	FAIL	0			1 1	
niner		diseese or condition resulting in deeth)	· THAT	1/6		re			1 140	MIH
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al-tra	Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Causa (Disease or injury	Di	e to (or es e cor	sequance of):					
		Cause (Disease or injury thet initiated events	c						1	
s the	edicai	resulting in deeth) Last	Du	e to (or es e con	sequenca of):					
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ped	Ske	Pert II. Other significant conditions	contributing to death but r	not resulting in th	e underlying cause	given in Pert f.	23b. Did to	bacco use coi	ntributs to the caus	se of deeth
detached for	Physician/						1 🗆 Ye	00 20 No	3 □ Probably 4	Unknow
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200	pie								completion of daeth?	of cause
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page 2 should	ō					26. Place of Deat			3000	
page 2		25. Was case raferred to medical				Where	me 5 Reside		er (Speciful	
actor, page 2	Be	axaminar?	Hospital:	2 FR/Outer	tient 3[IDOA   ]	→ CT LANTSILIS U.O.				
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State of Maryland / Department of Health and Mental Hygiene 96 6-18-96 rja Film G736 item 20b per FH Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Year **Physician** 

3. Time of Death LAVINIA BARNES 1996 MINE /Medical 1 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Baltimore
H Under 24 Hrs.
Hours Min.

8. Dete of Birth
(Month, Dey, Year)
(Month, Dey, Year)
MARCH 20, 1967

MARY LAND Bin SECOURS HOSTITA If Under 1 Year 6. Sex Birthplece (State or Foreign Country) 5. Sociel Security Number 7. Age (In yrs. lest birthdey) **Funeral** 10M 2XF Deys 89 Months 218-07-4252A Yrs. Director Usuel Rasidence of Decedent 10e. Stete 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumstic event, the Medical Examiner must be notified at 1 Yes 2 No BALTIMORE BALTIMORE 101. ZID Code MARYLAND 10e. Street end Number 10g. Citizen of What Country? W. FRANKLIN STREET 21201 301 USA. Funeral 12. Wes Decedent Ever in U,S.
Armed Forces?
1 ☐ Yes 2 M No
If Yes, Give
Year or Detes: 14. Race - American Indian, Bleck, White, etc. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Meritel Status 1 ☐ Never Merried 2 ☐ Merried natural, or 1□ Yes ≱ No Specify: Specify: BLACK b 3X Widowed 4 □ Divorced Completed 16e. Decedant's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 18b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Hygiene. permit. Pages 1 and 2 should be filed w
Department of Health and Mental Hygien
Important: if Nem 27 is marked other tha
any injury or other traumatic except PRIVATE HOMES HOUSEKEEPER UNKNOWN 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) IDA 2 UNKNOWN SIMMS 19e. tnforment's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 9707 MARRIOTTS VILLE RD., RANDALLSTOW N, MD. 2 1/33
see of Disposition (Name of Dete 20c. Location - City or Town, Stete MARSHALL NICHOLS 20b. Plece of Disposition (Name of 20e. Method of Disposition Buriel 2 Cremetion 3 Removel from Stete Western Star Cemetery ■ Bonation 5 Other (Specify) ZION CEMETERY 6-12-96 BALTIMORE, MD. N Forerai Service Licensee 22. Name and Address of Facility
JOSEPH H. BROWN JR. FUNERAL HOME, P.A.
2140 N. FULTON AVE., BALTIMORE, Ma 21217 for the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, heart feilure. List only one cause on each line. **Physician** Immediate Cause (Final disease or condition resulting in deeth) /Medical CongestivE Hemit About 5 Mos Examiner Physician/Medical Examiner chost 5 mes 12 ENAL pi. 416 The law requires that the death certificate be executed physician end the buriel-tran Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated evants rasuiting in death) Lest Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760 Due to (or es a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. ed by the a 23b. Did tobacco use contribute to the cause of death? signed by t d be detech 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were sutopsy findings evailable prior to completion of cause of daeth? 24e. Wes en autopsy performed? Completed s certificate hes t director, pege 2 s NA 1 ☐ Yes 2 12 No 1 ☐ Yes 2 ☐ No al or Attending Physician: The safer death.

I Director: After this certificate ad in by the funeral director, pe 25. Wes case raferred to medical examiner? Be 28. Plece of Deeth (Check only one) Hospitel: 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 ☐ Impatient 2 ☐ ER/Outpatient 3 ☐ DOA 28e. Dete of Injury (Month, Dey Year) 27. Manner of Deeth 28b. Time of Injury 28d. Describe how Injury occurred 28c. Injury et Work? 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be datamined 3 Suicide 28e. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Steta) 4 Homicida 4 hours effer Funeral Dire Hospital

29a. Certifier 1 Certifying Physician: To tha best of my knowledga, daath occurred et the time, deta and place, and due to the cause(s) end mannar as stated. (Check only one) 2 Medical Examtner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the causa(s) and menner stetad. 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year)

0156 98

ws 30. Nama and address of person who complated cause of deeth (Item 23a) (Type, Print) 1 WE 5, 1996

Securs Hospitol, Battimore Med 21223

MARCOS GALICIA m.D

31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture

State Registrar

Medical

whia Davidson JUN 18 1996

IN THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 724 hours after death. Page 6 may be retained by the hospital or attending physician.  THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, in filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.		3 should	
ENDING PHYSICIAN: The law requires that the death certificate be executed within Carhours after death. Pa RR: After this certificate has been signed by the attending physician and completely filled in by the funeral of ter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.		2	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

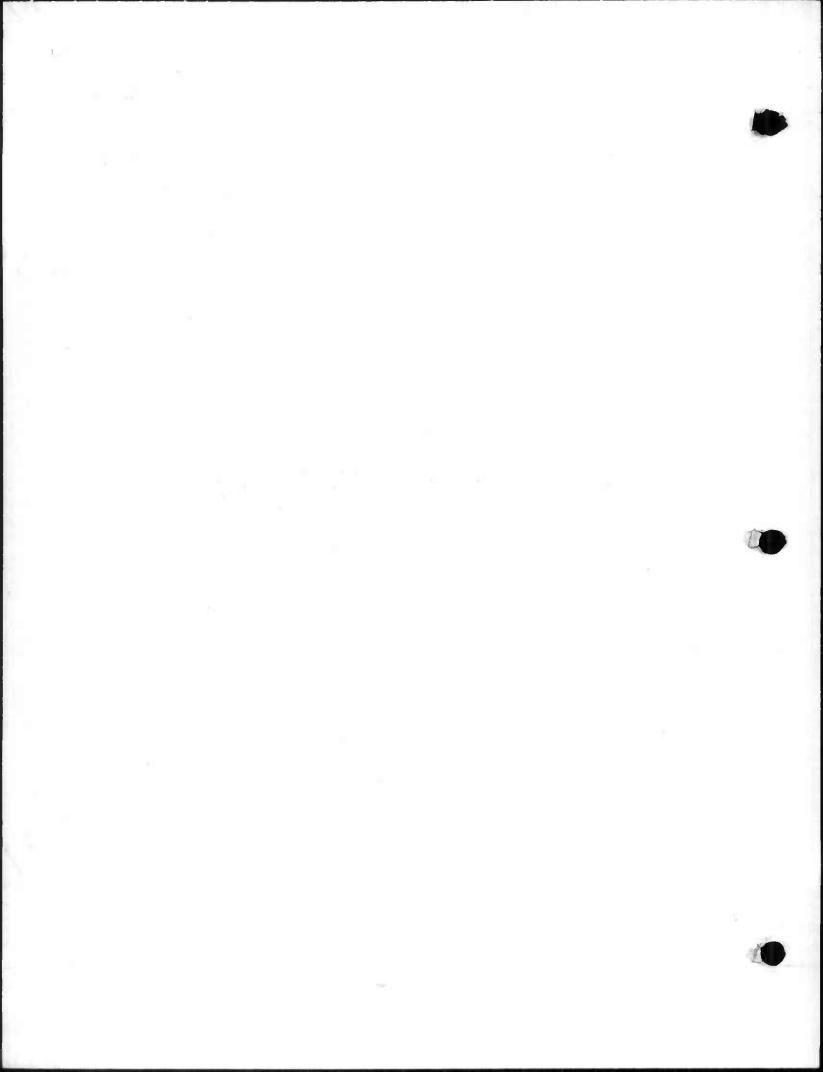
Items: 10c,20a,22 per State Anatomy G-736 6/18/96 d.d.

1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AN CERTIFICATE OF DEATH STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

- 8	1. DECEDENT'S NAME (First	, Middle, Last)	_						OF OEATH			3. TIME OF QEATH
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10	4. SOCIAL SECURITY NUME			(In yrs. last birth		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE C			8. BIRTH	PLACE (State or Foreign
- 37	189-54-0	600	1 M 2 - F	36 YF	IS. MOI	THE DAYS	HOURS MIN.		Day, Year) -14-6	0	Country	VSVLVANIA
	9s. FACILITY NAME (If not in	stitution, give s	treet and number)		96	CITY, TOWN	OR LOCATION OF		, , ,		ITY OF DE	
DIRECTOR	14151 CAST		LUD # 402		0	SILUE	R SPRII	106, 4	ns	Mor	UTGO	MERY
E C	10e. STATE	10b. COUNTY	,	10c	CITY. TO	OWN OR LOCA	TION					10d, INSIDE CITY
	DC	n/	'a	7	212	RICT	- OFWASI	INGTO	NBIA			LIMITS?
₹	10e. STREET AND NUMBER					10	1. ZIP CODE		6	10g. CITI	ZEN OF W	HAT COUNTRY?
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BY	3 Widowed 4 Divo		IF YES, GIVE WAR OR	DATES			2 AO Spec				Specify	c:
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COMPLETED	(Specify only	y highest grade	completed)	(Give kind	d of work	done during mo	ost of working	166.	KIND OF BUS	INESS/IND	USTRY	
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	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENGEE			22 NAME AL	NO ADDRESS OF E	ACHITY E	0.4.4.4.1		C	
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7	21 BART I. Enter the di	seases, or o	complications that cause	d the death.	Do not	000	10,0000110	13000	0057	31	THE RESERVE	Approximate
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	IMMEDIATE CAUSE (Fir disease or condition		0-	on for-	. 1	Lá	· Cur					Sudden
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ן ב	290. CERTIFIER 1 CERT	IFYING PHYSI	CIAN: To the best of my know	viedce death on	Cumed at	the time detail	and place and di	to the ear	afa) and in		4	7
			R: On the basis of examination									and manner as stated
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State of Maryland / Department of Health and Mental Hygiene 96

Items: 1,15,20a per State Anatomy G-736 6/18 Gertificate of Death Reg. No. 1. Decedant's Nama (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** 1941 BAKER ROSELL N. BAKER 96 05 /Medical 4e. Facility Neme (if not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** MARYLAND GENERAL Baltimore Cit HOSPITAL Baltimore If Under 1 Yeer | If Under 24 Hrs. 5. Social Security Number 6. Sax 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Day, Year) Birthpiace (Stefa or Foreign Country) **Funeral** Days Hours 1 M 2 KF 072-20-7368 Director 11, 1911 Virginia Usual Rasidanca of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits Dermit. Pages 1 and 2 should be filed within 72 hours after death with the Merylan Department of Health and Mental Hydene.
Important: If item 27 is marked other than "natural", or items 23a or 28a-f show the financial control of the marked other than natural or notified at once. Director 1X Yes 2 □ No Baltimore Maryland n/a 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? U.S.A. 21215 4615 Park Heights Avenue Funeral 12. Wes Decedant Evar in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yas, Giva 13. Was Decedant of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Maxican, Puarto Rican, etc.) 14. Race - American Indian, 11. Maritel Stetus Black, White, etc. 1 Never Merried 2 Married Black Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: þ 3 Widowed 4 Divorced Year or Detes: Completed 16a. Decedant's Usual Occupetion (Give kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grade complated) 16b, Kind of Businass/Industry Eiamantary/Secondary (0-12) Collega (1-4or 5+) 90 Domestic Worker Private Home 17. Fathar'a Nama (First, Middla, Last) 18. Mother's Nema (First, Middla, Maidan Sumama) Be Josephine "unknown" unknown 19b. Malling Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code)

21085 19a. informant's Name/Ralationship (Type, Print) 687 Town Center Drive-Joppa, Maryland Kenneth Jackson/son 20b. Placa of Disposition (Nama of cemetary, cramatory or other place) 20e. Mathod of Disposition 20c. Location - City or Town, Siata 1 ☐ Buriei 2 ☐ Cramation 3 ☐ Ramoval from Stalle 4 Donailon 5 Other (Specify) State Com er em. 21. Signeture of Funaral Service Licensee

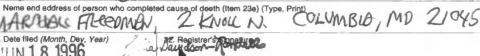
Joseph B. Vangant 32 Nome and Address of Facility State Anatomy Board-655 W. Baltimore Street Baltimore, Maryland 21201-1559 Part Lener the disease, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarval Batween Onset and Death Physician Cardiac Arrhythmia immediata Ceusa (Final disaasa or condition rasulting in daeth) /Medical ACUTE Examiner Examiner CARDID VASCULAR DISEASE HYPERTENSIVE Sequantially list conditions, if any, laading to immediata cause. Entar Undarlying Cause (Disease or injury that initiated events rasulting in death) Last Dua to (or as a consequence of): and The lew requires that the deeth certificate be execu Division of Vital Records, P.O. Box 68760, ed by the ettending physician detached for use as the burie Physician/Medical Due to (or as a consequence of) Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably W Unknown signed by HYPERTENSION Completed by 90 24b. Were autopsy findings available prior to complation of cause of death? CHRONIC RENAL INSUFFICIENCY 24e. Was en autopsy performed? certificate 1 Yas 2 No 1 ☐ Yes 2 ☐ No or Attending Physician: 25. Wes casa rafarrad to medical axaminar? Be 28. Placa of Deeth (Check only ona) Hospitai: Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 2 1 Yas 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA this 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28b. Time of Injury 28c. Injury at Work? 28d. Describe how injury occurred Certification: After 5 Pending invasilgation 1 Naturai 2 Accidant To the Hospital or Attending within 24 hours efter death.
To the Funeral Director: Afte completely filled in by the fun. 1 Yes 2 No 6 Could not be datarmined 3 ☐ Suicide 28e. Place of Injury - At homa, ferm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 - Homicida 29a. Cartifier (Check only one) edical 🔀 Certifying Physician: To tha best of my knowledga, deeth occurred at tha tima, daia and place, and dua to tha causa(s) and mannar as staied. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and menner stated. 29b. Signature and title of certifier 29c. Licensa number 29d. Data signed (Month, Day, Year) 30. Nama and addrass of person who con had cause of death (liem 23a) (Type, Print) LINDEN 31. Deta filed (Month, Day, Year) 32. Registrer's Signature State JUN 18 1996 - - avidson Registrar

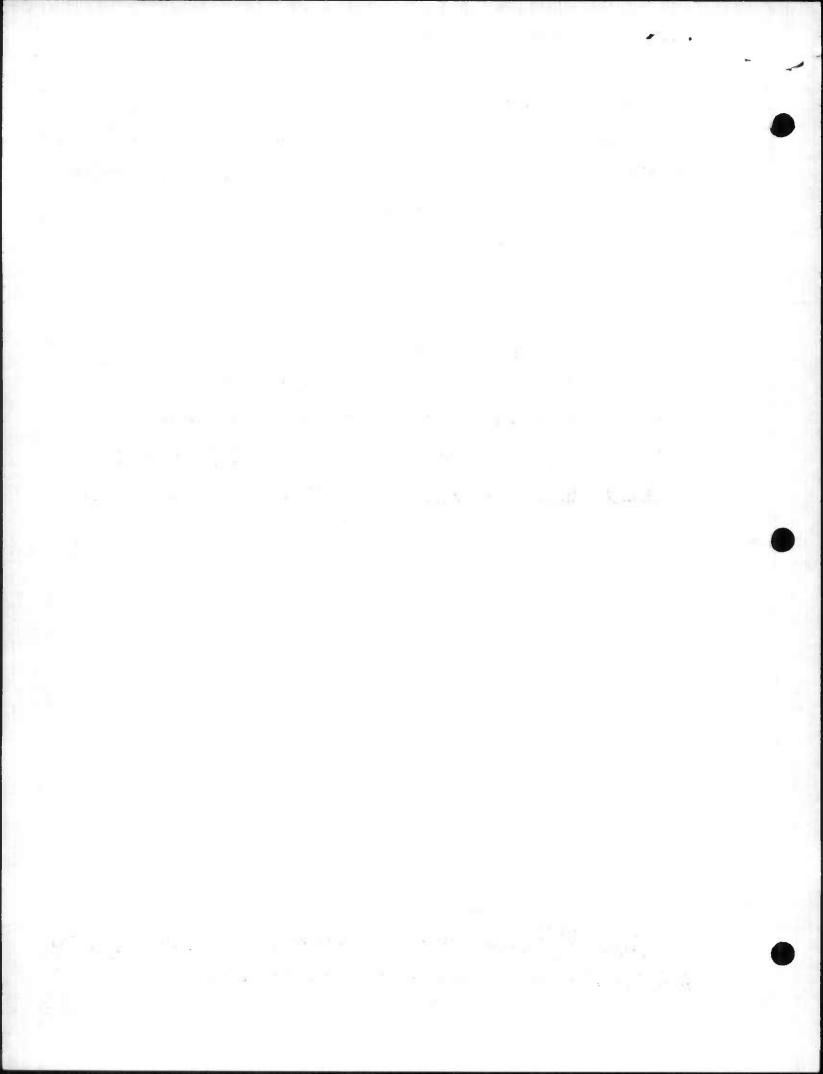
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JUNE 14

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middla, Last) 2. Deta of Deeth 3. Time of Deeth Month **Physician** Albert L. Biasotti June 1996 12:05 AM 14 /Medical 4e. Facility Neme (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 9120 Emersons Reach Columbia Howard 5. Sociel Security Number If Undar 1 Yaar If Undar 24 Hrs. 7. Aga (In yrs. last birthdey) 8. Dete of Birth (Month, Day, Year) Birthplece (State or Foraign Country) **Funeral** 10XM 20 F Months Deys Hours Yrs. Director 113-10-6938 76 May 8, 1920 NY Usual Rasidance of Deceden the Maryland 10a Stete 10b Counts 10c. City. Town or Location 10d. Insida City Limits r than "natural", or itema 23s or 28s-f show the Medical Examiner must be notified at MD Howard Columbia Director 1 ☐ Yes 2 ☑ No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 9120 Emersons Reach 21045 USA 12. Wes Decedent Evar in U,S. Armed Forces? 1 ∑Yas 2 ☐ No If Yès, Giva Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Maxican, Puarto Rican, atc.) 14. Race - American Indien. Bieck, White, atc. filed within 72 hours after thygiene. 1 Nevar Merried 2 Merried altimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: Specify: þ 3 ☐ Widowed 4 ☐ Divorced Year or Detes: WW II White Completed 16a. Decedent's Usuel Occupetion (Giva kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highast grade completed) New York City Elemantary/Secondary (0-12) Coilege (1-4or 5+) permit. Pages 1 and 2 should be filed wit Department of Heelth and Mental Hygiene Important: If Item 27 is marked other true any injury or other traumatic avent, trainonse. Post Office Postal Supervisor 12 None 17. Fathar's Name (First, Middle, Last) 18. Mother's Nama (First, Middle, Meiden Surname) Be Marco Biasotti Francesca Reineri 19e. Informent's Neme/Relationship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, Steta, Zip Coda) Delia Biasotti 9120 Emersons Reach, Columbia, MD 21045 (Wife) 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 Buriai 2 Cramation 3 Removel from Steta 4 Donetion 5 Other (Specify) JUNE 18 1996 Clarksville, MD Columbia Mem. Park 22. Nama and Address of Fecility
Witzke Funeral Homes, Inc. 21. Signeture of Funeral Sarvice Licensaa 5555 Twin Knolls Rd. Columbia, MD 21045 23a. Pert1. Enter the disease, or combilication, that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause or aech line. Approximate tnterval Between Onsat and Deeth Physician JOBLASTUMA MULTIFORME Immediate Cause (Final diseese or condition resulting in daeth) Examiner Due to (or es e consequence of): Sequentially list conditions, if eny, leading to immadieta cause. Enter Underlying Cause (Disease or injury that initieted events rasulting in deeth) Last Due to (or as a consequence of): P.O. Box 68760. physician The law requires that the deeth certificate be Physician/Medical the Due to (or es a consequenca of): attending for use as Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? the á 1 Yee 2 No 3 Probably 4 Unknown Records, þ 90 24b. Were autopsy findings available prior to completion of cause of deeth? Completed 24a. Wes an autopsy performed? peed certificate hes page 2 1 Yes 2 No 1 Yes 2 No Division of Vital Hospital or Attending Physician: 2 hours after death. Funeral Director: After this certifica stely filled in by the funeral director, i 25. Was case referred to medical axeminer? Be 26. Placa of Deeth (Check only ona) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 10 1 Inpatiant 2 ER/Outpatienf 3 DOA 27. Menner of Deeth 28a. Dete of Injury (Month, Dey Year) 28c. Injury at Work? Medical Certification: 28b. Tima of 28d. Describe how injury occurred 5 Panding investigation 1 Neture 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicida 6 Could not be 28f. Location (Street end Number or Rural Route Number, City or Town, Stele) 28e. Pleca of Injury - At home, ferm, streat, fectory, office building, etc. (Specify) 4 Homicide 1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, and due to the cause(s) and manner as stated. 29e. Certifier 2 Medical Examiner: On the bests of examinetion and/or investigetion, in my opinion, deeth occurred at the time, date and place, and due to the causa(s) and menner stated. within 2 29b. Signature and titia of certifing 29c. Licanse number 29d. Data signed (Month, Day, Year)

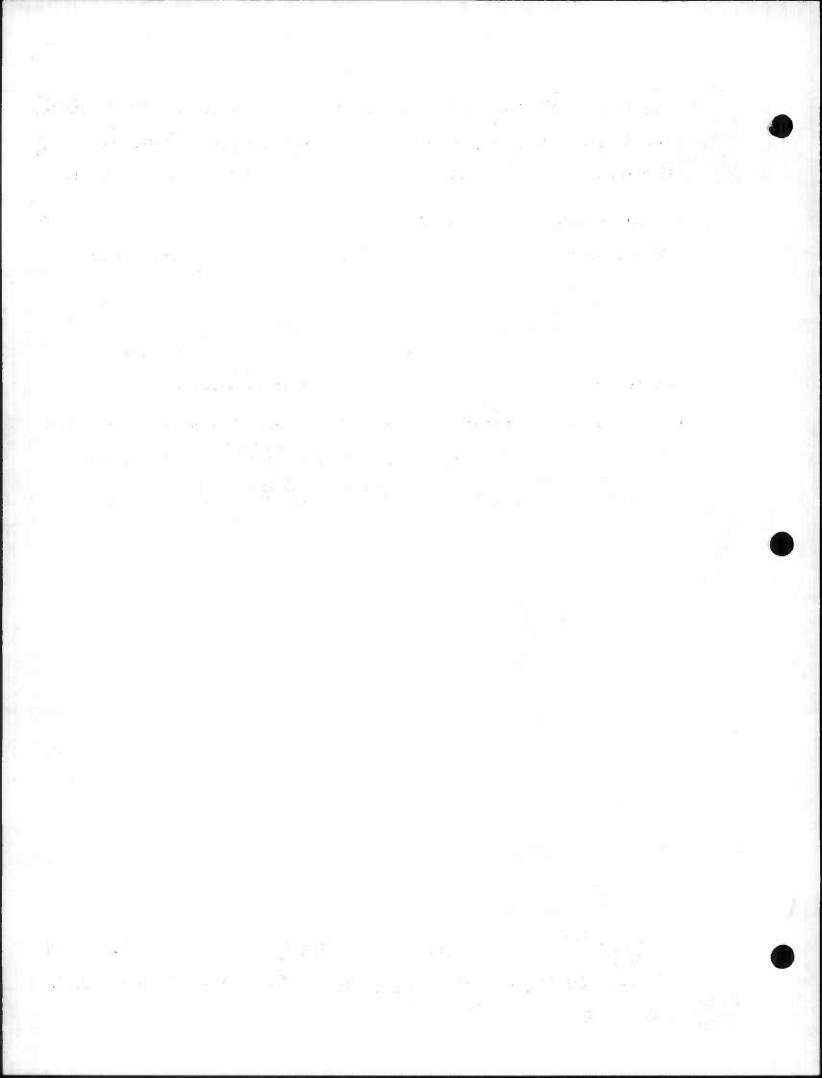
State Registrar 31. Dete filed (Month, Dey, Year)





## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 | 7868

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sician edical	PEAVI DYAVANT	Doemma	enut 15		
niner	4a. Facility Neme (If not institution, giva street and number)	41	c. City, Town, or Location of Des		ath
	North Arundel Hospit	Co Co	denburnu	Annel	Arundel
1	5. Social Security Number 6. Sax 7. Age (III) yrs.	Months Days	Hours Min. 8. Deta of B	Birth 9. Bi	rthplace (State or Foreign Country)
r	215-52-2540 83	Yrs.	Feb. 1		rginia
	Usuel Rasidence of Dacedant  10a. Stata 10b. County 10c. Cit	y, Town or Location			10d. fnside City Limits
Director					1 ☐ Yas 2 ☑ No
Director	Maryland Baltimore Dund			40- 04	
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a la		21219		United Sta	
Funeral	11. Maritel Stetus  12. Was Decedent Ever in U, Armed Forcas?  1 □ Navar Merried 2 □ Married  12. Was Decedent Ever in U, Armed Forcas?  1 □ Yes 2 □ No	If Yes, specify Cuber	spanic Origin? (Specify Yas or N n, Maxican, Puarto Rican, etc.)	14. Race - Am Biack, Wh	
by F	3 ☑ Widowed 4 □ Divorced Yeer or Datas:	1 ☐ Yas 2 ☑ No	Specify:	Specify: Tulb	nite
8	15. Decedant's Education	18e. Decedant's Usual Occupa	tion	16b. Kind of Businas	
Be Completed	(Specify only highast grade completed)	(Giva kind of work done do lifa. DO NOT usa retired)	uring most of working	Too. Tind of business	a moonly
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0	17. Fathar's Name (First, Middla, Last)		18. Mothar's Name (First, Midd	la, Maidan Sumama)	
To B	John Atkins		Nellie Harefi	.eld	
	19a. informant's Name/Relationship (Type, Print)	19b. Mailing Address (Street a	nd Number or Rural Route Num	ber, City or Town, Stata,	Zip Code)
	Bonni R. Lloyd/ Granddaughter	36 Maryland Av	re., Apt. 2-B,	Annapolis,	MD 21401
		Placa of Disposition (Nama of ematary, cramatory or other place	Date	20c. Location - City of	
	142 Burial 2 Li Cremetion 3 Li Ramoval from Stata	ly Hills Mem. G	'	Chase, Mar	vland
,	21. Signature of Funazul Service Licensee -	22. Nama and Address	s of Fecility		7
once.	1 LASICALL		ddick Funeral H Wy., S.E., Gle		D 21061
	23a. Part1. Entar tha disease, or complications that caused tha daatt shock, or haert failura. List only one cause on each lina.				
ian	shock, or haert failura. List only one cause on each line.				Approximata Intarval Batween Onset and Death
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er	rasulting in daath)	r as a consequence of):	WOULISH C		Same
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	Sequantially list conditions, if any, laading to immadiate cause. Enrer Underlying Cause (Disaase or injury				
//Wedical		r as a consequence of):			
Me	d				
Physician	Part II. Other significant conditions contributing to death but not rast	uiting in the underlying cause give	n in Part f. 23b. Df	d tobacco use contribu	te to the cause of death?
	CHRONIC OBSTRUCTIVE	Pulmonary 1	SEASE 10	Yes 2 No 3 1	Probably 4 Unknown
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Completed	-			. /	of daath?
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To Be	axeminar? 1 □ Yas 2 □ No  Hospitel: 1 □ Inpatiant 2 □  27. Manner of Death 1 □ Natural 5 □ Panding  28a. Date of Injury (Month, Day Year)	28b. Tima of fnjury Work		e how injury occurred	
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DHMH-16 Rev t/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 n TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	examiner
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Lest)	URKMO	ar			2. DATE OF DEATH	11 199	3. TIME OF DEATH
	213-18-7320	SEX 6. AGE (	YRS. Iest birthdey) IF I	THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	31916	BIRTHPLACE (State or Foreign Country)
TOR	99. FACILITY NAME (II not institution, give stree  MARYLAND  RESIDENCE OF DECEDENT	ANOR N.		SIEN	BURN	ILE	9c. COUNTY	OF DEATH
DIRECTOR	100. STATE 10b. COUNTY Maryland Anne A	rundel		www or Locate				10d, INSIDE CITY LIMITS? 1  YES 2 NO
AL	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?
FUNERAL	5 Brownshade Drive			2	1061		Unit	ed States
BY FUR	11. MARITAL STATUS 1  Never Married 2  Merried 3  XWidowed 4  Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECI	city Cuben, Mexican	IC ORIGIN? (Specify Yen, Puerto Rican, atc.)	s or No— 14	RACE — American Indian, Black, White, atc. Specify: White
8	15. DECEDENT'S EDUCAT (Specify only highest grade con	TION molester()	16e. DECEDENT'S USU	AL OCCUPATIO	N .	16b. KIND OF BU	ISINESS/INDUS	
COMPLET		College (1-4 or 5 +)	(Give kind of work of life. Do NOT use reti	red.)	st of working			
M M	12		Homemaker			Own Ho		
	17. FATHER'S NAME (First, Middle, Lest) Gilbert Bass				16. MOTHER'S NAI Mary Br	ME (First, Middle, Maider	Surneme)	
E H	19e, INFORMANT'S NAME (Type/Print)		19h MAILING ADD	BESS (Street or		loute Number, City or Tov	un State Zin Co	of ch
2	William F. Burkmar	/ Son				, Ellicot		
	200, METHOD OF DISPOSITION	20b.	PLACE AND DATE OF DE	SPOSITION (Nat	me of	DATE 20c 10		or Town, State
	1 Donathon 5 Other (Second)	G	atary, cramatory or other p Len Haven	Memori	al Park	Gle Gle	n Burn	ie, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE - O		22. NAME AN Kirkle	D ADDRESS OF FAC	житу k Funeral	Home	
	1 7 3d off of	2				, S.E., G		cnie, MD 21061
CERTIFICATION	23. PART I. Enter the diseases, or conshock, or heer failure. Lia IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Probable  Due to or as a	ch line.					Approximate interval Between Onset and Beath
ERTIF	thet initiated evente resulting in death) LAST	gang	CONSEQUENCE OF:	ft -	foot			months
MEDICAL C	PART II. Other algorificent conditions of	contributing to deathbook	A CCIO		cause given in i	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  t YES 2 NO
ż	DID TOBACCO USE CONTRIE	BUTE TO CAUSE OF	DEATH YES	ON [	UNCERTAIN			tond tond
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:	28. PLACE OF DEATH (CA	heck only one)				
IVS		☐ Inpatient 2 ☐ ER/Outpi	itlent 3 DOA 4 🗓	Nursing Home	5 Residence			
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BY	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF INJURY	- At home, term, street,			26f. LOCATION (Street	and Number or	Rural Routa Number
TED	4 Nomicide determined	building, etc. (Speci	fy)			City or Town, State	)	
12	290. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowle	edge, death occurred at	the time, date	end place, end due	to the cause(s) and me	nner se stated	
COMPLET								suse(s) end menner ee stated.
ш	201 SIGNATURE AND TITLE OF CENTIFIER	10/00 0			29c. LICENSE NUM	BER .	29d. DATE SI	GNED (Month, Day, Year)
TO B	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Print)		D29'	761	106	11496
	Jerry D. S	karbek,		3418	B+A	Blvd	. Park	dana Midia
	31. DATE FILED (Marth, Day, Year)	32. REDISTRAR'S SIEM	ndess					1-2-11

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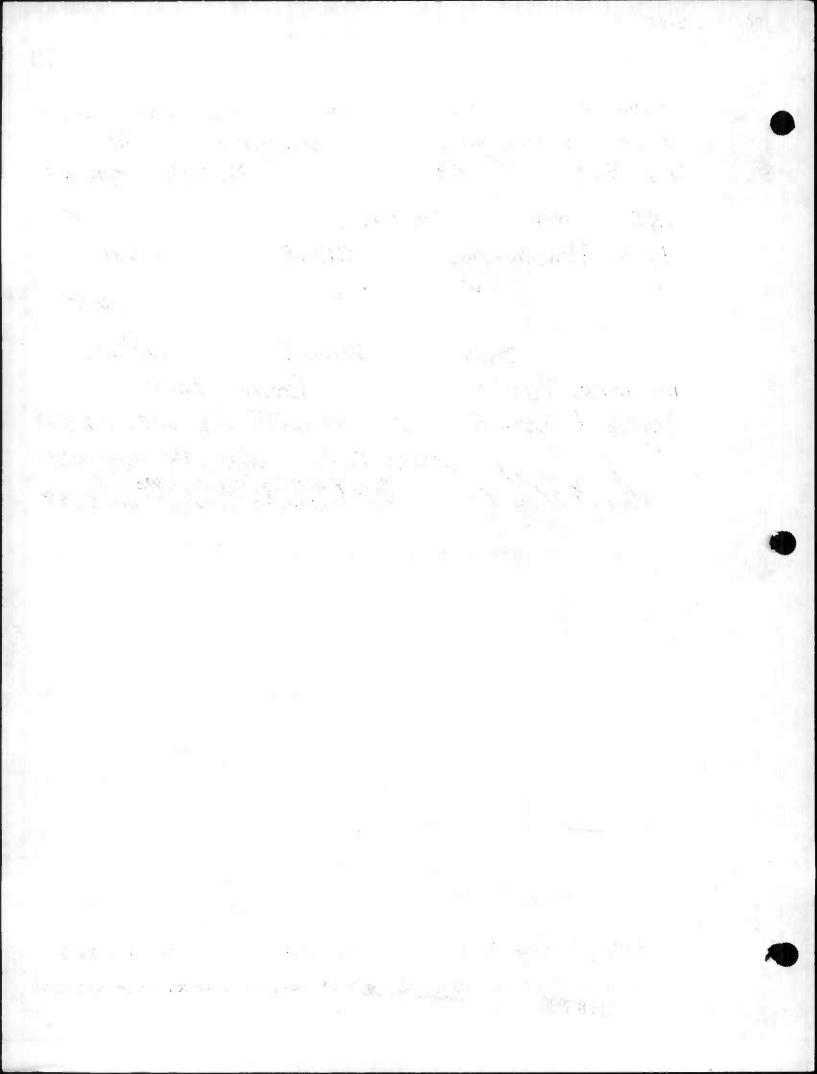
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State Registrar

30. Nama and address of person who completed causa of death (Item 23a) (Type, Print) A Kolow Mo. 111 Penn Street, Baltimore, Maryland 21201

O.C.M.E.

JUNE 12, 1996



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death **Physician** 1996 11:05 13 /Medical 4a. Fecility Neme (If not Institution, give street and number 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Arundel Glen Burne or If Under 24 Hrs. 8. Dete or s Hours Min. 8. Month Hospital orth Anne If Under 1 Yeer Social Security Number 7. Age (In yrs. last birthdey) Birthplace (State or Foreign Country)
 Tenn 8. Dete of Birth (Month, Day, Year) **Funeral** Deys Months 1□M 2√2 F 414 12 7878 81 Director Aug 18 1914 USA Usuel Residence of Decedent with the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at Md Anne Arundel 1 ☐ Yes 2 No Annapolis Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 45 City Gate Lane pemit. Pages 1 and 2 should be filed within 72 hours after death v Department of Health and Mental Hyglene. Important: If item 27 is marked other than "natural", or itams 23a and Injury or other traumatic evant, the Medical Evantines must once. 21401 Funeral USA 12. Wes Decedent Ever In U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritel Status 14. Race - American Indien, Black, White, etc. 1 ☐ Yes 2 ☐ No It Yes, Give Yeer or Detes: 1 Never Married 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: White þ 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Owner 8th Restaurant 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Vance Burgess 2 Barbara Randolph 19e. Informant's Name/Reletionship (Type, Print) 19b. Melting Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Mary Frances Bache 45 City Gate Lane, Annapolis, Md 21401 20b. Plece of Disposition (Neme of cemetery, cremetory or other piece) 6/18/9620c. Location - City or Town, Stete Crossville, TN 20e. Method of Disposition ty Burial 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Crossville city Cemetery 21. Signeture of Funeral Service License 22. Neme end Address of Fecility Hardesty Funeral Home, P.A., 12 Ridgely 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, on shock, or heart tellure. List only one cause on each line. Physician SEPSIS 24 HOURS immediate Cause (Finei disease or condition resulting in deeth) /Medical Examiner Due to (or as a consequence of): Examine lew requires that the deeth certificate be executed ettending physicien and for use as the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or es e consequence ot): pivision of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown Completed by 24b. Were autopsy findings avellable prior to completion of cause of death? 24e. Wes en autopsy performed? 1 Yes 20 No 1 🗆 Yes after deeth.

Director: After this certifica Be 25. Was case referred to medical exeminer? 26. Plece of Deeth (Check only one) Hospital: 1 Anpatient 2 □ ER/Outpatient 3 □ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 27 No Certification: To 28a. Date of Injury (Month, Day Year) 27. Manner of Deeth 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? Neturel 5 Pending 1 Yes 2 No 2 Accident investigation 6 Could not be determined 3 Sulcide 28e. Place of Injury - At home, term, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide edicai 29e. Certifier Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end manner as steted. Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) end menner stated. 29b. Signature and little of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) D48006 MN 30. Neme and eddress of person who completed cause of deeth (Item 23e) (Type, Print) OWVSV-13 07-17 Ey 105 HOSP. DR GLEM BURMIE, 21061

Registrar

State

31. Dete filed (Month, Day, Year)
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BALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 6876

THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
sted within 24 hours after death, Page 6 may be retained by the hospital or attending physician,	completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perrital, cremation, or removal.	c event, the medical examiner must be notified at once.

BE

2

TITLE OF GERTUFIE

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (3)

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1996 TEAR June 15, BROWN 10:35 ANNA S AM 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 5. SEX 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign # UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 F Oct. 17, 1916 Md. 213-03-8803 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR St. Joseph Medical Center Baltimore Towson 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNT 10d. INSIDE CITY Md. Baltimore N/A 1X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5016 Edgar Terrace 21214 U.S.A. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 X NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American indian, Black, White, atc. FORCES? 1 ☐ YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married Specify: BY 3 Widowed 4 Divorced White ETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b, KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NQT use retired.) during most of working Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 9 Sales Retail once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Thomas Samchuck Rosie Slepakum notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Jack Brown 1806 Laurel Brook Rd. Fallston, Md. 21047 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION / Name of DATE 20c. LOCATION - City or Town, State must tXXBurial 2 ☐ Cremation 3 ☐ Removal from State
4 ☐ Donation 5 ☐ Other (Specify) Oaklawn Cemetery 6/18/96 Baltimore, Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Brian A. Willem Leonard J. Ruck, Inc. Bush 5305 Harford Rd. Baltimore, Md.21214 medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. interval Between **Onset and Death** IMMEDIATE CAUSE (Fine) diseese or condition resulting in death) event. traumatic PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING other t **CAUSE** (Disease or injury that initisted eventa MOM resulting in death) LAST 6 Injury, PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO any COMPLETION OF CAUSE 1 - YES 2 XNO OF DEATH? Shows 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL item HOSPITAL: OTHER:
4 vursing Home 5 Residence 6 Other (Specify) 1 TES 27 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 0 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked. 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 3 Suicide 28s. PLACE OF INJURY -- At home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) .09 8 Could not be COMPLETED 4 Homicide 29a. CERTIFIER

(Chack and)

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

29d. DATE SIGNED (Month

16

6

. . . . Harris W. Wallet

3. TIME OF DEATH

00:48 AM

wce/cs

REG. NO.

2. DATE OF DEATH

BALTIMORE, MARYLAND 21215-0020

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ENDING PHYSICIAN:	M. Athan ship
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JUNE OSEPH 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 1 M 2 F DAYS HOURS 216-16-3019 May 16, Maryland burial-transit permit. Pages 1, 2, 3 should FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR N/A RESIDENCE OF DECEDENT 1timore 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 X YES 2 NO Maryland N/A Baltimore 100. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5601 Carter Avenue 21214 United States retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married If yes, specify Cuban, Mexican, Puerlo Rican, etc.) 1 YES 2 X NO Specify: BY nse as the 3 Widowed 4 Divorced White WW II COMPLETED tea. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete) Elementary/Secondary (0-12) for College (1-4 or 5+) be detached 12 Police Officer Baltimore City Government once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Sumame) Ħ Joseph Francis Bisson Mary Agnes Covahey BE 5 should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Baltimore, Md. Mrs. Ethel M. Bisson 5601 Carter Avenue age 6 may be page pe 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must eral director, 4 Donation 5 X Other (Specify) Entonbrient... Moreland Memorial Park 6/17/96 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Mark T. Zavoyna examiner 22. NAME AND ADDRESS OF FACILITY
Leonard J. Ruck Funeral Home, Inc. Mack T. Zavoyna 5305 Harford Road Baltimore, Md. 21214 medicai 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximata ahock, or heart failure. List only one cause on each line Interval Between Onset and Death IMMEDIATE CAUSE (Final cremation. the disease or condition reaulting in death) 24 hour EPSIS event, PNEUMONIA and con burial, IEN WHE/MING traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING prior CAUSE (Disease or Injury other he attending pri Mental Hygiene DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST injury. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a, WAS AN AUTOPSY. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? 3 6 1CENA1 FAILURE amy 1 YES 2 NO OF DEATH? Shows 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO WUNCERTAIN PHYSICIAN: Dept. 28. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL item **EXAMINER?** HOSPITAL:
Impetient 2 ER/Outpetient 3 DOA OTHER: I YES 2 NO the the 28a. DATE OF INJURY (Month, Day, Year) 27. MANNET OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED of this ce eath with the marked, Natural 5 Pending Investigation t YES 2 NO BY After 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 261. LOCATION (Street end Number or Rural Route Number, City or Town. State) 3 Suicide 69 8 Could not be COMPLETED DR ATTENE DIRECTOR: hours after item 28 is 4 Homicide 29a. CERTIFIER
(Check only one)

CERTIFIER
(Check only one)

MEDICAL EVAMINED: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as attend. Within 72 H 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITA
TO THE JUNERA
De filed within 7 29b. SIGNATURE AND TITLE OF CERTIFIER 472438946-ASD 10 P 8 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) UNION MEMORIA VLAS AU 12 M.D. 31. DATE FILED (Month, Day, Year) 32 REGISTRAR'S SIGNATURE " Ravidson-Randalls IIIN 1 8 1996 OHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

550

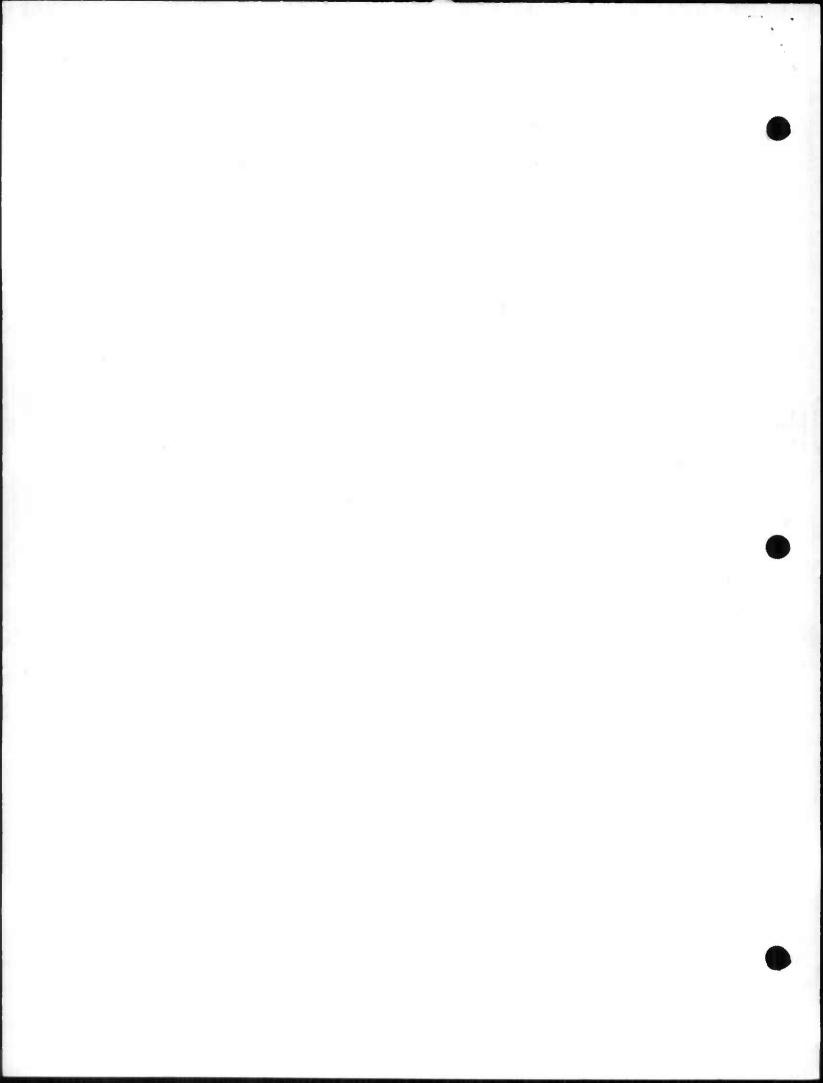
Item: 1, per F.H. G-736 6/18/96 reb

15.

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Physician
/Medicai
Examiner

ANTHONY

01:56 AM

10d. Inside City Limits 1 ☐ Yes 2 ☑ No

**Funeral** Director

the Maryland Director

Funeral

by

Completed

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"natural", or items 23a or 28a-f ahow death The Medical

filed within 72 hours efter permit. Pages 1 end 2 should be filed within Department of Health end Mental Hygiene. Important: If Itam 27 Is marked other than any Injury or other traumatic event, the Me

Baltimore, Maryland 21215-0020

**Physician** /Medicai **Examiner** 

The law requires that the deeth certificate be executed buriel-trar Box 68760, use es the P.O. 6 Records, 8 pege 2 should certificate hes Division of Vital Be this the funeral Certification: After or Attending death. efter death 2

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Completed

2

Medical

Certificate of Death 1. Decedant's Neme (First, Middle, Last) 2. Data of Death Month Day COLBERT 16, 1996 Joseph JUNE 4a. Facility Nema (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death SHOCK TRUAMA UNIT BALTIMORE Hunder 24 Hrs. B. Data of Birth 9. Birthplaca (State or Foreign County)

Hours Min. (Month, Day, Year) 9. Birthplaca (State or Foreign County)

Baltimore, Md. 5. Sociei Sacurity Number If Under 1 Year 7. Aga (In yrs. last birthday) 11XM 2□ F Days 212-19-6428 18 Yrs. Usuel Rasidance of Decedent 10a State 10h County 10c. City, Town or Location Maryland Baltimore Co. Lutherville 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 27 East Seminary Ave. 21093 United States 12. Was Decedent Ever in U,S. Armed Forcas? 1 ☐ Yes 2 ☑No if Yas, Giva Yaar or Datas: Was Dacedant of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - American Indien, Bleck, Whita, atc. 1 Naver Married 2 Married 1 Yas 2 No Specify. Specify: White 3 ☐ Widowed 4 ☐ Divorced 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elamantary/Secondary (0-12) Collaga (1-4or 5+) New Car Prep. 12 Auto Dealer 17. Fathar's Nama (First, Middle, Lest) 18. Mothar's Nama (First, Middle, Maidan Sumama) William Patrick Colbert, Jr. Helen Marie Dantoni 19a. informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Numbar or Rural Routa Number, City or Town, Stata, Zip Coda) William P. Colbert, Jr. (Father) 1516 Honeysuckle Drive Bel Air, Maryland 21014
Data 20c. Location - City or Town, State 20a. Mathod of Disposition

1X Burial 2 □ Cramation 3 □ Ramoval from State 20b. Place of Disposition (Nama of cematary, cramatory or other place) 6/20/96 4 ☐ Donation 5 ☐ Other (Specify) Timonium, Md. Dulaney Valley Mem. Gdns. 21. Signature of Funitral Service Licell 22. Nama and Addrass of Facility Ruck Towson Funeral Home, Inc. Part 1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrast, yland 2120 proximate shock, or heart failure. List only one cause on each line. Immediata Causa (Final disease or condition resulting in death) Dua to (or as a consequence of): Dua to (or as a consequence of)

Examiner Sequantially list conditions, if any, laading to immediata causa. Enter Underlying Cause (Disaasa or Injury that initiated avants rasulting in death) Last Physician/Medical

Dua to (or as a consequanca of)

Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I.

1 Yee 2 No 3 Probably 4 Unknown 24a. Was an autopsy performed?

23b. Did tobacco use contribute to the cause of death?

24b. Wara autopsy findings available prior to

Interval Batwaan Onsat and Deeth

complation of cause of daath?

26. Placa of Death (Check only ona)

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1 Pras 2 No

25. Was casa rafarrad to medical axaminar? 1⊠Yas 2□ No 27, Mannar of Death

1 Natural

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2 Accidant

4 ☐ Homicide

5 Panding invastigation 6 ☐ Could not ba datarmined

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Data of Injury (Month, Day Year) 6.16.96 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify)

28b. Tima of Injury 00,21

Stret

28c. Injury at Work? 1 Yas 2 No

Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28d. Dascribe how injury occurred con 605 28f. Location (Street and Number of Aural Routa Number, City or Town, Stata)

1 Certifying Phyeician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only

29c. License number

O.C.M.E.

29d. Dete signed (Month, Day, Year) JUNE 16, 1996

o composted causa of death (Itam 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

State Registrar UN 1 8 1996

295. Signature and title of certifier

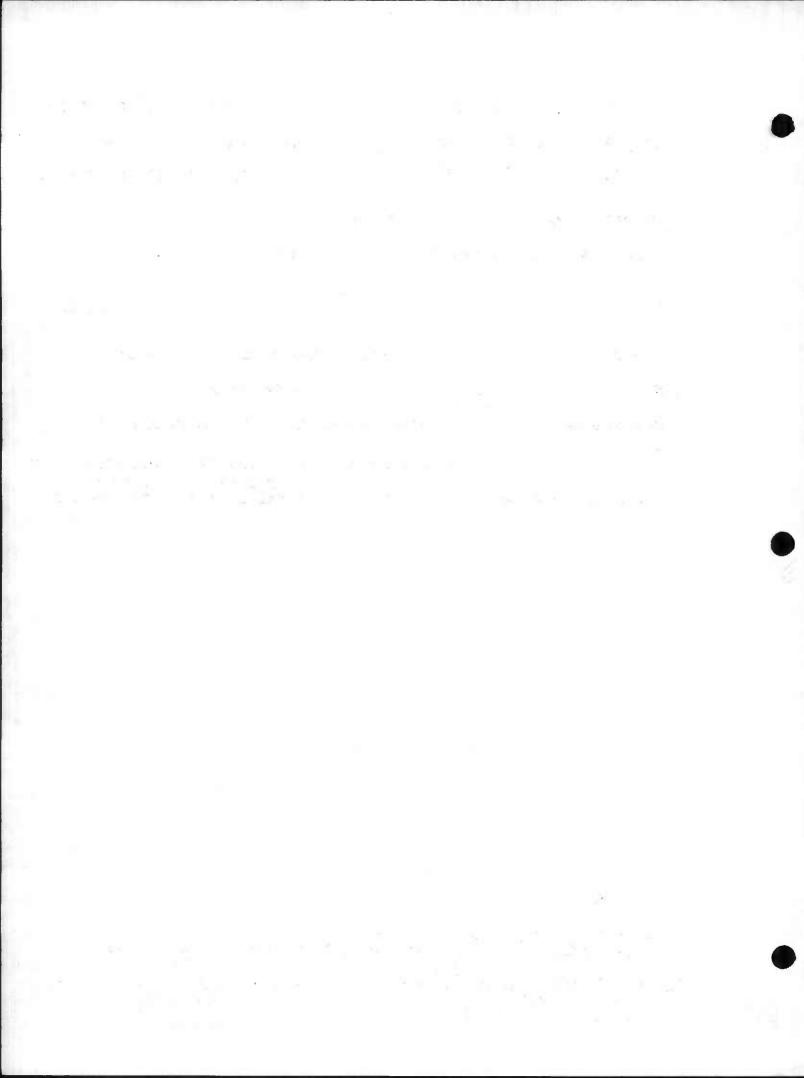
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Physic /Med			2. Dete of Deeth Month JUNE 1	Dey 1996	3. Time of Death 9:30 AM
Exam	ner	4a. Facility Neme (If not Institution, give street end number)  2301 PENNY ROYAL TERRACE  5. Social Security Number  6. Sex  7. Age (In yrs. lest birthdey)  1 Under 1 Year  1 Under 24 Hrs. [1]	ORE	O F	eeth /a Birthplace (Stete or Foreign
Funera Director		1 M 2 TF Q5 Von Months Days Hours Min.	(Month, Dey,	1900 N	CAROLINA
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ter death with the Marylan feems 23s or 28s-f show inst. must be notified at	ai Director	10e. Street and Number 10f. Zip Code 2301 PENNY ROYAL TERRACE 21209	10	g. Citizen of What USA	Country?
-0020 hours after death with the Maryland tural; or items 23s or 28s-f show at Examinal must be notified at	by Funeral	11. Maritel Status  1 □ Never Married 2 □ Married  1 □ Never Married 2 □ Married  2 □ Married  3 □ Wildowed 4 □ Divorced  12. Wes Decedent Ever in U,S. Armed Forces?  1 □ Yes 2 ☒ No If Yes, Give Yeer or Detes:  13. Wes Decedent of Hispanic Origin? (Specify 2: Specify Cuban, Mexican, Puerto R)  1 □ Yes 2 ☒ No Specify:	offy Yes or No- lican, etc.)	14. Race - Ar Bieck, Wi Specify:	nerican indian, hite, etc. Black
within 72 ane. than "nail	Completed	15. Decedent's Education (Specify only highest grade completed)  Elementery/Secondery (0-12)  Coilege (1-4or 5+)  Linux Coyxi So. Sozmot Y Coss		6b. Kind of Busines	
aryland 212 should be filed with marked other than marked other than	To Be Co	6th Grade Housewife Seamstress  17. Father'a Name (First, Middle, Last)  Hudson Hudson Annie Ta	(First, Middle, M	Family leiden Sumame)	
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Baltimore permit. Pagas 1 Department of H important: if the any injury or of		21. Signature of Funeral Service Licensee  22. Name and Address of Facility NUTT  2501 GWYNNS FALLS	TER FU	NERAL H	OMES, INC
death certificate be associed with the death certificate be associed a attending physician and attending physician and dor use as the burial-transit	edicai Examiner	23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or shock, or heart failure. List only one cause on each line.  Immediate Cause (Finel disease or condition resulting in deeth)  Due to (or es a consequence of):  Due to (or es e consequence of):  Due to (or es a consequence of):  Due to (or es a consequence of):  Due to (or es a consequence of):  Due to (or es a consequence of):	Tespiretory ene	91,	Approximete Interval Between Onset and Death  3  Childles
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Heche law he law a has t	Completed		perform		available prior to completion of cause of death?
On Or Vitaling Physician: h. Aftar this certific funeral director,	To Be		e SR Resider	nce 6 Other (S	
A CON	Certification:	o□ out the S□ Could not be	8f. Location (Str. City or Town,		Rural Route Number,
To the Hospital or within 24 hours after To the Funeral Dirt completely filled in	Medical	29e. Certifler (Check only one)  1 Certiflying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, an check only one)  2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred end menner steted.	d at the time, da	use(s) end manner te and place, and d	lue to the cause(s)
To Too		Timothy Kray MD D37458		6/17/	96
St Regist	ate rar	30. Name and address of person who cumplified cause of death (Item 23a) (Type, Print)  Time the J. W.D. Dept F.M. 29 S. Paca St  31. Dete flied (Mohin, Dey, Year)  32. Registrar's Signature  IIIN 1 8 1996	Batte	most hit	21201

DHMH 16 Rev 6/95



State Registrar

31. Date lilad (Month, Dey, Year)

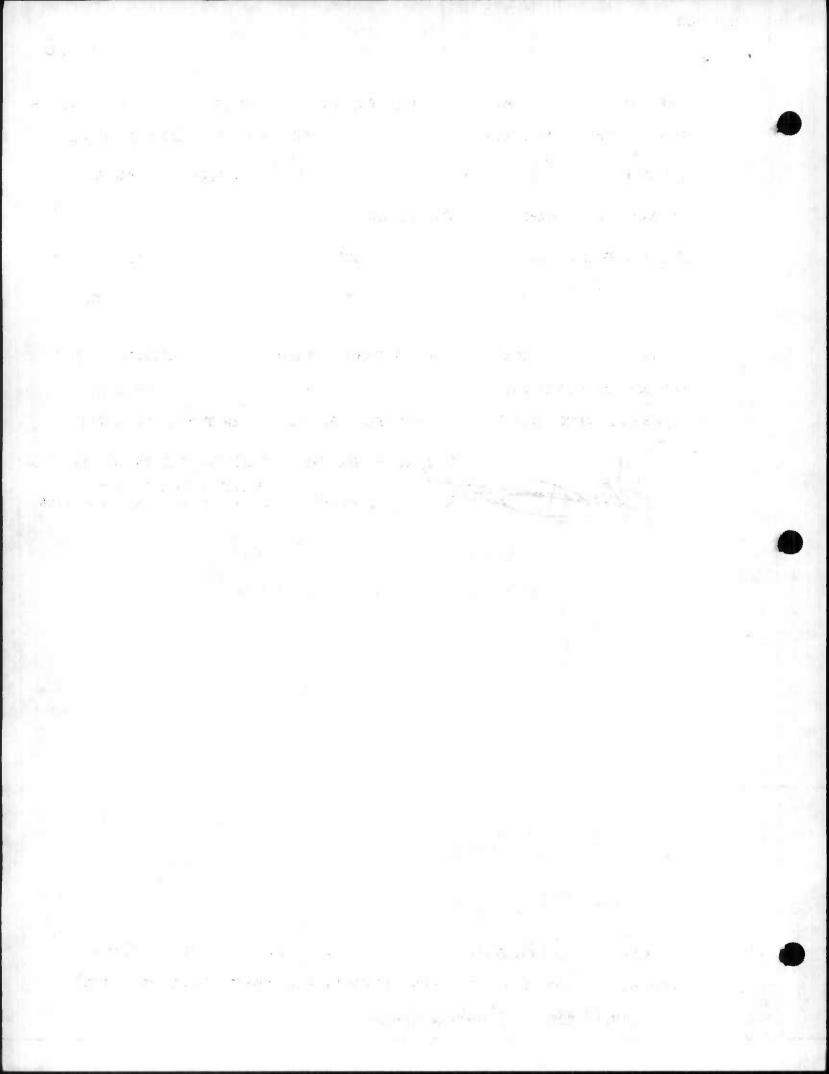
JUN 18 1996

Dennis

30. Name and address of person who completed cause of death (Itam 23a) (Type, Print)

32. Registrer's Signature

hutew 111 Penn Street, Baltimore, Maryland 21201



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** ames Lordray /Medical 0 4a. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Bato if Under 24 Hrs. B Hours Min. Wood Meridian tranklin If Under 1 Year Months Deys 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthdey) 8. Dete of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) **Funeral** Deys 10 M 20 F 212-82-306 26 Yrs. Director 6-19-69 MARYLAND Usuel Residence of Decedent with the Maryland 10a. Stete 10c. City, Town or Location 10b. County 10d. Inside City Limits r than "natural", or itema 23a or 28a-1 show the Medical Examinar must be notified at PARKUILLE 1 ☐ Yes 2 ☑ No Director BALTIMORE MD. 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 1318 MANTLE STREET 21234 U.S.A Funeral death Rece - American Indien, Bleck, White, etc. 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Meritel Stetus filed within 72 hours after 1 ☐ Yes 2 No If Yes, Give 1 Nevar Married 2 Merried 1 ☐ Yes 2 No Specify: Specify: þ 3 Divorced Yeer or Detes: WHITE 18a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Hygiane. Elementery/Secondary (0-12) College (1-4or 5+) 10 YRS FORK LIFT OPERATOR GRACE CULINARY other 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) permit. Pages 1 and 2 should be fili Department of Health and Mantal Hinportam: if fem 27 is marked oth any injury or other traumatic even sona. ERESA WELD 2 JAMES CORDRAY 19e. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) ERIN CORDRAY 516 WINDWOOD RD. MD. 21212 TOWSON 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Mathod of Disposition Dete 20c. Location - City or Town, State 1 Burial 2 ☐ Cremetion 3 ☐ Removel from Stete 6-13 PARKWOOD CEMETERY PARKVILLE 4 Donetion 5 □ Other (Specify) 22. Name and Address of Facility
EVANS CHAPEL 21. Signeture of Funeral Service Licansee MEMORIES OF 8800 HARFORD RD 21234 Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervai Between Onset end Deeth **Physician** ONE immediete Ceuse (Finel disease or condition resulting in deeth) /Medical . PNEUMONIA WEEK Examiner Due to (or es e consequenca of): Examiner physician and the burial-transit Sequentielly list conditions, if any, leeding to immediate causa. Entar Underlying Cause (Diseese or injury that initiated evants resulting in death) Last Due to (or es e consequenca of): 8 Physician/Medical Due to (or es e consequence of): attending ph for usa as ti signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown PERSISTENT VEGETATIVE STATE 2 24b. Were eutopsy findings available prior to completion of cause of deeth? 24e. Wes en autopsy performed? Completed INJURY SEVERE ANOXIC BRAIN has certificate 1 🗆 Yes 2 10 No 1 Yes 2 No Division of Vital 25. Wes case referred to medical examiner? Be 28. Piece of Deeth (Check only one) Hospitei: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatiant 2 ER/Outpetient 3 DOA this funaral 27. Menner of Deeth 28a. Dete of injury (Month, Day Year) 28b. Time of Injury 28d. Describe how injury occurred Certification: 28c. injury et Work? 5 Pending Investigetion 1 Proaturel i or Attending after death. Director: Aft 1 Yes 2 No 2 Accident 6 Could not be datermined 3 Suicide 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Steta) 4 Homicide a Hospital 24 hours Funeral 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, and due to the cause(s) and mannar as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete end place, and due to the cause(s) end menner stated. 29a, Certifier Medical (Check only one) other of (0) 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) Carol Reshardson MD June 11, 1996 30. Name and address of person who complated cause of deeth (Itam 23a) (Type, Print) CAROL RICHARDSON mD 9000 Franklin Square Drive, Baltimore mD21237

State Registrar 31. Date filed (Month, Dey, Year)
JUN 18 1996



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Manyland / Department of Health and Mental Hygiene 96 | 7878

					$C\epsilon$	ertifica	ate of	Death		R	eg. No.					
Total .		Decedent's Nema (First, Middla, Last)									2. Data of Death		3. Tim	f th		
Physician /Medical Examiner		Frank A	CEILER				June	12 1996		4:5	4 m					
		4a. Facility Nama (If not institution	and number)				4b. City, Town	n, or Lo	ocation of Death	_	ty of Death					
- Admin	161	Franklin SQUA				Bal	to									
Francis		5. Social Security Number	6. Sax		rs. last birthday	) If Un	dar 1 Yaar						lace /Ste	te or Foreign		
Funeral Director		192-03-7506	1 🔯 M 🔞			Month			Min.	8. Data of Birth (Month, Day		Cour	itry)	ta or Foraigi		
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and land		10a. Stata 10b. County		10c.	City, Town or L	ocation						1	Od. inside	a City Limits		
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72 hours	d by	3 Widowed 4 □ Divorced	Y	aar or Datas:								WH	TE			
72 t 72 t	Completed	15. Decedant (Specify only highes	's Education	plated)	16a. Dece	edant's U	sual Occu work dona	pation during most o	of work	ina	16b. Kind of I	Businass/In	dustry			
A I Z I D-00 Z O within 72 hours af giene. In than "naturel", or than "naturel", or the man call Examples.	ldu	(Specify only highast grada complated)  (Giva kind of work dona during most lifa. DO NOT usa retired)  (Elemantary/Secondary (0-12) Collega (1-4or 5+)														
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if e, Maryland ZIZID-UUZU  1 and 2 should be filed within 72 hours after death with the Maryla Health and Mental hygiene.  1 tem 27 is marked other than "naturel", or items 23a or 28s-f ehov tem 27 is marked other than "naturel", or items 23a or 28s-f ehov to the traumatic event, the Madical Examinet must be notified at	Be (	17. Fathar's Nama (First, Middla, I	Last)							a (First, Middle, I	Maiden Suma	ma)				
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that the death c		Physician	lan													
the d			Part II. Other eignificant condition	ne contributi	ng to death but not r	asulting in tha	undarlyin	g causa gi	van in Part I.		23b. Did to	bacco uee c	ontribute to	) the caus	se of death	
requires that the open signed by the hould be deteche			Diabetes Mei	llitus							1 □ Y	ee 2⊠ No	3 Prol	bably 4	Unknow	
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ha law requires that has been signed age 2 should be on	Completed									24a. Was a perform	n autopsy ned?	av	allable pri	sy findings ior to		
2 s	ple					<del></del> _						co	mplation death?	of cause		
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Physician: this carificanal director,	o Be	axaminar? 1⊠ Yas 2□ No	Hospita	iii 4 871 tanastant - 0	□ 5D/0-1	-1 00	on Ot	har:				1				
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l or Attending Ph elter death. Director: After th in by the funeral	Certification:	2 ☐ Accident Invastig 3 ☐ Sulcida 6 ☐ Could n	ot be					Tas ZUNC		001 1 1 10			10			
7270	ŧ	4 ☐ Homicida datarmi	ned 286	28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify)						28f. Location (Si City or Town		iber of Hura	HOUTE N	vumber,		
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To the Hospital or within 24 hours elts To the Funeral Dir completely filled in	edicai	(Check only 2 Medical E	Physician: xaminer: O	To the best of my k n the basis of exami	nowledga, daal	th occurre	ed at tha ti	ma, data and pointon, daath	occurr	and dua to tha cr	ause(s) and meta and place	annar as s	tha caus	sa(s)		
the H	8	une)	er	nd mannar stated.												
To To	Σ	29b. Signatura and title of certifiar				3	29c. Licen:	se number		2	9d. Data sign	ed (Month,	Day, Yea	r)		
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		30. Nema and addrage of person v	no complete			, Print)										
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Registr		IIIN 1 8 100C	9 1.	p												

DHMH 16 Rev 6/95

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#### **Pleas**

1 Yas 28 No

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20b. Piece of Disposition (Name of cematery, cremetory or other piece)

EVANS

GREEN

23a. Part1. Enter the disease, or complication, that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest shock, or heart feilure. List only one cause on each line.

Due to (or es e consequence of)

Due to (or es a consequence of):

Dua to (or as a consequence of):

1 ☐ inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA

28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

28b. Time of Injury

16a. Decedent's Usuel Occupetion (Giva kind of work done during most of working life. DO NOT use retired)

SICHI

22. Nama and Address of Facility ミンタハン と HAPL

8800 HARFORD

1ANA GER

POIAMS.

nonsmallcell lung

Other: 4 Nursing Homa

1 Yes 2 No

State of Maryland /	Department of Health as Certificate of Death	nd Mental Hygiene 9	6 17879
LASI) ERRITT LOBI		2. Dete of Deeth Month Day JUNE 14 19	Year 4:45AM
Sex 7. Aga (In yrs. last b	PARK		9. Birthplaca (Steta or Foreign
10c. City, To	vn or Location	JAN. 29, 1935	10d. Inside City Limits 1 ☐ Yas 2점 No
12. Was Decedent Ever in U.S.	10f. Zip Code  2 2 3 4  13. Was Decedant of Hispanic Origin	10g. Citizen of W	That Country?

**Funeral** Director

**Physician** 

/Medical

Examiner

1. Decedent's Neme (First, Middla,

14,AM

5. Social Security Number

220 14 1730

Usuei Residence of Decedent

1 Never Merried 2 Married

3 Widowed 4 Divorced

Elementery/Secondery (0-12)

William

20a. Mathod of Disposition

immediete Cause (Final disaase or condition resulting in deeth)

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Last

AOA

17. Fether's Neme (First, Middle, Last)

A.

4 ☐ Donetion 5 ☐ Other (Specify)

19e. Informant's Neme/Raletionship (Type, Print)

8201

10a. Steta

MARYLAND 10e. Street and Number 8701K

11. Maritai Status

Directo

Funeral

ģ

Completed

To Be

4a. Facility Name (If not institution,

15:04

10b. County BALL

15. Decedent's Education (Specify only highest grada completed)

1 ☐ Buriei 2 Cramation 3 ☐ Removel from Steta

100

permit. Peges 1 and 2 should be filed within 72 hours after deeth with the Menyland Department of Heelih and Mental Hygiene.

Important: If them 27 is marked other than "natural", or items 23a or 28a-f show any injury or other transmits event, the Medical Examples mant be notified at any ir

Baltimore, Maryland 21215-0020

**Physician** /Medical Examiner

> attending physician and for use as the burief-transit ate hes been signed by the atte page 2 should be detached for . After this certificate hes funeral director.

Division of Vital Records, P.O. Box 68760,

The iew requires that the death certificate be

Hospital or Attending Physician:

2

24 hours efter deel Funeral Director: filled in by the Physician/Medicai þ Completed Be

Examiner

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 25. Wes case referred to medical axaminar? 27. Menner of Deeth 1 Staturel 2 Accident Certification:

Medical aletely To the complet \$

29e. Cartifier (Check only 29b. Signaturi

1 Yes 2 No

3 Suicide

4 Homicide

nt title of certifian

Hospitel:

5 Pending investigation

6 Could not be determined

28a. Dete of injury (Month, Day Year)

1 Mas 2 No If Yes, Give Yeer or Datas: W. w Ⅲ

Coilege (1-4or 5+)

29c. Licanse number

120

28c. Injury et Work?

29d. Deta signed (Month, Day, Year)

Type, Print) address of person who completed cause of death (limm 23)

2000 32. Registrar's Signature

31. Deta filed (Month, Dey, Year) State JUN 1 8 1996 Registrar

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**DHMH 16 Rev 6/95** 

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Approximete Interval Between Onset end Deeth

23b. Did tobacco use contribute to the cause of death? Yes 2 No 3 Probably 4 Unknown

Black, White, atc.

16b. Kind of Business/Industry

20c. Location - City or Town, Stete

M3H2LHTZB

18. Mother's Neme (First, Middle, Meiden Sumeme)

Dete TH

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1996

19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)

Q

BRAUNS

ARKVILL

TIKW

24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes en autopsy performed?

1 ☐ Yas 28 No 1 🗆 Yas

26. Place of Deeth (Check only one)

20 No

5 Residence 6 Other (Specify)

28d. Describe how injury occurred

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

Castlying Physician: To the best of my inowledge, deeth occurred et the time, dete end piece, and due to the ceuse(s) and menner as stated.

Medical Examiner: On the basis of my inetion end/or investigation, in my opinion, deeth occurred at the time, dete and piece, and due to the cause(s) and menner stated.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Dete of Death 3. Time of Death **Physician** Month Yaar RANDALL ATHERINE DARLINE 8:00 AM JUNE 12 1996 /Medical 4a. Fecility Nama (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death Examiner PARKVILLE 7910 DALESFORD ROAD BALTIMORE 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number Birthplaca (Steta or Foreign Country) **Funeral** Days 1 M 208 F Yrs. Director 212-44-0301 JUNE 10, 1944 MARYLAND Usuel Rasidance of Decedant the Meryland 10a. Steta 10b. County 10c. City, Town or Location 10d. Inside City Limits show 7 is merked other than "natural", or items 23a or 28a-f sho traumstic svant, the Modical Examiner must be notflied at 1 Yas 2 No Director BALTIMORE MD PARKVILLE 10e. Street end Number 10f. Zip Coda 10g. Citizan of What Country? ROAD 7910 DALESFORD Funeral 21234 U.S.A 12. Wes Decedent Ever in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yes or No-It Yas, specify Cuban, Mexican, Puarto Rican, atc.) Rece - American Indien, Biack, Whita, atc. 72 hours effer 1 Navar Married 2 Married 1 ☐ Yes 2 No If Yas, Giva Yaer or Datas: Baltimore, Maryland 21215-0020 natural, or 1 ☐ Yas 2 → No Specify: þ 3 ☐ Widowed 4 ☐ Divorced WHITE Completed Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highest greda complated) 16b. Kind of Businass/Industry be filed within 7 tal Hygiene. Elementary/Secondery (0-12) Collega (1-4or 5+) BALTO, COUNTY SCHOOLS 12 YRS 2 YRS INSTRUCTIONAL AGGISTANT permit. Pages 1 and 2 should be file Department of Health and Mental Hy important: If Itam 27 is marked othe any injury or other traumatic svant, once. 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maiden Sumama) Be HERBERT MORELAND E. ULLEMBER 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) 19a. Informant's Neme/Ralationship (Type, Print) ROAD 7910 HARKVILLE EDWARD CRANDALI DALESFORD 21234 20b. Placa of Disposition (Nama of cemetery, cramatory or other place) 20c. Location - City or Town, Stata 20a. Mathod of Disposition Data 1 Burial 2 □ Crametion 3 □ Ramoval from State 6-15 4 □ Donation 5 □ Other (Specify) MORELAND MEMORIAL HARK PARKVILLE 22. Nama end Address of Fecility EVANS CHAPEL OF MEMORIES 8800 HARFORD RD. 21234 23a. Part. Entar tha disaasa, or complications that caused tha death. Do not entar tha moda of dying, such es cardiac or raspiratory arrest, ahock, or heert tailura. List only ona cause on aach lina. Approximete Interval Batween Onset and Death **Physician** /Medical immediata Causa (Final diseasa or condition rasulting in daath) Examiner Dua to (or as e consequance of): Examiner physician and s the burief-transit that the death certificate be axecuted Sequentielly list conditions, if eny, laading to immediate causa. Entar Undarlying Causa (Disaasa or injury that initiated evants Due to (or es e consequance of): Box 68760. Physiclan/Medicai that initiated evants resulting in death) Last Due to (or es e consequence of): esn ò P.O. signed by the e Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 2 No 3 Probably 4 Unknown 1 Yee Records, þ 24b. Ware autopsy tindings available prior to completion of cause of deeth? 24a. Was an autopsy performed? Completed peen page 2 s 2 No 1 Yas 1 ☐ Yas 2 ☐ No certificate Division of Vital Hospital or Attending Physician: director, 25. Was casa referred to medical Be 26. Plece of Deeth (Check only one) axaminar? No Other: 4 Nursing Homa 5D Rasidance 6 DOther (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA P 1 Yes this funeral 28c. Injury et Work? 27. Mannar of Death 28a. Data of injury (Month, Day Year) 28d. Dascribe how injury occurred Certification: 28b. Tima of After Neturel 5 Panding Investigation after death.

Director: After d in by the fur 1 ☐ Yas 2 ☐ No 2 Accident 6 ☐ Could not be datarmined 3 Suicida Location (Street and Number or Rural Route Number, City or Town, Stata) 28a. Place of Injury - At home, tarm, streat, tactory, offica building, atc. (Specify) 4 Homicide 24 hours af Funeral Di 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, end due to the causa(s) and manner as stated.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, data end place, and due to the causa(s) and manner stated. 29a. Certifian Medical within a she To the 29b. Signature and titia of pertifiar 29c. License number 29d. Data signed (Month, Day, Year) MD 30. Name end eddress of perso o completed causa of daath (Itam 23a) (Type, Print) MICHAEL

DHMH 16 Rav 6/95

State Registrar 31. Data filed (Month, Day, Year)
JUN 18 1996

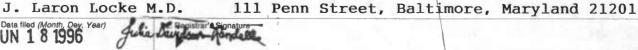
32 Registrar's Signet



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

					Cei	rtificate	of	Death			Reg. No.		
Physicia		Decadent's Nama (First, Middla, L     ELABERT	ast)	CAM	PBEL	L			2	Data of De Month		1996	3. Tima of Death 6:42 P
/Medic Examin		4a. Facility Nama (If not institution, gas 3001 BELAII		per)				4b. City, Town,				ounty of Death	
Funeral Director		5. Sociel Sacurity Numbar 6.  Unknown Usual Rasidanca of Dacadant	Sax 7. 1 □ M 2 □ F	Aga (In yrs. la	st birthday) Yrs.	If Undar 1 Months	Yaar Days	If Undar 24 H Hours M	in. 8	Data of Bir (Month, Da			place (State or Foraign ntry) IWN
ith the Maryland or 28a-f show	tor	10a. Stata 10b. County  Maryland n/a			Town or Lo							1	10d. Insida City Limits
ath with the 23a or 28 wat be not	ral Director	10a. Street end Numbar 3001 Belair Road				10f. Zip (	oda	21213				n of What Cour	ntry?
72 hours efter death with the Maryland natural, or items 23a or 28a-f show dical Examiner must be notified at	by Funeral	11. Marital Status unknown  1 Never Married 2 Married  3 Widowed 4 Divorced	12. Wes Deceda Armed Force 1  Yas 2 If Yas, Give Year or Data		wn 13. Y	Was Deceda If Yas, specif 1□ Yes 2		lispenic Orlgin? an, Mexican, Pu Spacify:	(Spacif erto Ric	y Yes or No can, atc.)	)- 14 S <sub>1</sub>	can Indian, atc. Lite	
than "	Completed	15. Decedent's E (Specify only highest gr Elementary/Secondary (0-12) UnICNOWN	eda complated)	(Giva kind of work dona during most of working ollega (1-4or 5+)					16b. Kind of Businass/Industry  unknown				
send Mental Hygi Is marked other raumatic svent,	To Be C	17. Fathar's Nama (First, Middla, Las unknown	0					18. Mothar's N unki	rown	1		итета)	
of Heelth en Hem 27 Is r other traus		19e. Intormant's Name/Flatationship  Evangeline Hooke  20a. Mathod of Disposition			3001		rF	and Number or Road-Bal	tim		Maryl		213
ment o ant: If i ury or		1 ☐ Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☑ Other (Special Control of Cont	Ramoval from State ro	ata cer	matary, cran	natory or oth	ar plac						
Depart Import any Inj once.		21. Signeture of Funaral Sarvice Licensaa  Ronadh S. W.de. Dir.  Ronadh S. W.de. Dir.  Baltimore, Maryland 21201-1559  23. Pent. Entar tha disaasa, or complications thet caused tha daeth. Do not entar tha moda of dylng, such es cardiac or raspiratory arrast, shock, or haart tailura. List only ona causa on aach lina.											treet
hysician ond physician ond physician see the priviletransit	Jer .	shock, or haart tailura. List only tmmediata Causa (Finet disaasa or condition rasulting In daath)	a. Artei	cioscl		ic Ca							Approximata Interval Batween Onset and Death
	i Examiner	Sequantially list conditions, if eny, laading to Immediata causa. Entar Undartying Cause (Disaasa or injury	b	Due to (or a	as a consaq	uence ot):						1	I may
D 0	/Medicai	that initiated avants resulting in death) Lest	d	Dua to (or a	as e consequance of):								
A 0	y Physician/	Part II. Other significant conditions	contributing to deat	n but not rasult	ing in tha ur	ndarlying cau	isa giv	an in Pert I.				se contribute to	the cause of death?
	Completed by										an autopsy ormad?	ev	ara autopsy findings ellebla prior to mplation of cause daath?
this certificate hes braid director, pege 2 s	Be Com	25. Was casa refarred to medical						26. Pleca of D	eath (C	1 🗆	//	No 1[	Yas 2□ No
s di	9	axeminar?  XX es 2 No  27. Mennar of Death  Agatural 5 Panding	28a. Data of I (Month,	atient 2 El	R/Outpatien 8b. Tima of Injury	280	: Injur	ar: 4 □ Nursing y et k?	Homa	\$□\Aesi		Other (Specification)	r)
offer d Direct in by	Certification:	2 Accident Investigation 3 Suicide 6 Could not to date mined	e 28a. Place of	Injury - At hom atc. (Specify)	a, farm, stre	M eat, tactory,		Yas 2□No	28f	Location ( City or To	Street and I wn, Steta)	Number or Rura	ni Route Number,
	edical C	29a. Cartifiar 1 Certifying Pr (Check only one) Medical Example (Check only one)	nysician: To the be ninar: On tha basis and mennar	of exemination	adge, deeth	occurred et vastigation, in	tha tin	na, data and pla pinion, daath oc	ce, and	dua to tha at tha tima,	cause(s) ar data and pl	nd mannar as si ace, end dua to	lated. o the cause(s)
To the compl	M	29b. Signatura and titla of certifier	[ lado	M				a number				signed (Month,	

State Registrar JUN 1 8 1996



30. Name and address of person who complated causa of daath (Item 23a) (Type, Print)

Division of Vital Records, P.O. Box 68760

n 24 hours a within 24 ho To the Fune completely f

à

State Registrar 29b. Signeture end title ot certifie

30. Neme end eddress of person who completed

29c. License number of ideeth (Item 23a) (Type, Print)

29d. Date signed (Month, Dey, Year)

Srite 106, 6/enBurne, and leter Ruminer MD 7845 OAKWOOD Red 31. Dete tiled (Month, Dey, Year)
JUN 1 8 1996 32. Registrar's Aigneture

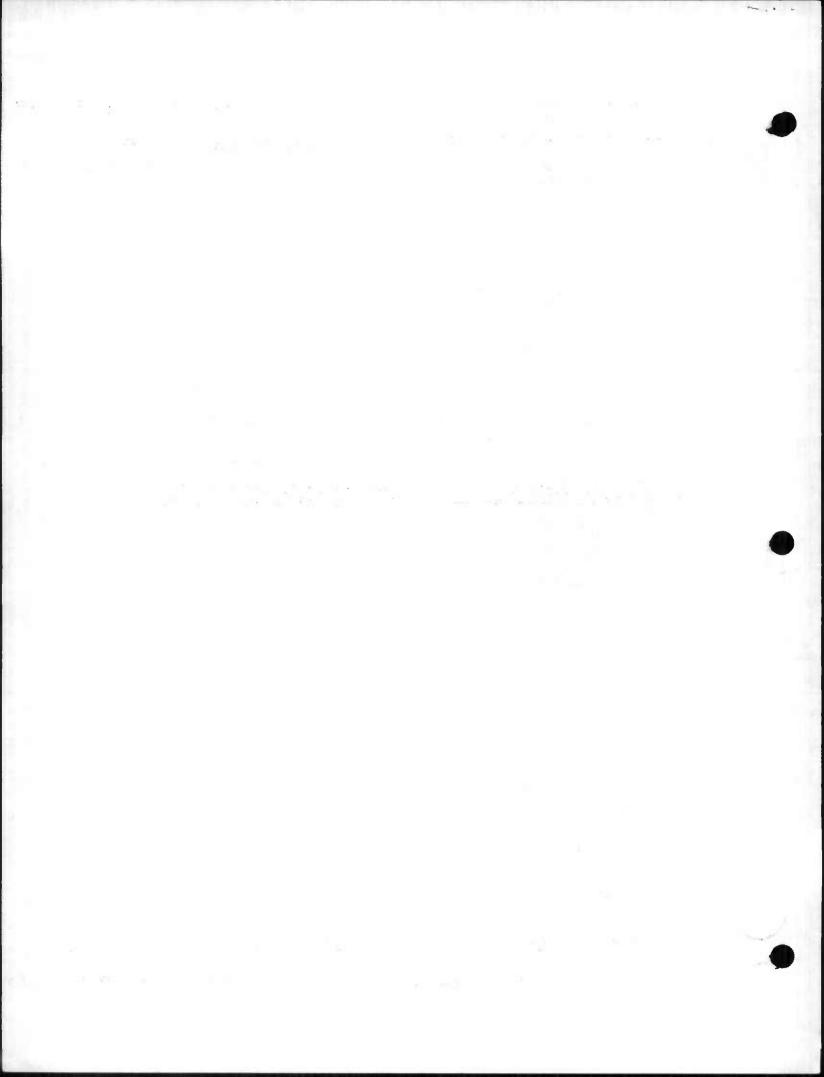
Here have the second to the

TITEL STOPLE WINDS IN THE STORY

	tem:	1, per F.H. G-736 6/18 1. Decedent's Name (First, Middle, Last	1)	Certificate	e of Death	2. Dete of Deeth	J. No.	3. Tima of Deeth			
Physici /Medi		John CORRIG	JOHN JEWEL	L CORRIGAN	d. Oh. T.	Month	Dey Yeer	6 10:15 A.			
Examir Funeral	ner	4a. Facility Neme (If not institution, one TOHNS HOPICIN 5. Social Security Number 222-07-5952	IS MOSPITAL	st birthdey) If Under Yrs. Months	4b. City, Town, or  BALITMOR  1 Yaar   if Undar 24 Hrs  Days   Hours   Min.	E CITY	4c. County of De N/I 9. B				
Director	-	Usual Residence of Decedent  10e. Stete 10b. County	10c. City,	Town or Location		Sept. 20	5,1910 WI	10d. Inside City Limit			
or 28a-f	Directo	Delaware New Cast		lmington 10f. Zip			. Citizan of What C				
iene. than "naturel", or Heme 23e or 28e-f show the Medical Examiner must be notified at	by Funeral Director	2201 B Inglewood  11. Marital Status  1 Never Merried 2 Married  3X Widowed 4 Divorced	12. Wes Decedent Ever in U,S Armed Forces? 1 ☐ Yes 2☑ No If Yes, Give Yaar or Dates:	. 13. Was Deced	9803  ent of HispenIc Origin? (S  fly Cuben, Mexican, Puerl  No Specify:		14. Rece - Arr Black, Wh Specify: W.	nerican Indian, nite, etc.			
ene. than "nature he Med cal E	Completed	15. Decedent's Edu (Specify only highest grad	cation fe completed)  College (1-4or 5+)		i Occupation k done during most of wo e retired)	king 16		of Business/Industry			
d othe	Be	17. Father's Neme (First, Middla, Last)	02	Auditor	18. Mother's Ner	ne (First, Middle, Me	te Number, City or Town, State, Zip Code) erland, Maryland 20689				
th and Mer 7 is marks traumatic	To	Benjamin Corrigan 19a. Informant's Neme/Reletionship (7) Nancy J. Maisel	ype, Print) (Daughter)		(Street and Number or Ru	ebecca Jewell  ural Route Number, City or Town, State, Zip Code)  Eundowlond Maryland 20699					
Department of Heei Important: if Item 2 any Injury or other once.		20e. Method of Disposition  1 XBurial 2 Cremetion 3 F  4 Donetion 5 Other (Specify)  21. Signature of Funeral Service Cons	Removei from Steta 20b. Pla cer	ce of Disposition (Nemetary, cremetory or of cerbrook Ce 22. Nama and Ruck T	e of har place)	Dete 20 .8/1996 W	ic. Location - City of Imingto.	or Town, State			
hysician Medical		23a. Pert1. Enter the disease, or complishock, or heart feiture. List only of Immediate Cause (Finel diseasa or condition		Do not enter the mode	of dying, such as cardle	or raspiretory arres	t,	Approximate Interval Between Onset and Death			
sician end buriel-transit	Examiner	Sequentially list conditions, if env. leeding to immediate	b. Due to (or a Du	as a consequence of):	Emsolis. connection			20minu Unknew 2 week			
5 8	edical	Sequentially list conditions, if eny, leeding to immediate cause. Entar Underlying Ceuse (Disease or injury that initiated events rasulting In death) Last		s e consequence of):				2 week			
hed by the etter	/ Physician/M	Pert II. Other significant conditions con	ntributing to death but not rasult	ing in the underlying ca	use given in Pert I.	23b. Did tobe	4.4	te to the cause of deal			
ss been sign 2 should be	Completed by					24e. Wes en operforme		. Were autopsy finding available prior to completion of cause of death?			
Physician: The law requires thet the deeth certificd this certificate hes been signed by the ettending plant director, page 2 should be detached for use as the control of the control of the control of the control of the certific that certific the certi		25. Wes case referred to medical examiner?			26. Plece of Dec	1 ☐ Yes		1□Yes 2No			
	a	1 Yes 28 No	Hospitel: 1 Inpatient 2 E	R/Outpatient 3□ DO		ome 5 Resident		pecify)			
	cation: To Be	27. Menner of Deeth  1. Netural 5 Pending invastigation	(Month, Day Year)	М	3c. Injury et Work? 1 Yes 2 No						
	Certification: To	27. Menner of Deeth  1. Netural 2 Accident 3 Suicide 4 Homicide  2 Netural 2 Invastigation 3 Suicide 4 Homicide	28a. Place of Injury - At hom building, etc. (Specify)	M Me, ferm, street, fectory	1 Yes 2 No	City or Town,	Stata)	Rural Routa Number,			
r death. ector: After this certifice by the furnishal director, i	2	27. Menner of Deeth  1. Netural 2 Accident 3 Suicide 4 Homicide  29a. Certifier  27. Menner of Deeth 5 Pending invastigation 8 Could not be determined	28a. Place of Injury - At hom	M e, ferm, street, fectory edge, deeth occurred in end/or investigation,	1 Yes 2 No office	City or Town, s	Stata) se(s) and menner	es steted. us to the ceuse(s)			

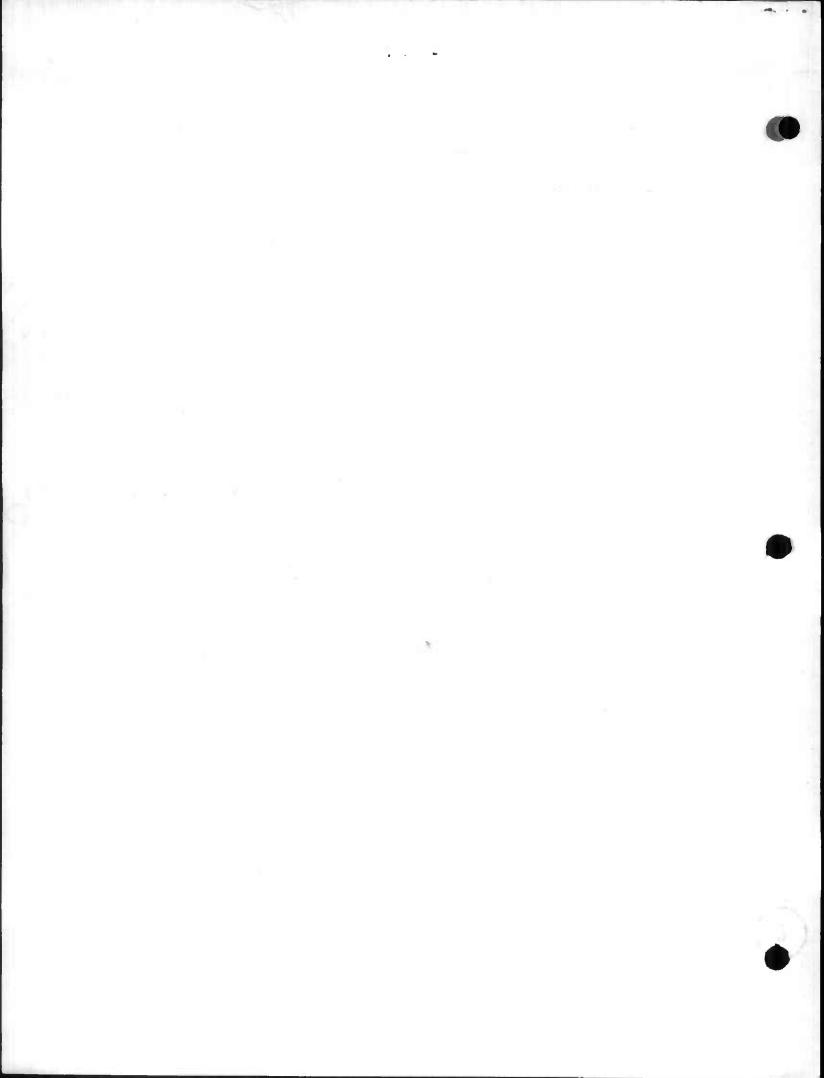
State Registrar 31. Dete filed (Month, Dey, Year)
JUN 18 1996

32. Registrar's Signature



MEALTIMORE, MARYLAND 21215-0020	e retained by the hospital or attending physicia	e 5 should be detached for use as the burial-ti
MEALTIMORE,	hours after death. Page 6 may be	ed in by the funeral director, page or removal.
SION OF VITAL RECORDS, P.O. BOX 6876	ENDING PHYSICIAN: The law requires that the death certificate be executed whem 24 hours after death. Page 6 may be retained by the hospital or attending physicia	IR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-the death with the State Deot, of Health and Mental Hydiene prior to bunial, cremation, or removal.
SION	ENDING PH	R. After the

,	1. DECEDENT'S NAME (First, Middle, La.	(NMN)		7.5.0			MON		AY	YEAR	3. TIME OF OEATH	
- 1	ELVIN 4. SOCIAL SECURITY NUMBER	5. SEX		CARUTHER  yrs. lest birthday)	RS IF UNDER 1 YEA		Jun	e 15	, 1	996	5:35	Ам
	198-05-4429	1 📉 M 2 🗆 F		76 YRS.	MONTHS DAY		Apr	11 04,1	920	Court Mil.	PLACE (State or For Lersville	e,Pa
OR	9a. FACILITY NAME (If not institution, gh Genesis Elder Ca		aven	Center		N OR LOCATION OF SON	DEATH			NTY OF O		
RECT	RESIDENCE OF DECEDENT  10a. STATE  10b. COU			10c. CIT	TY, TOWN OR LO	CATION					10d. INSIDE CITY	
5	Maryland H	larford Co	•		Jor	pa 101. ZIP CODE					LIMITS?	NO
ERAL	527 Trimble Road					21085					States	
DI LON	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOEN FORCES? 1 IF YES, GIVE W	YES	2 NO	If yes,	ECENOENT OF HISP specify Cuban, Max ES 2 NO Spe	ican, Puert				— American India k, Whita, etc.	ifi,
	15. DECEDENT'S E (Specify only highest gr	ade completed)		16a. DECEDENT'S (Give kind of life. Do NOT u	work done during		1	166. KIND OF BUSINESS/INDUSTRY				
	Elementary/Secondary (0-12)	College (1-4 or 5	•	Grounds				Miller	svil	le Co	ollege	
	17. FATHER'S NAME (First, Middle, Last) Milton Caruthers					18. MOTHER'S NAME (First, Middle, Malden Surname) Virginia Sue Caruthers						7
	190. INFORMANT'S NAME (Type/Print) Mildred Beares (	Friend)			ADORESS (Stre	et and Number or Rur	ral Route Nu		n, State, Zij	D Code)		
	20a METHOD OF DISPOSITION 1 Burial 2 Cremellon 3 R	amoval from State		PLACE AND DATE	OF DISPOSITION		D/	TE 20c. LO	CATION -	City or To	wn, State	
	4 Donation 5 Other (Specify) 21. Sign a unit of the real structure.	TICHNINI	Z	nescoga	22. NAME RUC	AND ADDRESS OF k Towson O York R	FACILITY Fundament	eral Ho	me,	Inc.		5
	23. PART T. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, above, or haser failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (or as a consequence of):  Due to (or as a consequence of):  Diabetes Mellitus											
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury											
LEN I	that initiated eventa reaulting in death) LAST											
MEDICAL	PART II. Other algnificant condi	2 4	\ A	nt not reculting	in the underly	PE				S AN AUTOPSY RFORMED? ES 2 NO 24b. WERE AUT AMILABLE COMPLETI OF DEATH:		TO
	DID TOBACCO USE CON			F DEATH Y			AIN 🖂					
YSICIAN:	EXAMINER?	HOSPITAL:	ER/Outp	ntient 3 🗆 DOA	OTHER:	Iome 5 🗆 Residenc	ca 6 🗆 Ot	ther (Specify)				
ву РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, E		28b, TII	JURY	INJURY AT WORK?  YES 2 NO	28d, 0	ESCRIBE HOW I	INJURY OC	CURED		
	3 Suicide 6 Could not determined	be 28e. PLACE C	etc. (Speci	— At home, farm,	atreel, factory, o	ffica		OCATION (Street ifty or Town, State)		r or Rural i	Route Number,	
COMPLET	onel	IYSICIAN: To the best of									a) and manner as at	tated.
BE	29b. SIGNATURE AND TITLE OF CERTI	FIER	)			29c. LICENSE N	NUMBER 2	7	29d. DA1	E SIGNED	(Month, Day, Year)	
٩	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAU	SE OF DEA	TH (ITEM 27) (77)	e, Print)	1 D19	212	39				
	31. DATE FILED (Month, Day, Year)		A'S SIGNA	TUBE - Ample 102		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-10					
	JUN 18 1996	Juna Di	CON CONTRACTOR	- Nathanie	7							



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month Year Solen Dorsey 1230 P.M. 1996 JUNE /Medical 4e. Fecliity Neme (If not Institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner HOSPITAL H Under 1 Yeer H Under 24 Hrs. 8. Dete of Birth (Month, Day, Year)

Months Deys Hours Min. MAY 15, 1928 SINAI 9. Birthplece (State or Foreign Country)
A. A. Co., M.D. 5. Sociel Security Number 7. Age (In yrs. lest birthday) **Funeral** 216-74-8529 100M 2DF Yrs. Director Usuel Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits rithan "natural", or items 23s or 28s-f show BALTIMORE 1. Yes 2 No Funeral Director MARYLAND 10e. Street and Number 10g. Citizen of Whet Country? OAK AVENUE USA. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bieck, White, etc. 11. Meritel Stetus filed within 72 hours after 1 Never Merried 2 Married 21215-0020 1 ☐ Yes 2 No Specify: Completed by Specify: BLACK 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: if item 27 is marked other than any Injury or other traumatic avant, the Magnetic account. Elementery/Secondery (0-12) College (1-4or 5+) HOME MAKER (UNEMPLOYED) OWN altimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be GEORGE 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) MARSHA 20b. Place of Disposition (Neme of cemetery, cremetory or other place)

20b. Place of Disposition (Neme of cemetery, cremetory or other place) BLANFORD BALTIMORE MD. 21267 20c. Location - City or Town, Siele 20e. Method of Disposition

1 Burial 2 Cremetion 3 Remove from Stele WOODLAWN CEMETERY 6-21-96 WOODLAWN, MARYLAND 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeline of uneral Service Licensee

22. Name and Address of Facility

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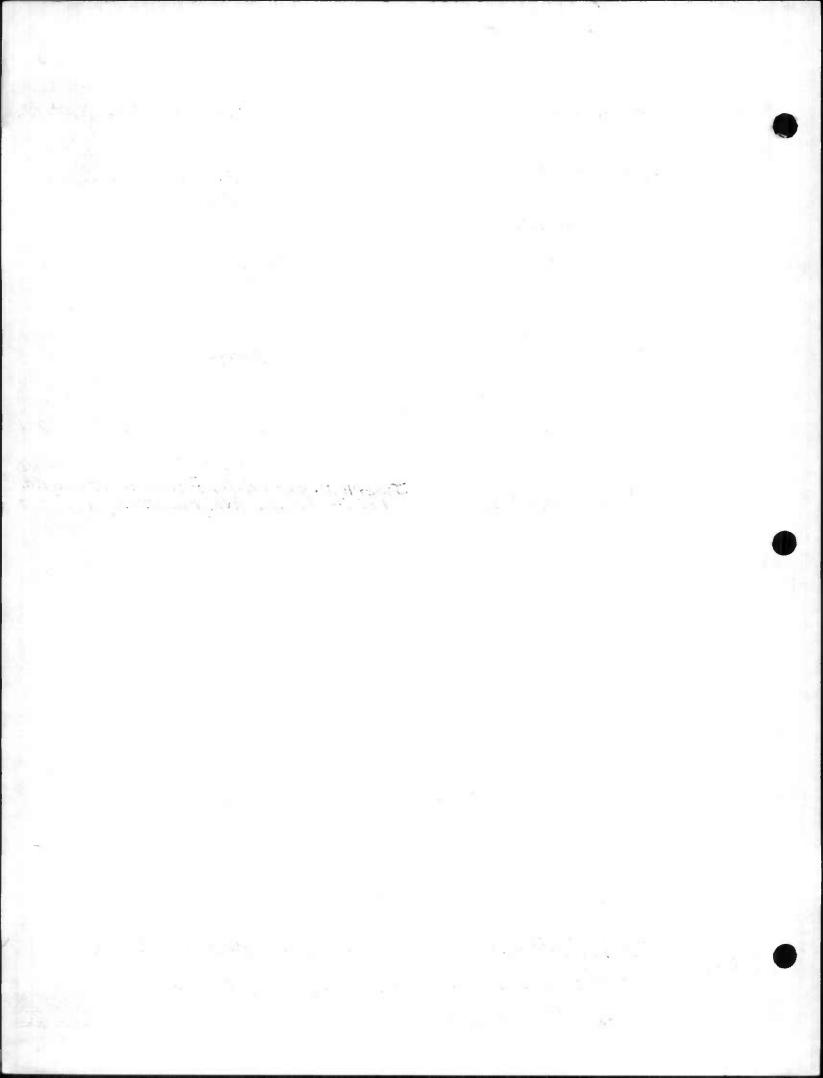
29. Name and **Physician** Immediate Ceuse (Finel disease or condition resulting in deeth) /Medical Vascular Accident **Examiner** Gastrointestinal Bleed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that Initiated events resulting in deeth) Last Due to (or es e consequence of): Box 68760. VICET Ducdenal 8 Physician/Medical å Due to (or es e consequence of): P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Winknown Dementia Records, 24b. Were autopsy findings available prior to Completed 24e. Wes en eutopsy performed? completion of cause of deeth? 2 No 1 Yes 1 ☐ Yes 2 ☐ No of Vital Be 25. Wes case referred to medical 26. Piece of Deeth (Check only one) Hospitel: 1 Impatient 2 ER/Outpatient 3 DOA Othar: 4 Nursing Home 5 Residence 8 Other (Specify) 10 1 Yes 2 No 報 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28c. Injury at Work? Certification: 28b. Time of 28d. Describe how injury occurred Atter Division Attending 1 Naturel 5 Pending Investigation 1 Yes 2 No after death 2 Accident 3 Suicide 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stata) 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide 8 within 24 hours 1 Certifying Phyeician: To the best of my knowledge, deeth occurred at tha tima, data and place, and dua to tha cause(s) end manner as stated.

2 Medical Examiner: On the basis of examinetion end/or invastigation, in my opinion, deeth occurred at the tima, data and place, and due to the cause(s) end mennar stated. Medical 29e. Certifier å 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) Dold DO AS 2402321-CG-9919 June 15, 1996 30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print)

5 mai Hospital

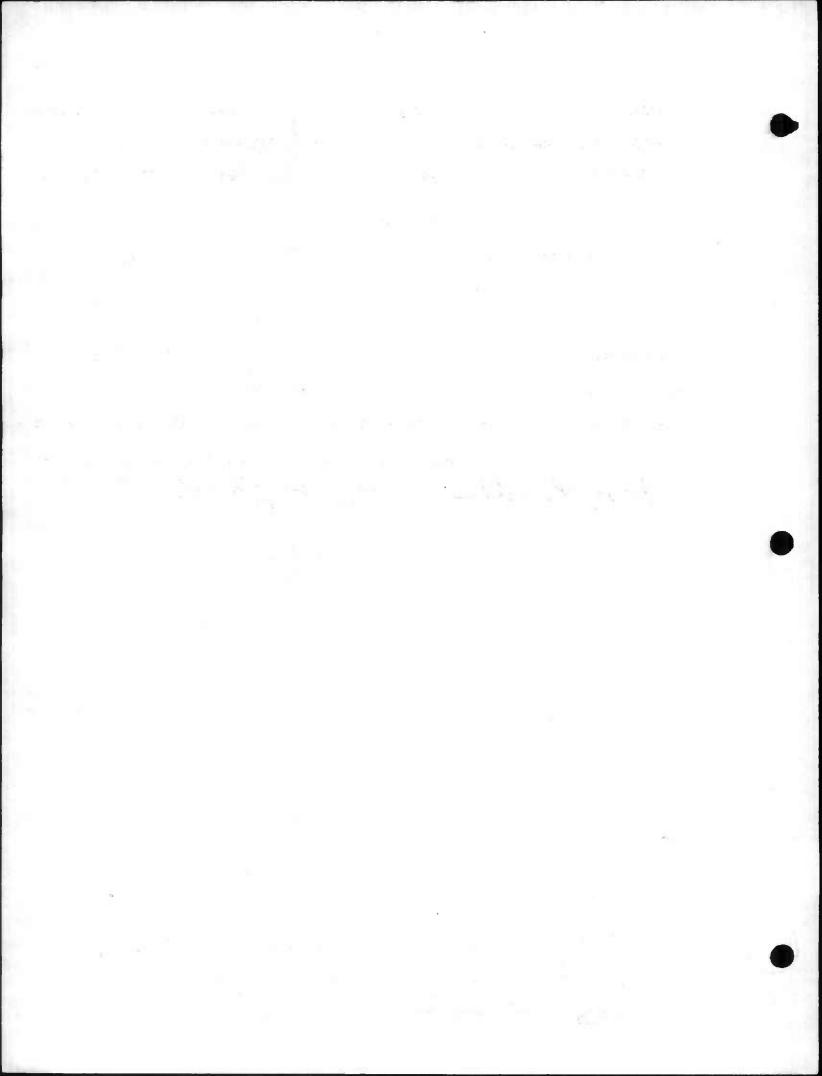
2401 West Be Villere Avenue Bal Baltimore Maryland 21215 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture State Julia Davidson Registrar JUN 1 8 1996

**DHMH 16 Rev 6/95** 



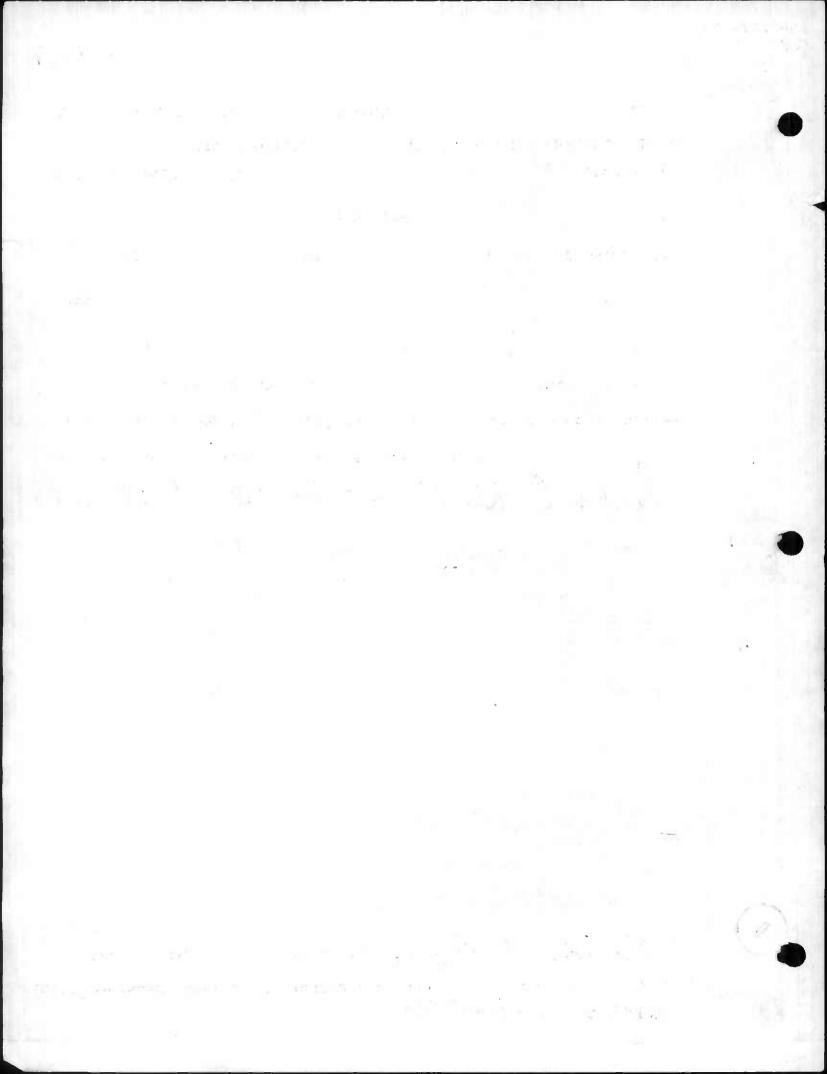
State of Maryland / Department of Health and Mental Hygiene 96 17996

					Ce	rtificate o	f Death		Reg. No.	0 1	1000
Physicia	20	1. Decedent's Neme (First, Middle	a, Last)					2. Dete of De Month	ath Dev	Year	3. Time of Death
/Medic		Nellie		Do	rsey			June	14, 199		6:30 am
Examin		4a. Facility Name (If not Institution	n, give street and num	iber)			4b. City, Town	, or Location of Deat	4c. County	of Death	
		7233 Park Hei	ghts Aven	ue			В	altimore	r	ı/a	
Funeral Director		5. Sociel Security Number 214–20–2161 Usual Residence of Decedent	6. Sex 1 ☐ M 2 【XF	7. Age (In yrs. le		Montha Dey		Hrs. 8. Dete of Bir Min. (Month, De Sept 1	th ly, Year) 2, 1916	Count	ce (Stata or Foreig y) rginia
nryland show		10a. State 10b. County		10c. City	Town or Lo	ocation				10	d. Inside City Limit
Part of	cto	MD n/a	1	Ba	1timo	re					Yes 2□No
or 2	Dire	10e. Street and Number				10f. Zip Code			10g. Citizen of V	What Countr	y?
23a	<u>a</u>	7233 Park Heigh					21208		US	SA	
72 hours after deeth with the Maryland netural, or items 23a or 28a-f show dical Examiner must be notified at	by Funeral Director	11. Marital Status  1 □ Never Married 2 □ Marri 3 ☑ Widowed 4 □ Divorced	12. Wea Dece Armed For ied 1 Tes If Yea, Give Yeer or Da	dent Ever in U,S ces? 2 [2] No	5. 13.	Wea Decedent of if Yes, specify Control of Yes 2 □ N		? (Specify Yes or No uerto Rican, etc.)	14. Rac Biad Specify	e - America ck, White, et	c.
n 72 hours "natural", edical Exe				ites:	10a Daga	dent'a Usual Occ	umatica.		405 Min 4 -4 D	Black	
	Completed	15. Decedent (Specify only highas	st grada complated)		(Giva	kind of work dor	na during most of red)	working	16b. Kind of Bu	usiness/indu	latry
filed within Hygiena. ther than " ent, the Me	Ĕ	Elementary/Secondary (0-12)	College (1-	4or 5+)	71741	Nurse	,00,		Private	Duit v	7
gas 1 and 2 should be filed withit of Health and Mental Hygiena. If them 27 is marked other than or other traumetic event, the Mental Hygiena.		17. Father's Name (First, Middle,				MULDE	18. Mother's	Name (First, Middla			
Mental Mental	Be							Branch		,	
should and Men merke	2	Eddie Harris	No. of the Control		401 14-111				011		
h and h and rise me		19a. Informant's Name/Relations						r Rural Route Numb			
Health em 27 i	-	Helen Whitaker	(S	ister)			eights A		Baltimo		
		20a. Method of Disposition  1 Burial 2 Cremation	3 ☐Removal from S	state 200. Pis	matary, cre	osition (Nama of matory or other p	lece)	Dete	20c. Location -	City or Tow	n, State
ury ury		4 ☐ Donetion 5 ☐ Other (Sc			stlaw	n Cemete	ery	June 17	Baltimo	ore, N	faryland
Department of Important: If any injury or once.		21. Signature of Funerel Service I	Ligensee	0	2	2. Name and Add 2501 GWY	ress of Facility	Nutter Fu 1s Parkwa	neral Ho	omes,	Inc.
	_	1 / sand	1 00			Baltimon	e, Mary	land 212	16		
Physician /Medical Examiner		23a. Part1. Enter the All lease, or shock, or heart in ure. List of the list o	a	Diel	rhy	, mel	llifus	)			Approximate nterval Between Onset and Death
	6			Due to (or	as a conse	quenca of):					
nsit ted	듣		b		UH	-				i	ny
and and	Examiner	Sequentially list conditions, if eny, leading to immediate		Due to (or	as a consec	quence of):					
cian		cause. Enter Underlying Cause (Disease or Injury	C	1	Ra	7)					Y~1
ninceta be axecuted of physician and as the burial-transit	Medical	that initiated events resulting in death) Last		Due to (or	as e consec	querice of):	•				
aath cart attending I for usa a	No.		d								
d for	5	Part II. Other algnificant condition	ne contributing to de-	ath but not recul	ting in the u	inderhing cause	niven In Part I	23h Did	tobacco usa co	ntributa to 1	the cause of deat
es mat me de igned by the s be datached	y Physician/	Tall II. Other algrilloant condition	カナカ	atti but Not resul	ung in use u	indenying cause	giveri ili Fart i.				ably 4 Dunkno
The lew requires that the death cartificets be assected ate has been signed by the attending physician and page 2 should be detached for usa as the burial-transit	Completed by		Aven	vig	5 0	4. 83	lare		an autopsy ormed?	com	a autopsy findings lable prior to pletion of cause sath?
	Comp		G-tu	he fo	- الم	7		10	Yes 20 No		Yes 2□No
	Be	25. Was case referred to medical examiner?					26. Place of	Death (Check only	ona)		
0.0	၉	1 ☐ Yes 2 ☐ No	Hospital: 1 🔲 In	patient 2 E	R/Outpatler	nt 3 DOA	Othar: 4 Nursir	ng Home 5 PReai	dence 8 Oth	er (Specify)	
th. After the funeral		27. Manner of Death  1 Naturai 5 Pending 2 Accident investig		f Injury Day Year)	28b. Time o Injury	V	jury at /ork? □ Yes 2 □ No	28d. Describe	how Injury occur	red	
Ta'the Hospital or Attending within 24 hours after death. To the Funeral Director: After completely illed in by the funa.	Certification:	3 Sulcide 6 Could n 4 Homlcide determi	ned 286. Placa	of Injury - At hong, etc. (Specify)	ne, ferm, st	reet, fectory, offic	е	28f. Location ( City or To	Street end Numb wn, Stata)	per or Rural	Route Number,
Hospi     Z4 hour     Funeri     ietely fill	edical	29a. Certifier (Check only one)	g Phyaician: To the t Examiner: On the bas and mann	sis of examination	ledge, deatl on and/or in	h occurred at the vestigation, in m	time, date and p opinion, death o	lace, and due to the occurred at the time,	cause(s) and ma date and place,	anner as sta and due to t	ted. tha cause(s)
of the office of	Z -	29b. Signature and title of certifier				29c. Lice	nse number		29d. Dete signe	d (Month, D	ay, Year)
)3 F 8		· Bull	ung	~~ ?.		D	26942	•	6/17	196	
		30. Name and address of person v	who completed cause	of death (Item:	23a) (Type,	Print) 19, Fre	derick	Rd. BA	LTIMOR	E, Mc	21228
Stat		31. Date filed (Month, Day, Year)	Lulia Dair	gistra Signatu							



State Registrar 31. Dete tilad (Month, Dey, Year)
JUN 18 1996

11 32. Addistrar's Signature



State of Maryland / Department of Health and Mental Hygiene 96

						Cer	tificate	e of	Death			Reg. No	0.		
	Physic	inn	1. Decedant'a Nama (First, Middla, L	ast)	7	1	1. /				2. Data of D	eath De	av	Yaar ,	3. Tima of Death
	/Medi		vames u		Donr	101	١y				June	2 1	6	1996	10:40AN
9	Examir	ner	4a. Facility Nema (If not institution, g		r)		/		- 1		ocation of Dee	th 4		of Deeth	
			SAINT AGNES HOS  5. Social Sacurity Number 6.		ige (In yrs. last b	irthday)	If Under	1 Yaar		LTIMO	8. Deta of B	idh	N/A		ace (Stata or Foraign
ı	Funeral Director		216-16-8036 Usuel Rasidance of Dacedant	1₽XM 2□ F	72	Yrs.	Months	Deys		Min.	7/18/	ay, Year 23	)	MARYI.	AND
	show		10a. Stata 10b. County		10c. City, Tov	vn or Loc	ation							10	d. Insida City Limits
	the Mary r 28a-f sh	ctor	MARYLAND N/A		BAL	TIMO	RE								1 Ayas 2 No
	ith th	Director	10e. Street and Number				10f. Zip					10g. C		Whet Count	ry?
	ath w	rai	3659 CLARENELL R					229					U.S.		
	Items Inst. m	Funeral	11. Marital Status  1 □ Naver Merried 2 ☒ Married	12. Wes Decedan	t Evar in U,S.  ?   No 1943-	13. W	as Deced Yas, spec	lant of I	Hispanic Ori an, Maxicar	igin? (Sp n, Puerto	ecify Yes or N Rican, etc.)	0-		e - Amarica ck, White, e	
320	a o E	by F	3 ☐ Widowed 4 ☐ Divorced	If Yas, Giva Yaar or Dates	10/5	1	☐ Yes 2	2 ∐XNo	Specify:				Specify	WHIT	re
21215-0020	72 hours naturel".		15. Dacedant's i	Education		. Deced	ent's Usua	I Occup	petion			16b. h	Kind of B	usinass/Indi	ustry
218	C 6	Completed	(Spacify only highest g Elamantary/Secondary (0-12)	rada complated)  Collaga (1-4or	5+)	lifa. D	O NOT us	k dona a retire	duning mos	t of work	ing				
21	70 00	Con	12 YEARS	NONE		MACH	HINIS	T	7			(	CAN (	COMPAN	1X
pu	be file ntal Hyg d othe event,	Be	17. Fether's Neme (First, Middla, Las	•							a (First, Middle		n Suman	10)	
Z	2 should be and Mental Is marked o aumstic eve	P	JAMES JOSEPH DON								E HADDA				
Maryland	d 2 should th and Mer 7 is marke traumatic		19a. Informant's Name/Relationship		19						al Route Numi				
	1 an Heal em 2		MARILYNN L. CONN 20a. Method of Disposition	NELLY	20b. Place of	of Dispos	ition (Nam	na of		D., ]	BALTIMO Data			City or Tov	
no lo	ages int of t: if it		1 Burial 2 Cremation 3			ery, cram	atory or of	thar pla		6					ARYLAND
Baltimore,	the tan		4 Donation 5 Other (Spec		- LOODC				ess of Fecili	1				-	
Ba	Deparimon any Ir		DV1-							21	NGLETON				
	_		23a Psff1. Enter the disease, or our	mplications thet cause	ed the death. Do						, GLEN		NIE,		21061 Approximata
	Physician		23a PSR1. Enter the disease, or our shock, or heart failure. List ort	y ona ceusa on aach	lina.						,				Intarval Batween Onset end Deeth
	/Medical		Immadiata Causa Hall diseasa or condition	M	etas	Lati		1 11	na	00.	· · · · · · · · · · · · · · · · · · ·	\.M. 0		į	10:404
7	Examiner		rasulting in death)	a	Dua to (or as a			10	10g	Car	r Cini	MA		1	10.10%
3	70 .22	ner		J	aund										
)	icate be axecuted physician and s the burial-transit	Examiner	Sequentially list conditions,	D	Dua to (or as a		9								
60,	be ax	E E	Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or Injury that initiated events	C										1	
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P.0	ed by the	hys	Total organical conditions	contributing to deeti	out not resulting	iii tiia tiir	derlying Ca	zusa yı	ven in rent			,	2□ No		ably 4 Unknown
	ant st gned se de	ру Р													
Records,	v requires been sign should be	bed									24a. Wa	s an auto	opsy	avai	re autopsy findings iiable prior to
ecc	2 s D	ple												of d	pletion of cause leath?
	The ate h	Completed									10	Yas 2	No	10	l Yes 2□ No
of Vital	Physician: The this certificate ral director, pag	Be	25. Was cesa rafarrad to medicei exeminar?							of Deat	h (Check only	ona)			
of	5 00	2	1 ☐ Yes 2 ☐ No	Hospital: 1 ☐ Inpat				~			me 5□Ras				)
Division	After funer	Certification:	27, Mannar of Death  1 Natural 5 Panding	28a. Data of Inj (Month, D		Tima of Injury		Bc. Inju			28d. Dascribe	how inju	ury occur	red	
Sic	r death. ctor: After y the fune	cat	2 Accident invastigation 3 Suicide 6 Could not	be 00- Di(1-	njury - At homa, f	arm ctra	M factors		Yas 2□		28f Location	(Street a	nd Numb	er or Rural	Routa Number,
£	Direct Di	ertii	4 ☐ Homicida datarmina	buliding, a	tc. (Specify)	aiiii, 311a	at, isotory	, OHICE			City or To			or or ridra	110010 /10/1001;
_	neral fille		29e. Certifiar 12 Certifying P	hysician: To the best	of my knowledge	e, daath	occurred a	at the ti	ma, deta an	d place.	and dua to the	ceuse(s	s) and ma	innar as sta	ated.
	To the Hospital or strending Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edicai	(Check only 2 Medical Exa	minar: On the basis of and manner s	of axaminetion er	nd/or inva	astigation,	in my o	opinion, daa	th occurr	ad at the time	, data an	d place,	end dua to	the ceusa(s)
	To the To the Company	Z	29b. Signature and titla of certifier	0	101		29c.	Licens	sa number	100		29d. D	ata signe	d (Month, D	lay, Year)
			* Sador	1 U	selle	ma	^	1	)20	676	,	Ju	ine	2 16	1 1996
	4		30. Neme and addrass of person who	complated cause of	daath (Itam 23a)	(Type, P	Print)			1	Λ .	-	-11	1	11 -
	, ()		Leadore	H. Hel	aman	1	9	00	Ca	ton	HUR	2	N Y	to ne	s HOSP.
	Sta Registr		31. Deta filad (Month, Day, Yaar)	1996 32. Regist	Mar Signature	son-A	andell	0						U	
	negisti	ai	2014 - 0												

= 15 mills = 1 a Marine of age 

1 - STATE REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. N	0.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH
MICHAEL O	DONNEL DIX	NO					996	19:03 PM
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)			LACE (State or Foreign
220-36-9076	1 X M 2 - F	54 YRS. M	ONTHS DAYS	HOURS MIN.	Sept 26,	1941		yland
Se. FACILITY NAME (If not institution, give etre	et end number)	9	b. CITY, TOWN O	R LOCATION OF DE		-	NTY OF DE	*
Church Home	and Hospita	al, Inc.	Balti	more		N	/A	
RESIDENCE OF DECEDENT								
Church Home RESIDENCE OF DECEMENT  100. STATE 100. COUNTY Maryland Balti			TOWN OR LOCAT					10d. INSIDE CITY LIMITS?
	more	<u>Ba</u>	ltimore		alk)			T YES 2 X XNO
1943 Merritt Blvd 11. Marital Status			101.	ZIP CODE		10g. CI1		HAT COUNTRY?
1943 Merritt Blvd				21222			USA	
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED			IIC ORIGIN? (Specify to, Puerto Rican, etc.)	fee or No-	14. RACE - Black,	- American Indian, White, etc.
1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR		1 TYES				Specify	White
	TION	The property of			Las vinia and		DUATEN	WILLE
15. DECEDENT'S EDUCA (Specify only highest grade or 11 1 1 17. FATHER'S NAME (First, Middle, Last)	ompleted)	(Give kind of wor	k done during mo:		16b. KIND OF E	IUSINESS/IN	DUSTRY	
Elementery/Secondary (0-12)	College (1-4 or 5+)		mployed		Bar O	wnor	and R	arber
17. FATHER'S NAME (First, Middle, Last)		3011-6	iip i o y e u		_		and b	arbei
				Addie	ME (First, Middle, Meid Tipton			
19a. INFORMANT'S NAME (Type/Print)		Lancarana d					0.77	
Juanita Muse-Siste	n				Baltimore			21222
20s. METHOD OF DISPOSITION		0b. PLACE AND DATE OF			-,	-	City or Tow	
1 Secretion 3 Remov	al from State	ub. PLACE AND DATE OF emetery, crematory or othe	propriese)	me or	117.10C	T D	City or low	. Maryland
		aren naven	MEIIIO FT	D ADDRESS OF FA	/1//96 G	ilen B	urnje	, Maryland
21. SIGNATURE OF FUNERAL SERVICE LICE	Kevin E.	. Ecker	McCul	ly Funer	al Home o	f Bro	oklyn	
Xe- { C			237 E	. Pataps	co Ave.,	Balto	. Md	. 21225
23. PART & Enter the disesses, or co								Approximete
ahock, or heart failure. Li	at Dniy Dne cause on	esch line.						Onset and Death
disease or condition resulting in death)	HEPATI	C FUILU	RP.					3 DAYS
resorting in death)		A CONSEQUENCE OF):						
Z	CIRRH	OSIS						YEARS
Sequentially list conditions, if any, isading to immediate		A CONSEQUENCE OF):						13-00
CAUSE (Disease or injury	ALCOL		SE					YEARS
that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):						
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST								
PART II. Other significent conditions	contributing to death	but not resulting in	the underlying	a ceuse aiven in	Part I. 24s. WAS	AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS
PART II. Other significent conditions RENAL FU					PERF	ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
					1 TYES	2 X NO		DF DEATH?
DID TOBACCO USE CONTRI	DUTE TO CALLEE	OF DEATH VEC	EL NO D	CHAICEDTAI				1 TYES 2 NO
DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1   VES 2   NO 27. MANNER OF DEATH	BUIE IO CAUSE	26. PLACE OF DEATH		N UNCERIAII	иП			
EXAMINER?	HOSPITAL:		OTHER:		Tuesday or and			
1 VES 2 NO	28e. OATE OF INJUR				6 Other (Specify) 28d. DESCRIBE HO	W IN HIEW O	ACURED	
	(Month, Day, Yeer		RY WO	YES 2 NO	280. DESCRIBE HO	W INJUNT O	COMED	
2 Accident Investigation	26a PLACE OF IN III	RY — At home, ferm, str			281. LOCATION (Stre	et and Numb	er or Burni Br	nuta Mumbar
3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Si		est, rectory, offic		City or Town, Sti		er or moral m	oute Wallion,
29e, CERTIFIER		ALCOHOL						
(Check only								
2 MEDICAL EXAMINER	On the basis of exeminal	tion end/or investigation.	, in my opinion, d	leath occured at the	time, date end place,	end due to	the ceuse(e)	end menner ee stated.
III 296. SIGNATURE AND TITLE OF CERTIFIER	0144 110			29c. LICENSE NU				(Month, Day, Year)
	su MD			D 45	525	J	UNE	12 1996
30. NAME AND AODRESS OF PERSON WHO	COMPLETED CAUSE OF	OEATH (ITEM 27) (Type, F	Print)					
MICKEY VALYA	obvi MD	CHURCH	HOSP	ITAL	100 N B1	CAUS	WAY	MD 2123

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

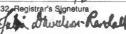
IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

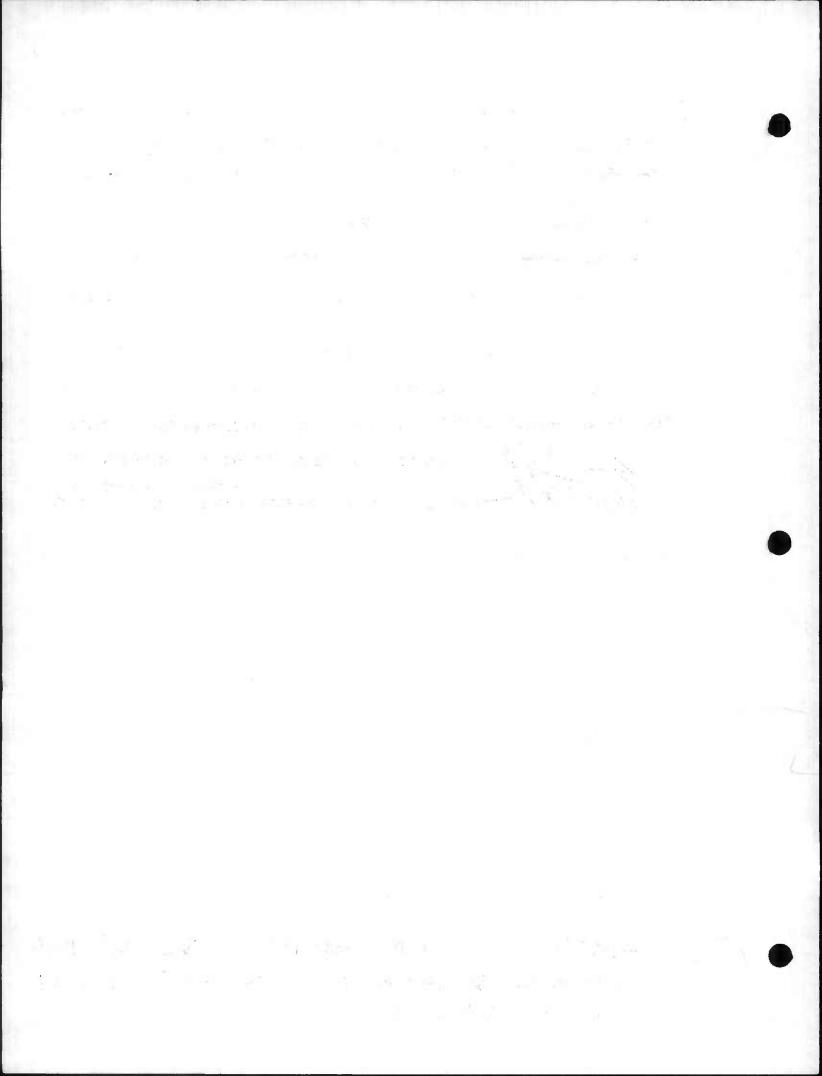
24 hours after death. Page 6 may be retained by the hospital or attending physician, MBALTIMORE, MARYLAND 21215-0020

31. DATE FILED (MONT 8 1996 32 AEGISTRATIS STRINGTURE STANDARD NO 18 1996 32 AEGISTRATIS STRINGTURE STANDARD NO 18 1996

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		6 t.t			rtificate of			leg. No.		890
Physic	cian	1. Decedant's Nama (First, Middla, L	ast)				2. Dete of Dee Month	th Dey	Year 3.	Tima of Deeth
/Med		Susanne Du	Jorkin				June 1	21996	,	5.50 am
Exam		4e. Facility Nema (If not institution, g	iva street and number)			4b. City, Town, o	r Location of Death	4c. County	of Death	
		North Aryment	tospital 3	301 Hospi	tal Do. (	olen B.	urnie	Ann	e Aru	odel
Funera				(In yrs. last birthday)	if Under 1 Year Months Deys			Year)	9. Birthplaca	(State or Foreign
Director		128-02-3240	1□M 2∏F	78 Yrs.	Monano Doys	110010 1411	07/23/		NEW YO	
2		Usual Rasidance of Decedant								
nylar how		10a. Stata 10b. County		10c. City, Town or Lo	cation					nsida City Limits
W F	용	NY MONRO	Ε	ROCH	ESTER				1	X Yas 2 □ No
72 hours after death with the Maryland natural; or items 23s or 28s-f show olds! Examine: must be notified at	Director	10a. Street and Number			10f. Zip Code		1	log. Citizan of V	What Country?	
h wi		60 YARMOUTH AV	ENUE ROAD			14610		US	A	
Items Inc.	Funeral	11. Maritei Status	12. Wes Decedant E	ver in U,S. 13.			Specify Yes or No- into Rican, atc.)		a - American in	dlan,
or its		1 Never Merried 2 Married	Armed Forces? 1 ☐ Yas 2 ☑ No	5			rto Hican, atc.)	Biad	ck, Whita, atc.	
- 1	Ď	3 ₩ Widowed 4 Divorced	If Yes, Give Yaar or Datas:		1□ Yas 2☑ No	Specify:		Specify	WHIT	E
natural,	Completed	15. Decedant's I	Education	16a. Dece	dant's Usual Occup	petion		16b. Kind of B	usinass/Industry	,
- 6	D e	(Specify only highest g		lifa.	kind of work done DO NOT usa retire	during most of world)	orking			
r than	E	Elemantary/Secondary (0-12)	Coilega (1-4or 5-	•)	TEACHER			REL	IGION	
d other		17. Father's Name (First, Middla, Las	ot)				ame (First, Middla,	Meidan Suman	na)	
	Be	SOL		BOGORAD			BECCA		CARP	FD
mert	2	19e. Intorment's Name/Raiationship	(Time Brint)		na Address (Street	-		Chi as Taura		
8 8 2				men.			Rural Routa Numbe			_
M CN +		LISA FRIEDMAN -	GRANDDAUGH	20b. Piaca of Dispo	G TOWNS	HIP DR	OWINGS M			
	P	20a. Mathod of Disposition 1 ☐ Buriel 2 ☐ Cramation 3	MRandvaldom State		matory or othar pla	ice)	Data	20c. Location -	City or Town, S	Stata
uny o		4 □ Donation 5 □ Othar (Spec	ify)	MT. HOPE	E - ROCHE	STER, NY	6/14/96	ROCHE	STER, N	Y
important: If I any injury or once.	H	21. Signature of Funeral Service 455	B 1	22	. Neme end Addre	ess of Fecility		1001	2200	
SEES		1/ nuctu	V.SA		2000		SOL LEVI			
e		23a. Fart1. Enter the disease, or co	mile tions that caused t				N ROAD PI			
		234 January Enter the disease, or co	y one causa on each ilne	1.	ar ara moda or cyr	ng, soon as oaron	oc or respiretory en	001,	inta	roximeta vai Between et and Death
ysician Medicai	_	Inmediate Cause (Final	D . = .						4	1.
aminer	_	disease or condition regulting in death)	BUFF	MONIA					4	days
	<u>.</u>			ua to (or as a consec	quanca of):				1	•
Sit	Examiner		ı b.							
hysician and the burial-transit	Хал	Sequentially list conditions, if any, leading to immediate		ua to (or as a consec	uance of):					
clan		Causa. Entar Undarlying Cause (Disaasa or Injury	c							
the	dicai	that initiated events rasulting in daath) Last	D	ue to (or es e conseq	uence of):					
nding p	Me									
attending for use a	32		0						i	
ed by the atte detached for	Physician/Me	Part il. Other significant conditions	contributing to death but	not resulting in tha u	ndarlying causa gi	van in Pert I.	23b. Did to	obacco use co	ntribute to the	cause of death?
by th	1	0.0 4/00.	^^-		45345		1 D Y	es 2 No	3 ☐ Probably	4 Unknown
pe de	by P	Colombian	ARIE	D D	ISEASE					
n sig	8	11 000	cionl				24a. Was a		24b. Ware a	topsy tindings
been si should	Completed	17 YPERIEN	SION				perfor	med?	complet	a prior to ion of causa
hes ge 2	E							/	of death	/
Pa Be							1 🗆 Y	es 2 No	1 □ Yas	202 No
certificate irector, pag	a	25. Wes case raferred to medical axaminar?	/				eeth (Check only or	na)		
ector: After this certific by the funeral director,	10	1 Yas 2 No	Hospitei:	t 2 ER/Outpatier	IL SLI DOA		Homa 5□ Rasid	anca 6 Oth	ar (Specify)	
ter ti		27. Manner of Death  Natural 5 ☐ Panding	28a. Data of injury (Month, Day	Year) 28b. Tima of injury	28c. inju	ry at	28d. Dascribe h	ow injury occur	red	
f. Af	atic	2 Accidant invastigation		, ,,,,,		Yas 2 □ No				
oto A	Certification:	3 ☐ Suicida 6 ☐ Could not 4 ☐ Homicida datarmine	289. Piece of injul	y - At homa, farm, str	eat, factory, office		28f. Location (S		per or Rural Rou	ta Number,
- A D	e l	4   Hornicida	bullding, afc.	(Specity)			City or Tow	n, Stata)		
7.5	0	29a. Certifier 17 Certifying P	hyalcian: To the best of	my knowledge, deeth	occurred at the til	ma data and piec	e and due to the c	ausa(s) and ma	anner as stated	
7.5		total and a second	miner: On the basis of a	xamination and/or in	vastigation, in my o	opinion, daath occ	curred at tha tima, d	leta and placa,	and dua to the	causa(s)
7.5		(Check only 2 Medical Exa	ario marinar stoti		29c. Licens	no gumbor		9d Data signa	d (Month, Day,	Manal
충도	Medicai	one)								
7.5	edicai				N. A	2077	-			1001
7.5	edicai	one)		M.D	D4	3977	3	Sime	1215	1996
7.5	edicai	29b. Signeture end titla of cartiflar 30. Nama and address of person who	completed causa of da	M.D ath (itam 23a) (Type,	D4	3977	J	Sune	1215	1996
within 24 hours after death.  To the Funeral Director: After tompletely filled in by the funeral	edicai	29b. Signeture end titla of cartifiar	completed causa of da	M.D ath (itam 23a) (Type, HXSP ITF	D4	3977	en Bur	Sune		1996





State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Dey 15, 1996 ERIC EIDMAN JUNE 00:25 AM WILLIAM /Medicai 4b. City, Town, or Location of Deeth 4a. Facility Neme (If not institution, giva street and numbar) 4c. County of Deeth Examiner 2209 FREDERICK ROAD BALTIMORE If Undar 1 Year If Undar 24 Hrs. 8. Date of Birth 5. Social Security Number 7. Aga (In yrs. last birthday) 9. Birthpleca (Stata or Foraign **Funerai** Deys 1X M 2 F 36 December 17,1959 Mary land Yrs. Director 216-78-4233 Usual Residence of Decedent death with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show Examiner must be nothing at 1 Yes 2 No Director Mary land N/A Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 21206 United States 4107 Granite Avenue Herns 23a Funerai 12. Was Decedent Ever in U,S. Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give Yaer or Dates: 11. Marital Status Was Decedent of Hispenic Origin? (Specify Yas or No-if Yas, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Bleck, White, etc. 72 hours after 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 ò White 1 Yes 2 No Specify: ð 3 Widowed 4 Divorcad "natural", Completed 16a. Decedent's Usuel Occupation 15. Decadent's Education 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) (Specify only highest grade completed) should be filed within 7 and Mental Hygiene. Elementery/Secondery (0-12) Coilege (1-4or 5+) Chef Restaurant ment of Health end Should be file vrt: If Item 27 is marked orty or other 17. Fether's Neme (First, Middla, Lest) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Eidman Louis Marilyn Μ. French 19e. informant's Neme/Relationship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Brenda K. Eidman /wife 4107 Granite Avenue Baltimore, Maryland 21206 20b. Pleca of Disposition (Name of cametery, cremetory or other pleca) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 X Buriel 2 ☐ Cremetion 3 ☐ Removel from State permit. Page Department of Important: If any Injury or once. 6/18/96 Oak Lawn Cemetery Baltimore, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signatura of Funeral Service Licansee Mark T. Zavoyna 22. Name and Address of Facility Leonard J. Ruck Funeral Home, Inc. Made T. 5305 Harford Road Baltimore, Maryland 21214 complications that caused the deeth. Do not enter the moda of dylng, such as cardiac or respiretory arrest, only one ceuse on each line. Approximete interval Between Onsat and Death **Physician** /Medical Immediate Cause (Final diseese or condition resulting in deeth) **Examiner** Due to (or es e be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initieted events resulting in deeth) Last burial-tran Due to (or es a consequança of) Box 68760 Physician/Medical The law requires that the death certificate the Due to (or as a consequenca of): ettending for use as P.O. Pert ii. Other significant conditions contributing to death but not resulting in the undarlying cause given in Pert i. 23b. Did tobacco use contribute to the causa of death? 1 Yss 2 No 3 Probably 4 Unknown signed b Records. þ 24b. Were eutopsy findings aveilable prior to completion of cause of death? Completed 24e. Wes en eutopsy page 2 s 1 No Ves 2□ No of Vital Be 25. Wes case referred to medical 26. Piece of Deeth (Check only one) exeminar Other: 4 Nursing Homa 5 Residence 8 DOthar (Specify) SCENE No Yes 2 No Certification: To 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this I blrector: After this of in by the funeral d 27. Manner of Deeth 28e. Dete of injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred Ilvision or Attending 5 Pending investigation 1 Neturei Injury HENRE W TWO VAHICLE LOUISON 1240M Accident
3 Suicida .96 1 ☐ Yes 2 No 6.14 6 Could not be determined 28f. Location (Straet and Number or Aural Route Number, City or Town, State)

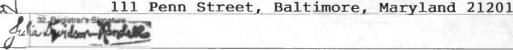
229 FREDERIK RD 28e. Pieca of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 I Homicide Chlonsving OTRRE 1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) and menner es stated.

Medical Examinar: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end pieca, end due to the cause(s) end manner stated. 29e. Certifier

29b. Signeture end title of certifier

one)

30. Neme a



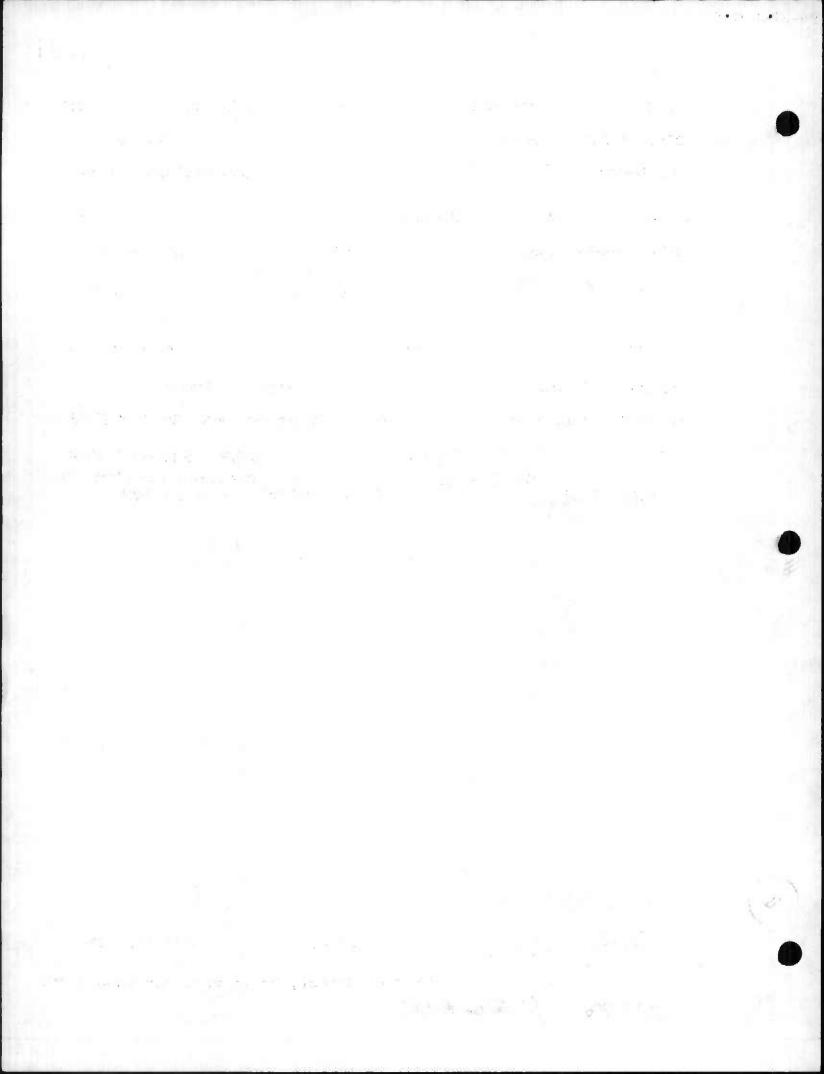
diaddress of person who completed cause of deeth (Item 23e) (Type, Print)

29c. License number

O.C.M.E.

29d. Dete signed (Month, Dev. Year) JUNE 15, 1996

State



96-3284-510

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

ITEM: 26. PER DR. FILM G-736

State of Maryland / Department of Health and Mental Hygiene

	_	-	_		-	-	_	-		•	
6	/	1	9	/	96	i	t		t		

Certificate of Death

P	hysician
	/Medical
E	Examiner

ANDREW MAURICE 4e. Fecility Name (If not institution, give street and number) FOSTER

2. Date of Death JUNE

Dey 14

3. Time of the 1996 B:31P.M.

2100 BLK.WASHINGTON BLVD

4b. City, Town, or Location of Deeth

BALTIMORE

4c. County of Death

**Funeral** Director

5

Items 23a

6

"natural",

Hygiene.

merked other

If Item 27 is

Important I

Pages 1 and 2 should be nont of Health end Mental

21215-0020

altimore, Maryland

Box 68760,

P.O.

Records,

Division of Vital Aftending Physician:

The law requires that the death certificate be

5. Sociel Security Number 1X) M 2□ F 220-04-1065

if Under 1 Year If Under 24 Hrs.
Months Devs Hours Min. 7. Age (In yrs. lest birthday) Months Yrs.

BALTIMORE 8. Date of Birth (Month, Dey, Yeer)

DEC 4, 1783 MARYLAND

Incide City Limits Birthpiace (State or Foreign Country)

10b County

1. Decedent's Neme (First, Middle, Last)

10c. City, Town or Location

10d. Inaide City Limits

10a State 28a-f show the Medical Examiner must be nutfled at

Director

Funeral

þ

Completed

Be

Physician/Medical Examiner

2 8

Be

2

Certification:

Medical

BALTIMORE MARYLAND 10e. Street end Number

15. Decedent's Education

1 Yes 2 □ No 10g. Citizen of What Country?

ADDISON SOUTH ST.

21217 Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.)

USA. 14. Race - American Indian, Black, White, etc.

1 Never Married 2 Married 3 ☐ Widowed 4 ☐ Divorced

12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 D No If Yes, Give Yeer or Dates:

1□ Yes 2 No

Specify: BLACK 18b. Kind of Business/Industry

(Specify only highest grade completed) Elementary/Secondery (0-12)

Coilege (1-4or 5+)

16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)

7 + H GRADE

STUDENT

SCHOOL

17. Father's Neme (First, Middle, Last)

COPES

ANNIE

19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code)

ANTHONY 19a. Informant's Name/Relationship (Type, Print) CHARLOTTE

KAYNER

4100 20b. Place of Disposition (Name of cemetery, cremetory of other plece)

STREET, BALTIMORE, HD. 21225

Date | 20c. Location - City or Town, State

20e. Method of Disposition

Burlal 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify)

MT. ZION CEMETERY 6-21-96 BALTIHORE, MD.

21 Signature of Funeral Service Licenses

22. Name and Address of Facility BROWN JR, FUNERAL HOME, P.A. 2140 N. FULTON AVE., BALTIMORE, NO. 3/219 Part. En r the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart fellure. List only one cause on each line.

**Physician** /Medical **Examiner** 

buriel-tran

use es the

pege 2 should Completed

certificate has

this

After

To

the i

2

filled in

Hospital or Attending n 24 hours etter death. Puneral Director: Afte

Immediate Cause (Finel disease or condition resulting in death)

Due to (or es e consequence of).

Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that in the conditions of the that initieted events resulting in death) Lest

Due	to	(or	as	a	consequence	of):

Due to (or as a consequenca of):

Part il. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I.

23b. Did tobacco usa contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24e. Wes an autopsy performed?

24b. Were eutopsy findings eveilable prior to completion of cause of death?

1 Yes 2 No

111 Penn Street, Baltimore, Maryland 21201

26. Plece of Death (Check only one)

1□Yes 2□No

25. Wes cese referred to medical examiner? YYYYY 2□ No

27. Manner of Deeth 5 Pending investigation 1 ☐Naturel

28e. Dete of Injury (Month, Day Year)

28b. Time of Injury 1836

28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify)

28c. Injury at Work? 1 Yes 2 No

Other: 4 Nursing Home 5 Residence XXOther (Specify) LAKE 28d. Describe how injury occurred

(ale a what 28f. Location (Street end Number or Rurel Route Number City or Town, Stete)

29a. Certifier (Check only one)

20 Accident

4 - Homicide

3 ☐ Suicide

2100 1 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end pleca, and due to the cause(s) and menner es stelled.

2X Medical Examiner: On the basis of examinetion and/or investigetion, in my opinion, death occurred et the time, dete and piece, end due to the ceuse(s) end manner stated.

29b. Signature and title of certifier

29c. License number

29d. Date signed (Month, Day, Year)

30. Name and elidrens of passon who completed cause of deeth (Item 23a) (Type, Print)

6 ☐ Could not be determined

O.C.M.E.

JUNE 15, 1996

31. "Date filed (Month, Dey,"Yeer)

32. Registrar's Signeture

**DHMH 16 Rev 6/95** 

State Registrar

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Datable from an in account of the control of the

St Helena Ave Balto Md

State Registrar SISIBANG
31. Data filed (Month, Day, Year)

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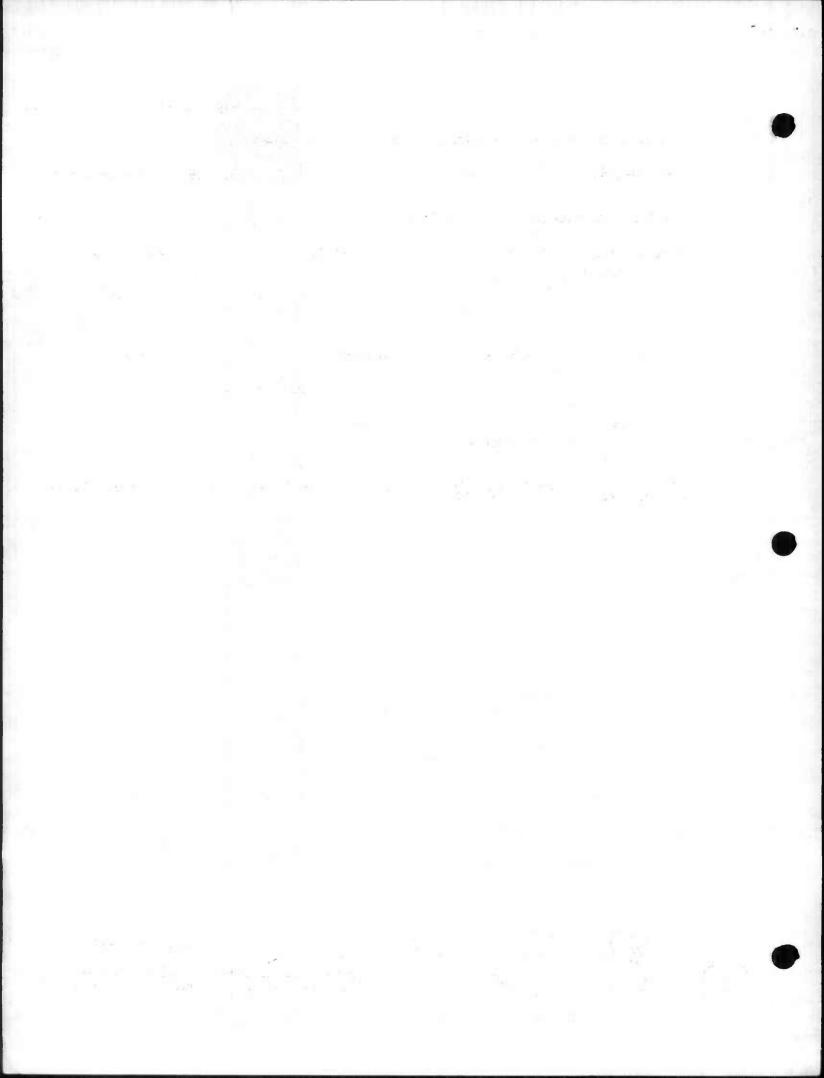
32 Pagistrar's Signatura of L

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 6

per State Anatomy 6-736 6/18 Cestificate of Death Item: 17 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month **Physician** Francis May 9,1996 James 4:45 pm /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner n/a Johns Hopkins Bayview Medical Center Baltimore If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) 7. Aga (In yrs. last birthday) If Undar 1 Yaar 5. Social Security Number Birthplaca (Stata or Foraign Country) **Funeral** 1□M 2X F Days Yrs. Director 199-09-8063 March 29, 1909 Pennsylvania 86 Usual Rasidance of Dacedani the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limita tem 27 is marked other than "natural", or items 23a or 28s-f show other traumatic event, the Medical Examiner mant on nout ad all 1 Yas 2 No Director Maryland Baltimore Baltimore 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 8331 Kavanagh Road 21222 United States Funeral 11. Maritai Status Unknown 12. Was Decedant Evar in U,S. Armed Forcas? 1X Yas 2 ☐ No Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puarto Ricen, atc.) 14. Raca - Amarican Indian. parmit. Pages 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural". ~ ... any injury or other traumatic even. Black, Whita, atc. 1 Navar Married 2 Married If Yas, Giva Yaar or Datas: 1927-28 1 ☐ Yas 2X No Specify: Specify: white þ 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use ratired) 16b. Kind of Bualnass/Industry 15. Decedant'a Education (Specify only highast grada completed) Elamantary/Secondary (0-12) Collega (1-4or 5+) unknown unknown unknown n/a 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Meidan Surnama) Be Franko Hooffancis 86 Mary Evans 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) unknown unknown 20a. Mathod of Disposition in-state remove 20b. Place of Disposition (Nama of cematary, cremetory or other place) Data 20c. Location - City or Town, Stata 4 □ Conation 5 1 Other (Specify) Signature of Funeral Service Licensee Ronal Let Dir. State Anatomy Board, 655 W. Baltimore Street S. Wade, Baltimore, Maryland 21201-1559 Part1. Enter the disease, or complications thet caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Intarval Batwean Onset and Death **Physician** /Medical Immediata Cause (Final 1 day disaasa or condition rasuiting in daath) Hypoxia **Examiner** Due to (or as e consequence of): Examiner l week Pneumonia physician and s the buriel-transit Sequentially list conditions, if any, leading to immadiata causa. Entar Undarlying Causa (Disaasa or Injury that Initiated evants rasulting in daath) Last Due to (or as a consequence of): Box 68760 Physician/Medical Dua to (or as a consequence of): USB BS attending jo P.O. 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. the signed by 1 Yes 2 No 3 Probably 4 Unknown Records, þ cate has been sig, page 2 should b 24b. Wara autopsy findinga available prior to Completed 24a. Wes en eutopsy performad? completion of ceusa of deeth? certificate has 1 Yas 2 No 1 ☐ Yas 2X No Division of Vital Hospital or Attending Physician:
 24 hours after deeth.
 Funeral Director: After this certifica 25. Was casa refarred to medical Be 26. Placa of Death (Check only ona) Other: 4 Nursing Homa 5 Realdance 6 Other (Specify) 1 Yas 2 No 2 1 Inpatiant 2 ER/Outpatient 3 DOA funeral 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28b. Tima of 28c. injury at Work? 28d. Dascribe how Injury occurred Certification: 5 Panding invastigation Injury 1 Netural 1 ☐ Yaa 2 ☐ No 2 Accidant 3 Suicida 6 Could not be detarmined 28f. Location (Streef and Number or Rural Routa Number, City or Town, Stete) 28a. Place of Injury - At homa, farm, straat, factory, offica building, atc. (Specify) filled in by 4 Homlcida 1 Certifying Physician: To tha best of my knowladga, daath occurred at tha tima, data and place, and dua to the causa(s) and mannar as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29a. Certifiar Medicai completely To the Vithin 2 29c. Licensa numbar 29d. Data signed (Month, Day, Year) 29b. Signatura and itla of certifian May 10, 1996 MBBC 30. Name and eddress of person who completed cause of deeth (Itam 23a) (Type, Print) Johns Hopkins Bayview Medical Center Donal 21224 J.F. CONHAY 4940 Eastern Avenue, Baltimore, MD 31. Data filed (Month, Dey, Year) 32. Registrar's Signatura Stale a Davidson UN18 1996 Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. ITEM: 20b, PER F'.H. F'ILM G-736 State of Maryland / Department of Health and Mental Hygiene 6/18/96 t.t Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Day **Physician** 4:50A TDA Bec GOINES 13, 1996 /Medical JUNE 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** 814 N. COLLINGTON AVE BALTO If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Sociei Security Number If Under 1 Year 7. Age (In yrs. lest birthdey) Birthplece (State or Foreign Country) **Funeral** Deys 1 M 20 F Months Yrs. **Director** 217-30-4878 SEP 11, 1937 SC 58 Usuei Residence of Decedent with the Maryland 10a. Stete 10c. City, Town or Location ir then "natural", or items 23s or 28s-1 show the Medical Examiner must be notified at 10d. Inside City Limits MD N/A BALTO Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 2318 E. MADISON ST 21205 usa Funeral death 12. Wes Decedent Ever in U.S. Armed Forces?

1 ☐ Yes ★ No Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Reca - American Indien, 11. Maritel Status permit. Pages 1 and 2 should be filed within 72 hours after of Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or item any injury or other traumetic event, the Medical Exemplance. Bleck, White, etc. 1 Never Merried 2 Married altimore, Maryland 21215-0020 1 ☐ Yes 2 X No BLACK If Yes, Give Yeer or Detes: Specify: Specify: þ 3 Widowed 4 Divorced 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation 18b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondery (0-12) College (1-4or 5+) 9th ow LONGSHOREMAN 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) HEZEKIAH GOINES LULA STEVENSON 19e. informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) MONICA GOINES 814 N. COLLINGTON AVE BALTO, MD 21205

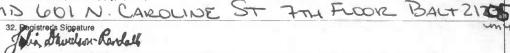
20b. Place of Disposition (Name of BALTTO AVE BALTO AVE B 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ■ Buriel 2 □ Cremetion 3 □ Removel from Stete BALTO, MD cemetery 4 ☐ Donetion 5 ☐ Other (Specify) 19, 96 BALTO, MD 22. Name end Address of Fecility BETTS FUNERAL HOME 1129 N. CAROLINE ST BALTO, MD 21213 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart feilure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** Immediete Cause (Finel diseese or condition resulting in deeth) /Medical HEART FAILURE 3 mos DAXGESTIVE Examiner Due to (or as a consequence of): Examiner 20 YEARS YPERTENSION certificate be axecuted physician and s the burial-trans Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Last Due to (or es a consequence of): Box 68760 Physician/Medical Due to (or as e consequence of): 88 USB for P.0. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? been signed by the should be datach 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, b 24b. Were eutopsy findings Completed 24a. Wes an eutopsy performed? avellable prior to completion of cause of death? hes 1 Yes 25. Wes case referred to medical exeminer?
1 Yes 2 No Be 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Deeth funaral 28d. Describe how injury occurred Certification: 28a. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? Aftar at or Attainants after death, seral Director: Affilled in by the 1 Neturei 2 Accident 5 Pending investigetion 1 Yes 2 No 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 4 Homicide To the Hospital within 24 hours a To the Funeral Complataly filled Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29a. Certifier Medical (Check only one) 29b. Signeture end title of cartifier

State Registrar

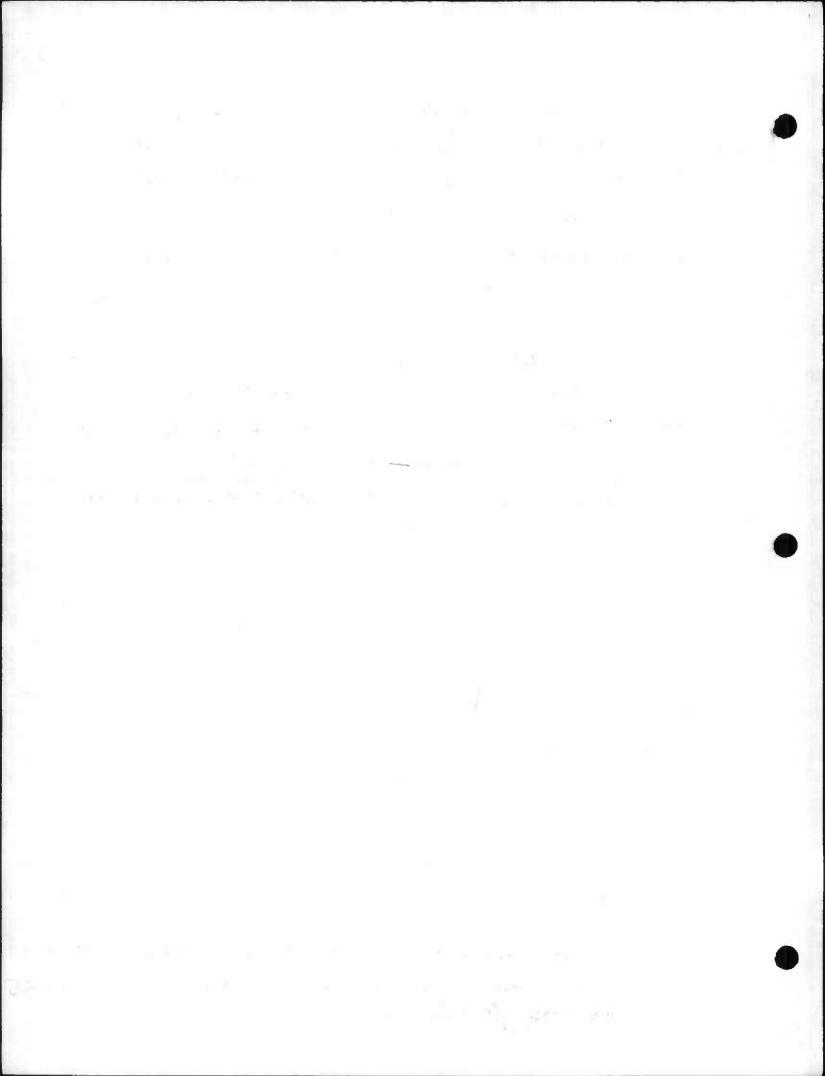
M. MOORE MID 601 N. 31. Dete filed (Month, Dey, Year) JUN 1 8 1996

UM. Whoose MD 30. Neme end address of person who completed cause of death (item 23a) (Type, Print)



29c. License number

29d. Dete signed (Month, Dey, Year)



State of Maryland / Department of Health and Mental Hygiene 96

17896

					Certificate of Death			Reg. No.		
Dhomba		Decedent's Nema (First, Middle, Last)			2.			2. Dete of Deeth 3. Time of Month Dey Yeer		
Physic /Medi		EDNA CARP			LICKMAN	JUNE		996	10:50 PM	
Exami		4e. Facility Neme (If not institution, give street end number)			4b. City, Town, or L		r Location of Death			
		LONGGREEN NURSING HOME			BALTIMORE			N/A		
Funeral Director		5. Social Sacurity Number 6. Se 213–09–4494 Usuel Residence of Decedant	7. Aga (In	yrs. lest birth	Months Day		n. (Month, Da	1909	Count	eca (Steta or Foreign
yland	Director	10e. Stete 10b. County	c. City, Town	vn or Location			10d. inside City Limits			
Mical y Idilia 4 I.A. 13-0040 d 2 should be filed within 72 hours after death with the Manyland th and Mental Hygiene. 7 Is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examinar must be notified at		MD BALTI	BALT	LTIMORE			1 ☐ Yes 2 No			
		10e. Street and Number			10f. Zip Code			10g. Citizen of What Country?		
		16 STONEHENGE CIRCLE - APT. 3			21208			USA		
	Funerai	11. Marital Status 12. Was Decedent Evar In U. Armed Forcas?		r In U,S.	<ol> <li>Was Decedent of Hispanic Origin? (Specify If Yes, specify Cuban, Mexican, Puerto Rica</li> </ol>			or No- 14. Race - American Indian, c.) Bleck, White, etc.		
	Completed by Fu	1 Never Merried 2 Namried 1 Yas 2 No If Yes, Giva Yaer or Datas:			1 ☐ Yes 2 No Specify:			Specify: WHITE		
		15. Decedent's Education (Specify only highast grada complated)			6a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT usa retired)			16b. Kind of Business/Industry		
		Elementery/Secondery (0-12)	College (1-4or 5+)	7	life. DO NOT usa retired)					
		12 17. Father'a Neme (First, Middle, Last)			HOMEMAKER			OWN HOME		
	Be									
	70	BARNEY		CARP	4.11.	SAR		GOLDS		
Mary 27 Is		ANNE G. KAHN _ DAUGHTER			9b. Meiling Address (Street and Number or Rurel Route Num 2032 JOLLY ROAD BALTIMORE			E, MD 21209		
Pages nent of unt: If it ury or o		20e. Method of Disposition 1 ☐ Buriei 2 ☐ Cremetio 3 ☐ Removel from State			of Disposition (Nema of Dete tatary, cremetory or other place)			20c. Location - City or Town, Stata		
		4 Donetion 5 Dome (Special HILLT)			TOP SERVICE CORP. 6/13/96			BALTIMORE, MD		
permit. Departrimportu		21. Signature of Fortiral Service Licens	90		22. Nama and Add	Irass of Facility	SOL LEVIN	USON & F	BROS .	TNC
Z05 3 3		SOL LEVINSON & BROS., INC. 8900 REISTERSTOWN ROAD PIKESVILLE, MD 21208								
Physician /Medical	Examiner	23 Part I. Enter the disease of courc icetions thet caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate Intervel Between								
										Onset and Deeth
		Immediate Cause (Final disease or condition	Brain Metastases						i	weeks
Examiner		resulting in deeth)	Due to (or as a consequence of):							
D #			Car	Carcinoma of LUNG					weeks v gmont	
rificate be executed ng physician and as the buriel-transit	cam	Sequentielly list conditions,	Due	to (or es a co	nsequence of):					
	E	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury								
	edical	thet initieted eventa resulting in death) Last	sequence of):	nce of):			i			
\$ 0 a	-5									
the death y the atter iched for u	clan								- 1	
	Physician/	Pert ii. Other significant conditions contributing to death but not resulting in			24a. ţ			23b. Did tobacco use contribute to the cause of death?  1 Yes 2 No 3 Probably 4 Unknown		
res that signed by										
8 52	d by							24a. Was an autopsy performed?  24b. Were autopsy fin available prior to completion of ca of death?		re autopsy findings
v require been si should	Completed									pletion of cause
The law ate has b	ф									NA
Physician: The this certificate of director, per	Be	OF Mos sees referred to medical					101		1	Yes' 2 No
		25. Wes case referred to medical axaminer?  1 ☐ Yes 2 ☒ No	Hospitel:		-52.00	Whore .	eth (Check only o		- 10	
	: To	27. Menner of Deeth	1 Inpatient 2 I EN Outpatient 3 I DOA Nursing Home 5 I He					e how injury occurred		
	tlor	Neturel 5 Pending investigation	28a. Data of injury (Month, Dey Ye	er) inju						
l or Attending after death. Director: After d in by the fune	Certification:	3 Sulcide 6 Could not be	28e. Pleca of injury -	Pleca of injury - At home, ferm, street, fectory, office 2			28f. Location (S	28f. Location (Street end Number or Rural Route Number,		
N or A	erti	4 Homicide	Specify)				Town, Stete)			
To the Hospital or Attending is within 24 hours after death.  To the Funeral Director: After completely filled in by the funeral presents.	edical C	29e. Certifier  (Check only onle)  (Check only onle)  (Check only onle)  (Check only onle)  (Check only onle)  (Check only onle)  (Check only onle)  (Check only onle)								
within to the comple	Me	29b. Signature and title of certifier 29d. Dete signed (Month, Dey, Year)								Jey, Year)
F3F8		Made in I Allerday No. 21					6/10/06			
1		5 (1)	/ / / (	41/70	ma Brief	11110		0/1	0/1	U
10	1	CLASS CLASS OF POISON WHO CH	ompleted cause of deeth	(Tem 238) (T)	1	5.3	Balto, r	Ad 21-	965	
Sta	to	31. Data filed (Month, Dey, Year)	32. Registrar's	Signeture	un (e		mi i o p	· ~ ~ ~	<b>-</b> W	
Registr			10. pb	0	•					
OHMH 16 Rev 6/9	5	JUN 1 8 1996 8	may wandson	Tomas Comment						

**DHMH 16 Rev 6/95** 

96-3236-510

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

ITEM: 1. PER F'.H. F'ILM G-736 6/18/96 t.t

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

Physician
/Medical
Examiner

ANTWANE ANTWAN 4e. Fecility Neme (If not institution, give street and number)

JOHNS HOPKINS HOSPITAL

1. Decedent's Neme (First, Middle, Last)

GREER

2. Dete of Deeth Month

JUNE

3. Time of Deeth 1996 4:30 P.M.

**Funeral** Director

28a-f show

the

72 hours after

Pages 1 end 2 should be filed within nent of Health and Mentel Hygiene.

nd Mentel Hygiene. marked other than

nt of Health and: If item 27 is no other traur

permit. Page Department o Important: If any Injury or

**Physician** 

/Medical **Examiner** 

the

8 950

signed by

certificate

#

Atter

after death

8

in by

The law requires that the death certificate be execu

Box 68760.

P.O. I

Records,

of Vital

Division

Examiner

Physician/Medicai

þ 9

Completed pege 2 should

Be

2

Certification:

Medical

Baltimore, Maryland 21215-0020

"natural", or items 23a or 28a-f show

Director

þ

Completed

Be

5 Sociel Security Number 215-76-1666 10e Stete 10b. County

7. Age (In yrs. last birthday) 1₩ M 2□ F 2.2 Yrs.

If Under 1 Year If Under 24 Hrs. Deys Hours

8. Date of Birth (Month, Day, Year) 9. Birthpieca (State or Foreign 06,1973 MARYLAND AUG.

4c. County of Deeth

N/A

Usuel Residence of Decedent

MARYLAND N/A

BALTIMORE CITY 10f. Zip Code

10d. Inside City Limits Ves 2□No

10e. Street end Number

10TH

10c. City, Town or Location

21205

4b City Town or Location of Deeth

BALTIMORE

10g. Citizen of Whet Country?

527 N. STREEPER STREET 1 Never Married 2 Merried

12. Wes Decedent Ever in U,S. Armed Forces?

1 ☐ Yes 2 ☐ No if Yes, Give X Yeer or Dates:

 Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2 X No Specify:

14. Race - American Indien, Bieck, White, etc. BLACK Specify:

15. Decadent's Education (Specify only highest grade completed) Elementery/Secondery (0-12)

College (1-4or 5+) N/A

16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) CONSTRUCTION WORKER

16b. Kind of Business/Industry PRIVATE CO.

U.S.A.

17. Fether's Neme (First, Middle, Last)

3 ☐ Widowed 4 ☐ Divorcad

OLIVER J. GREEN

18. Mother's Neme (First, Middle, Malden Surname)

MARY JONES

19e. Informent's Name/Rejetionship (Type, Print)

19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 527 N. STREEPER

MARY GREER -MOTHER

20b. Piece of Disposition (Name of cemetery, crematory or other place)

ST. BALTO, MD. 21205 20c. Location - City or Town, Stete

20e. Method of Disposition 1 □XBuriel 2 □ Cremetion 3 □ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify)

1996

BALTO, MD. ZION CEMETERY JUNE 19, 22. Name end Address of Fecility

21. Signature of Funeral Service Lichnses

CALVIN B. SCRUGGS FUNERAL HOME 23e. Pert1. Enter the disease, or complications that raised the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one ceuse on each line. 1412 E. PRESTON ST. BALTO, MD. 21213

Approximete Intervei Between Onset end Deeth

immediate Cause (Final disease or condition resulting in deeth)

Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest

Due to (or es e consequenca of)

Due to (or es e consequence of)

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobacco usa contributa to the cause of death? 1 Yes No 3 Probably 4 □ Unknown

24e. Was an eutopsy performed?

24b. Were eutopsy findings aveileble prior to completion of cause of deeth?

XYes 2 No 2□ No

25. Was case referred to medical TY Yes 2□ No 27. Manner of Deeth

1 Neturei

2 Accident

3 Suicide

4 Homicide

Hospitei: 1 ☐ Inpatient 2 ☐ P/Outpatient 3 ☐ DOA 28e. Dete of Injury (Month, Day Year) 5 Pending investigation

28b. Time of Injury

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. Injury et Work?

28d. Describe how Injury occurred

26. Piece of Deeth (Check only one)

29e. Certifier

investigation

6 Could not be determined

6 - 12 - 96

28e. Pieca of Injury - At home, ferm, street, fectory, office

28f. Location (Street and Number or Rural Route, Number, Office)

28f. Location (Street and Number or Rural Route, Number, Office)

28f. Location (Street and Number or Rural Route, Number, Office)

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28f. Location (Street and Number or Rural Route, Number, Office)

28f. Location (Street and Number or Rural Route, Number, Office)

28f. Location (Street and Number or Rural Route, Number of Town, State)

28f. Location (Street and Number or Rural Route, Number of Town, State)

28f. Location (Street and Number or Rural Route, Number of Town, State)

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28f. Location (Street and Number of Town, State)

28f. Location (Street and Number of Town, State)

28f. Location (Street and Number of Town, State)

28f. Loca

29b. Signeture end title of certifier

29c. License number

29d. Date signed (Month, Day, Year)

30. Name end address of person who comp

d cause of deeth (Item 23e) (Type, Print)

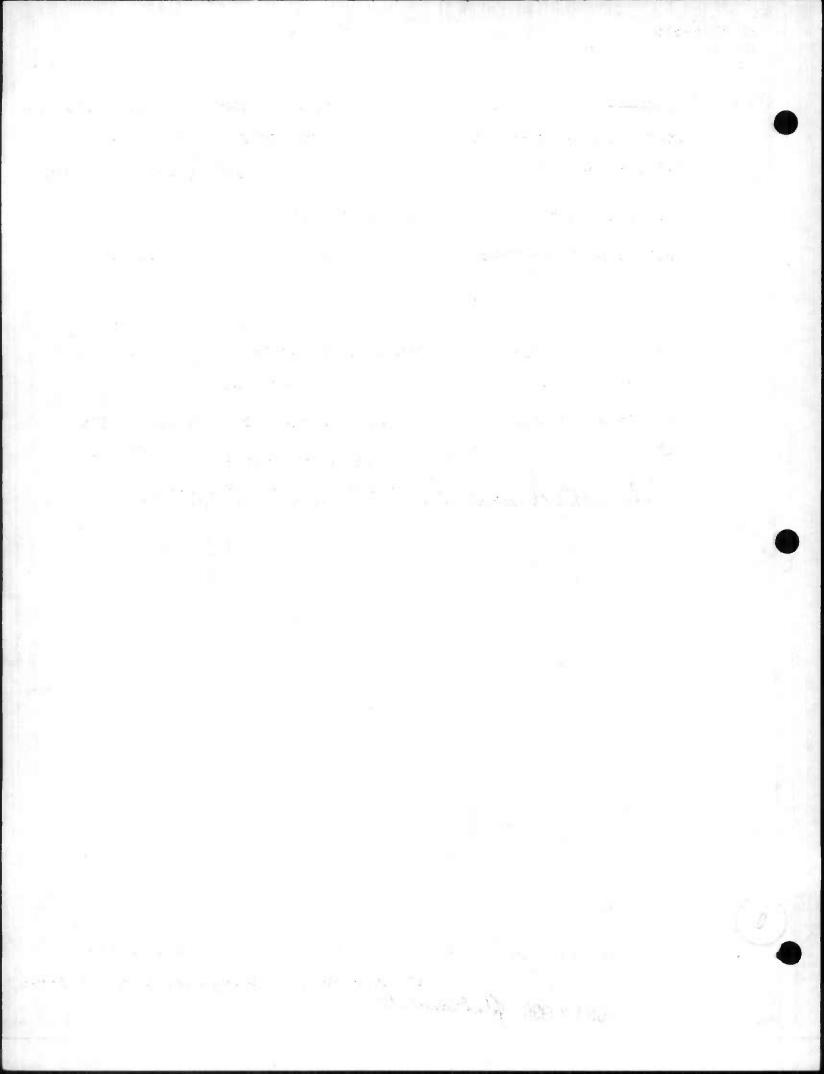
O.C.M.E.

JUNE 13,1996

eNNIS

31. Dete flied (Month, Day, Year) JUN 1 8 1996 111 Penn Street, Baltimore, Maryland 21201

State Registrar



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 17898

	1	Item: 3 per Ho	sp. G-7	36 6/18/96	reb	Cei	rtificate of	Death	2. Data of D	Reg. No.		3. Time of Death
Physician	ı	Л	TARY	· .	tollow	DAG	1		Month	Day	1996	7:00 A.M
/Medical Examiner	4	4a. Facility Nema (If not institution, give street and number)  4b. City, Town, or Li						1	inty of Deeth	/: 00 A. n		
		SOUTHER		MARYIN	and to	tosz			NOTON	1-	MINCO	= GEONGE
uneral irector		5. Social Security Numbe  220-44-035  Usual Rasidance of Dece	3 1	ex 7./ □ M 2☑ F	Aga (In yrs. last	birthday) Yrs.	If Under 1 Yeer Months Days		8. Dete of E (Month, L Oct.	irth Da <i>y, Year)</i> 29 <b>,</b> 1908		elaca (State or Foreign atry) Land
show sd.et	-		County		10c. City, T	own or Lo	cation				1	0d. Insida City Limits
28a-f sho notified at rector		Md. Pi	rince (	George		Cl	inton					1□Yes 2□No
be notified Director	1	Ioe. Street end Number					10f. Zip Code			10g. Citizen	of Whet Cour	ntry?
ral [	L	9211 Stua	art La	ane				20735			U.S.A	
by Funeral	•	11. Marital Status  12 Never Married 2  3 Widowed 4 D		12. Wes Deceder Armed Forces 1  Yas 2  If Yas, Giva Yeer or Dates	s? ] No		Wes Decedant of f Yas, specify Cub	Hispanic Origin? (Sp ean, Mexican, Puerto Specify:	pecify Yes or No Rican, etc.)		Rece - Americ Black, White, ecify: Wh	
Be Completed		15. D	Decedent's Ed	iucation de completed)	1	6a. Dece	dant's Usual Occu	pation during most of worked)	kina	16b. Kind o	Business/Inc	dustry
Be Comple		Elamantary/Secondary		Collega (1-4o	r 5+)			ed)		_	**	
ပိ	1	10 17. Fathar's Nama (First,	Middle Last)			но	memaker	18. Mothar's Nam	o (First Midd		n Home	
		Shelton H.						Cora May				
To		19a. Informant's Name/R	alationship (	Type, Print)		19b. Mailir	ng Address (Stree	t and Number or Rui	ral Route Num	ber, City or To	wn, State, Zip	Code)
other traumatic event, I		Anita H. Co	ollins	(Niece)				w Hill Dr	ive F	lorence	,Al. 3	5633
	2	20a. Mathod of Dispositio		D	20b. Plec	e of Dispo	sition (Name of natory or other pla	14 ne 8. 1	996	20c. Locati	on - City or To	own, Stete
n d		1 ☑ Buriel 2 ☐ Crail 4 ☐ Donation 5 ☐ C					ark Ceme		,,,,	Baltim	ore,Ma	ryland
any injury once.		21. Signeture of Funeral	Service Licen	5,2	Lo	W		neral Hom				
	+	23a. Part1. Enter the disc shock, or haart fallu	easa, or com	pilcations that caus	ad tha daath. I	Do not ant	630 Edmo ar tha moda of dy	ndson Ave	nue Car	tonsvil	le,Md.	21228 Approximata
ian	1	shock, or heart fallu	ra. List only	ona causa on aach	Ilna.		1	0 0		1		Intarval Between Onset and Death
cal		immediate Causa (Final disages or condition Acut Bacleval Endo Conticts 30									30ly	
ner	ľ	rasulting in death)		1 1000	Due to (or as	a consec	vence of):					-0
- ju		" MRS# Doderenie							mo-			For
ai Examiner		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disaasa or Injury						-2				
		causa. Entar Undarlying Cause (Disaasa or injury that initiated evants	- ₹	c. ( L	2) A 40	9	ja	my v	10		i	100
use es the bur	1	rasulting in death) Lest	l	٥	Als	The	www.	dem	enb	47		100
detached for use of Physician/M	F	Part II. Other significant of	conditions of	ontributing to death	but not resultin	g in tha u	ndarlying cause gi	van in Part I.	23b. DI	d tobacco use	contribute to	the cause of death?
돈	1.								1[	Yes 201	lo 3 Proi	bebly 4 Unknown
page 2 should be del	-					_	1		24a. Wa	s an autopsy formed?	av	era autopsy findings ailable prior to mpletion of cause daath?
Somp									10	Yas 200 N		Yas 219 No
To Be C		25. Was case refarred to	medical					26. Place of Deal			, ,,,	2.00 22.00
		axaminar?		Hospital: 1 Inpa	tiant 2 ER	/Outpatier	t 3 DOA Ot	har: 4 Nursing Ho			Othar (Specif	y)
	2	7. Manner of Death 1 ⊠ Natural 5 □	Panding	28a. Data of In (Month, D	jury 28 ay Year)	b. Tima of Injury	28c. Inju		28d. Dascrib	how Injury oc	curred	
the cat		2 Accidant 3 Sulcide 6	invastigation Could not be					Yas 2□No				
in by		4 Homicide	datarmined	28a. Place of I	njury - At homa atc. <i>(Specify)</i>	, farm, str	eat, factory, office			(Street and Ni own, State)	umber or Rura	al Routa Number,
O TO	1	29a. Certifier	ertifying Phy	valcian: To the bes	t of my knowler	dos desti	occurred at the ti	ime, deta and place,	and due to th	a cauca(c) and	I manner as e	tated
edical		(Check only 2 N	ledicat Exam	niner: On the basis and manner:	of axamination	and/or Inv	astigation, in my	opinion, daath occur	red at tha time	, data and pla	ce, and due to	tha cause(s)
completely filled in Medical Cert	2	29b. Signey fre end title of	rgertifier	wa,	MA A	Alle	will Licen	senumber 1)-24	535	29d. Date si	gned (Month,	9/ Years
	3	0. Nama and address of	parson who	complated causa of	daath (Item 23	a) (Type.	Print)	0 1		2	17	10
		/ .	SURWA	7700		SLAN		Ch	WOOD	MD	20	735
State	3	11. Date filed (Month, Day	y, Year)	32. Regis	The state of the s							
Registrar		JUN 1	B 1996	Jahra de la	relian For	lak.						

			State of	Maryland		rtificate of	Health and M Death	, ,	ene 🤳 🐧 g. No.		1033
Physic /Med	ical	Decedant's Nama (First, Middla, L     Beatrice     Aa. Facility Nama (If not institution, of	F.	rances		Howard	4b. City, Town, or t	1200100	Day 4. 199	_	3. Tima of Death  10:00 a.m
Exam Funera Directo	ı	1651 E. Belveder 5. Social Security Number 6.	le Avenue				Baltimor If Undar 24 Hrs.	.e	n/c	9. Birthpla Counti	aca (Stata or Foraign ry)
faryland show	or.	Usual Rasidanca of Dacedant  10a. Stata  10b. County  Maryland  n/o		1110	, Town or Lo Baltin			INOV. 13,	1716		od. Inside City Limits  1 ☑ Yas 2 ☐ No
n with the h	Funeral Director	10e. Street and Number 1651 E. Belveder				10f. Zip Coda 2123	9	10	g. Citizen of V	What Countries I.S.A.	ry?
and 21215-0020  be filed within 72 hours after death with the Maryland Ital Hygiene. Id other than "natural", or items 23a or 28a-f show event, the Modical Expendent mant to notified at	by	11. Marital Status  1 Navar Married 2 Married 3 X Widowed 4 Divorced	12. Was Deceda Armed Force 1 ☐ Yas 2 If Yas, Giva Yaar or Data	as? ☑No		Was Dacedant of H If Yas, specify Cub	Hispanic Orlgin? (Span, Maxican, Puarto Specify:	pecify Yas or No- Pican, atc.)		e - Amarica ck, Whita, a	itc.
21215-0020 d within 72 hours at giene. rr than "natural", or	Completed	15. Decedent's Elamantary/Secondary (0-12)	ada completed) College (1-4	or 5+)	(Giva lifa. l		pation during most of worl d)	king	6b. Kind of Bu		ustry
四 图 图 0 5	To Be Co	12th  17. Fathar's Nama (First, Middle, Las  Vincent Joseph S			Hous	ewife		ne (First, Middle, M		a)	
per 1 and 2: trof Health at if Rem 27 is or other trau		19a. Intormant's Name/Ralationship  Timothy Howard/S 20a. Method ot Disposition  □ Burlal 2 □ Cramation 3 □ 4 ØDonation 5 □ Othar (Speci	Son.	0.00	16 Pi		end Number or Ru Ourt-Balt	imoer, Me		1 212	236
Baltim pemil. Pa Departmen important any injury once.		21. Signature of Funeral Service Lice	oph & y	ass of Facility tomy Boar Marylan	d 21201	-1559		Street			
Physician /Medical Examiner	er	Immediate Cause (Final disease or condition resulting in death)				1000	farclu			1	Interval Batween Onset and Death
Box 68760, oath certificate be executed attending physician and for use as the burishtransit	VMedical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	· Di	abeli	as a consequence as a consequence	rellete	is				
d by the d	by Physician/Me	Part It. Other eignificant conditions	contributing to deat	h but not rasuli	iting In the u	nderlying causa gin	van in Part I.		2 No		the cause of death?
Hecords, he law requires t e has been signe age 2 should be t	Completed b	for their	inato	oid a	rth	retis		24a. Was an perform		aval	re autopsy findings illabla prior to apletion of cause aath?
Vital  sician: T  certifican rector, pa	o Be	25. Was case referred to medical examiner? 1 ☐ Yes 2 ☑ No	Hospital: 1 □ Inp	otion 205	TD/Out-stier	at 3 DOA Oti	hae	th (Check only one	)		Yas 2 No
Division of tor Attending Physis after death. Director: Atter this of in by the funeral di	Certification: T	27. Manner of Death 1. Natural 5 ☐ Pending 2 ☐ Accident investigation	28a. Date of I (Month,	Injury Day Year)	28b. Tima of Injury	28c. Inju Wo M 1		28d. Dascribe ho			
Division  Hospital or Attend 24 hours after desir Funeral Director: etch; filled in by the		4 Homicide determined	28e. Place of building,			eet, tactory, office	ma, date end plece,	28f. Location (Str. City or Town,	Stata)		
To the Hospital or within 24 hours all To the Funeral Dir completely filled in	Medical	(Check enly 2E7 Medical Example 29b. Signature and tipe of certifier	miner: On the basis	s of axamination	on and/or Inv	vastigation, in my o	opinion, daeth occur	red at tha tima, da	d. Data signed	and due to	the cause(s)
		39 Nama and address of parson who	complated cause of	of death (Item 2	23e) (Type,	Print) BF	7/to M	10 3/6	134		
St	ate	31. Data filed (Month, Day, Year)	32 Reg	istrar's Signatu	ire .				,		

DHMH 16 Rev 6/95

And the second s

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Deeth 3. Time of Death **Physician** 1996 Albert **HERMAN** June Jerome 12:28a.m. /Medical 4e. Facility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Franklin Square Hospital Rossville Baltimore County 8. Dete of Birth (Month, Day, Dec. 7, If Under 1 Yaar | If Under 24 Hrs. Months Days Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) Birthpleca (State or Foreign Country) **Funeral** Days Months 1 ☑ M 2 □ F 212-07-8395 Yrs 85 Director 1910 Maryland Usual Rasidance of Decadent with the Maryland 10a, State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f ahow r than "natural", or itams 23a or 28a-f ahov the Medical Examiner must be notified at 1 Yas 2 No Directo Maryland Baltimore Essex 10e. Straat and Number 10f. Zip Code 10g. Citizan of What Country? Ridgemoor Rd. pemit. Pages 1 and 2 should be filed within 72 hours after death 1 Department of Health and Menial Hygiene. Important: If item 27 is marked other than "natural; or items 23a and injury or other traumatic avent, the Medical Examiner musts, once. 21221 U.S.A. Funeral 12. Wes Decedent Evar In U,S. Armed Forces? 1 ☐ Yas 2 ☒ No If Yes, Give Yeer or Detes: 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritel Stetus 14. Rece - Amarican Indian, Black, White, etc. 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: Specify: White by 3 ₩ Widowed 4 Divorced Completed 16e. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Eiamentary/Secondery (0-12) Coilege (1-4or 5+) Window Trimmer Department Store 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Evald Herman Mary Newman 19a. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Gladys L. Shenton 209 Apt. A, Eastern Blvd. Essex, Md. 21221 20b. Place of Disposition (Nama of cemetery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stata ₩ Buriai 2 Cremetion 3 Ramoval from Steta 4 ☐ Donetion 5 ☐ Other (Specify) Holly Hill Mem. Gardens 6/20/96 Baltimore County 21. Signature of Funeral Service Licepase 22. Nama and Address of Fecility Bruzdzinski Funeral Home P.A. 1407 Old Eastern Ave., Essex, Md. 21221 23a. Pert1. Enter the diseasa, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. Approximate Interval Between Onset and Deeth **Physician** /Medical Immediete Ceuse (Final diseese or condition resulting in death) a Septicemia, Respiratory failure 6 hours Examiner Dua to (or as a consequence of): Examiner b. Right lower lobe pneumonia 2\_days physician and s the burial-transit The law requires that the death certificate be executed Sequentielly fist conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or Injury thet initiated events resulting in deeth) Last Due to (or es e consequenca of): Division of Vital Records, P.O. Box 68760, o Urinary tract infection Physician/Medical 2-3 days Due to (or es a consequance of): for use as Severe chronic obstructive pulmonary disease 5 vears signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert f. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by should 24b. Were autopsy findings aveilable prior to completion of ceusa of death? 24a. Wes an eutopsy performed? Completed page 2 1 ☐ Yes 2 Ho certificata or Attanding Physician: director 25. Wes case referred to medical Be 26. Piece of Death (Check only one) Other: 4 Nursing Home 5 Rasidance 6 Other (Specify) 2 1 ☐ Yas 2 No 1 ♀ Inpatiant 2 □ ER/Outpatient 3 □ DOA this funeral Certification: 27. Menner of Death 28a. Dete of Injury (Month, Day Year) 28b. Time of 28c. fnjury et Work? 28d. Describe how Injury occurred After 1 Neturei 5 Panding death. 1 ☐ Yes 2 ☐ No investigation 2 Accident after death 3 Suicida 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28a. Place of Injury - At homa, farm, streat, factory, office building, etc. (Specify) in by 4 Homicida 1 Certifying Physician: To the best of my knowladga, daath occurred et the time, data and piece, and due to the ceuse(s) end mannar es stated.

| Madical Examinar: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et tha tima, data and place, and due to the cause(s) and manner steted. Medical 29e. Certifiar (Check only one) 29b. Signeture and title of certifier 29c. Licanse number 29d. Dete signed (Month, Day, Year) R1912 June 17, 1996 30. Name end eddrass of person who completed cause of deeth (Item 23e) (Typa, Print) Dr. Sein Aung 9000 Franklin Square Drive Baltimore, Maryland 21237 31. Dete filed (Month, Day, Year) 32. Registrer's Signeture State who Midson Randall Registrar JUN 1 8 1996

**DHMH 16 Rev 6/95** 

and the second decay that the second decay t

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent'e Neme (First, Middle, Last) 2. Dete of Deeth **Physician** HAWKINS 9:18 PM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner 5. Social Security Number
213-54-267
Usuel Rasidanca of Decedent If Under 1 Yeer yrs, last birthdey) 6. Sex **Funeral** Deys 1 M 202 Yrs. Director the Maryland 10a. Stete 10b. County 10c, City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumstic event, the Medical Examinar must be notified at 1 Pres 2 □ No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? death Funeral 12. Wes Decedent Ever in U.S. Armed Forces?

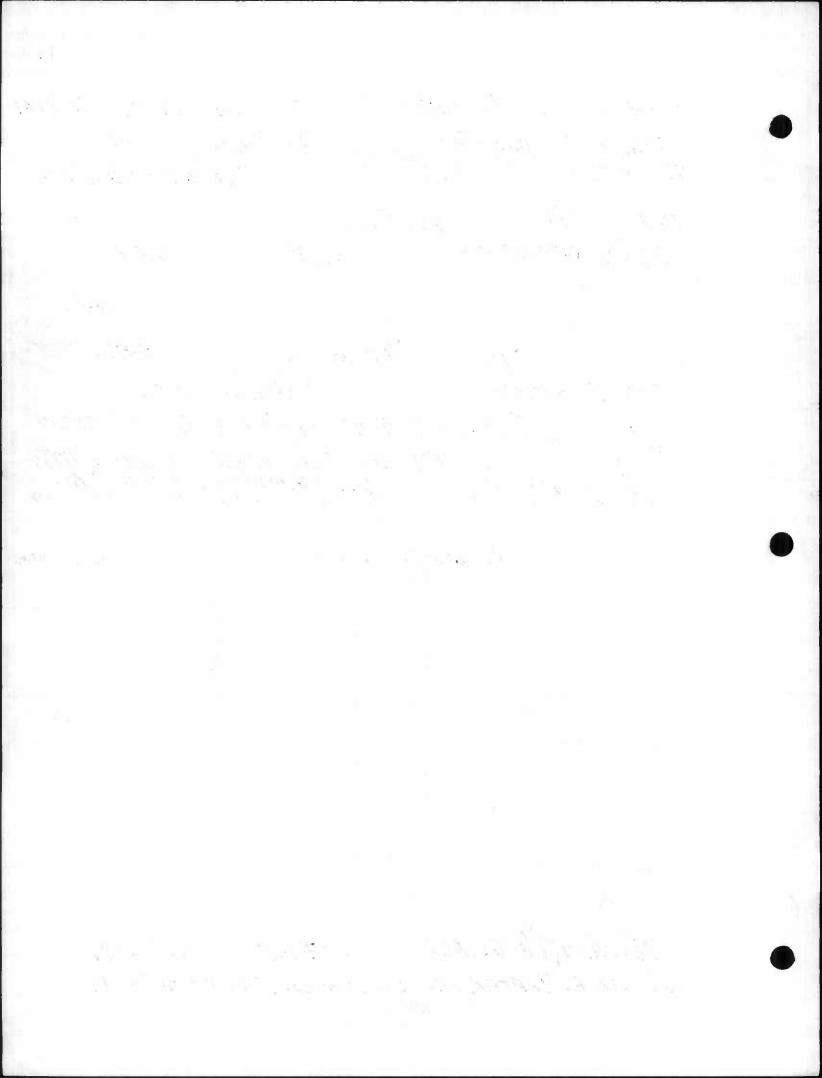
1 Yes 2 No Wes Decedent of Hispenic Origin? (Specify Yes or No If Yea, specify Cuben, Mexican, Puerto Rican, etc.) Rece - American Indien, Bleck, White, etc. 11. Meritel Status 1 Never Married 2 Married Yes 2 12 f Yes, Give Yeer or Detes: 1□ Yes 2ENo Baltimore, Maryland 21215-0020 Specify þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit, Pages 1 and 2 should be filed within Department of Health and Mental Hygiena. Important: if flem 27 is marked other than any injury or other traument. Elementery/Secondery (0-12) College (1-4or 5+) HOUSEWI 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) Be 19a. Informant's Neme/Reletionship (Type, F 19b. Meiling Addrass (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) SIRED 20b. Place of Disposition (Name 20e. Method of Disposition 1 Burial 2 □ Cremetion 3 Removel from Stete 15 ☐ Other (Specify) 4 Donetion 21. Signeture uneral Service Licens x the disease, or complications that caused the deeth. Do not enter the mode of dying, near fellure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** /Medical minutes to hour Immediate Cause (Final disease or condition resulting in deeth) **Examiner** Examiner attending physician and for use as the burial-transit The law requires that the death certificate be executed Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Dua to (or as a consequence of): P.O. Box 68760. Physician/Medical Due to (or ea e consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? been signed by tha 4 Unknown 1 Yes 2 No 3 Probably Records, þ eq pinous Completed 24e. Wes en eutopay performed? 24b. Were autopsy findings eveilable prior to completion of cause of daeth? page 2 : 2 No cartificata Division of Vital or Attending Physician: Be 25. Wes case referred to medical 28. Piece of Deeth (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Realdence 8 Othar (Specify) 1 Inpatient P 2 ☐ ER/Outpatient 3□ DOA this aftar death.

I Director: Aftar this od in by the funaral di 28c. Injury et Work? 27. Menner of Deat Certification: 28b. Time of 28d. Describe how Injury occurred Neturel 2 Accident 5 Pending investigation 1 Yes 2 No 6 Could not be determined 3 ☐ Sulcide Place of Injury - At home, ferm, atreet, fectory, offica building, etc. (Specify) Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide Funeral Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, and due to the ceuse(a) end menner as atlated.

Madical Examiner: On the bests of examinetion end/or investigetion, in my opinion, deeth occurred et the time, date end place, end due to the cause(s) end menner steted. Medicai To the Hose withment to the Fune completaly f 29b. Signeture applied of certifier 29c. License number 29d. Date signed (Month, Dey, Year) n 23e) (Type, Print) 22 S. Greene St. Baltimine

Salletister's Abordall

State Registrar 31. Dete filed (Month, Day, JUN 18 1996



ITEMS: 1. & 5. PER F'.H. FILM Please Type or Print in Black Indeiible Ink. Assure All Copies Are Legible. G-736 6/18/96 t.t State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Dete of Death **Physician** HOOU AGNES ELIZABETH HOOVER JUNE 16 4c. County of Death /Medical 4b. City, Town, or Location of Deeth 4a. Facility Nama (If not institution, giva street and number) **Examiner** Gleu Burnie North Arundel Hospital 301 Hospital Drive Hnne Arundel If Undar 1 Yaar | If Undar 24 Hrs. Social Security Number 196-14-7078 7. Age (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** 1□M 20 F Months Year) Deys Hours Director 08 Usuel Rasidance of Dacedant e filed within 72 hours after death with the Maryland al Hygiene.
other than "natural", or items 23s or 23s4 show pemit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or items 23s or 28a-f show any injury or other traumatic event, the Medical Examples must be notified at once. 10a. Steta 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yas 2 No No ANNE ARUNDEL MARYLAND SEVERN Direct 10e. Street and Number 10f. Zip Coda 10g, Citizan of What Country? 1203 THOMPSON AVENUE 21144 U. S. A. Funeral 12. Wes Decedent Ever in U,S. Armed Forcas? 14. Race - American Indian, Black, Whita, etc. Was Dacedant of Hispenic Origin? (Specify Yas or No-it Yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 ☐ Navar Married 2 ☐ Married 1 ☐ Yes 2 ☐XNo If Yes, Give Yaar or Datas: altimore, Maryland 21215-0020 1 ☐ Yes Z(No þ Specify: 3 Widowed 4 □ Divorced WHITE 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Dacedant's Education (Spacify only highast grada complated) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) 10 NONE HOMEMAKER OWN HOME 17. Fether's Name (First, Middla, Last) 18. Mothar's Nema (First, Middla, Maidan Sumame) JOSEPH 10 LUNGHOFER RUTH ANN LUCAS 19a. Informant's Name/Raiationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) (BROTHER) Place of Disposition (Nama of cemetary, crematory or other place) OHIO 43830 JOSEPH LUNGHOFER 20a. Method of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Crametion 3 ☐ Ramovai from Stata 4 ☐ Donetion 5 ☐ Othar (Specify) 6/18/96 BELTSVILLE, MARYLAND CHESAPEAKE CREMATORY INC.
22. Name and Address of Facility 21. Signature of Funaral Sarvice Licensee SINGLETON FUNERAL HOME PA 23a. Part1. Enter the disease, or complications that deused the deeth. Do not antar the mode of dying, such as cardiac or respiratory errest,

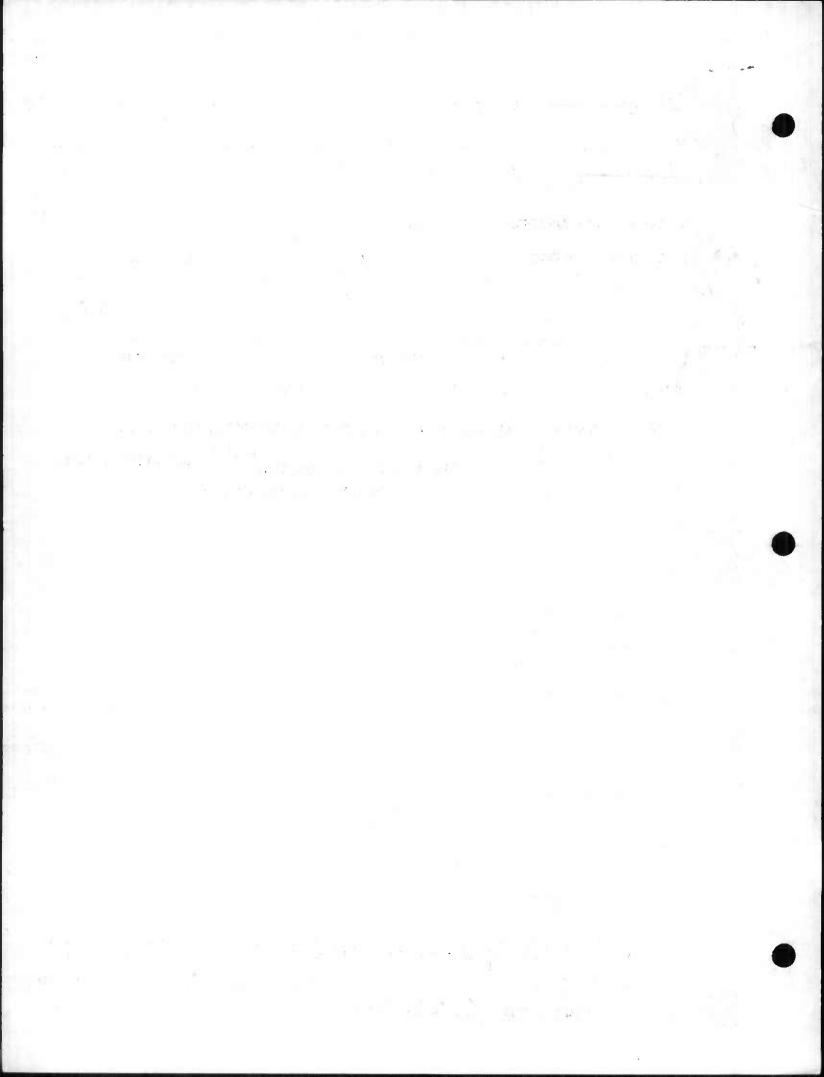
Approximate Approximete Intervel Between Onset end Death **Physician** /Medical Immediata Causa (Final · CHRONIC OBSTRUCTIVE PULMONARY disease or condition rasulting in death) Examiner Examiner SCASIS Sequentially list conditions, if any, laading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated evants physician and the burial-tran Due to (or as a consequence of): Physician/Medical that initiated evants resulting in death) Last Dua to (or es a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. been signed by the r should be detached 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 3 Unknown 1 Yss 2 No Division of Vital Records, by 24b. Were autopsy tindings available prior to complation of cause of death? 24a. Was an autopsy performed? Completed 2 ZINo 1 ☐ Yas 2 ☐ No 25. Was casa referred to medical 8 26. Place of Deeth (Check only ona) axaminar? Hospital: Othar: 4 Nursing Homa 5 Rasidence 6 Othar (Specify) 1 Yas 2 No 2 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 28a. Data of Injury (Month, Day Year) 27. Manner of Death Certification: 28b. Tima ot 28c. Injury at Work? 28d. Describe how Injury occurred 5 Panding Invastigation Naturai to the Hospital or Attending within 24 hours after death. To the Funeral Director: Afte completally filled in by the fun 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicida 28a. Piece of tnjury - At homa, farm, straat, tactory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, State) filled in by 4 Homicide Certifying Physician: To the best of my knowladge, death occurred at tha time, dete and piece, and due to the ceusa(s) and mannar as stated.

| Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, daeth occurred at tha tima, data and piace, end due to the cause(s) end mannar stated. 29e. Certifier Medical (Check only one) 29b. Signature and title of certifier 29d. Data signad (Month, Day, Year) 29c. Licensa number 28221 30. Nama and eddrass of person who completed caus JUN 1 8 1996 > Jahr Studen Radall H SCHREIBFEDER HOSPITAL DIVE GLENBURNE MANYUMO

State Registrar

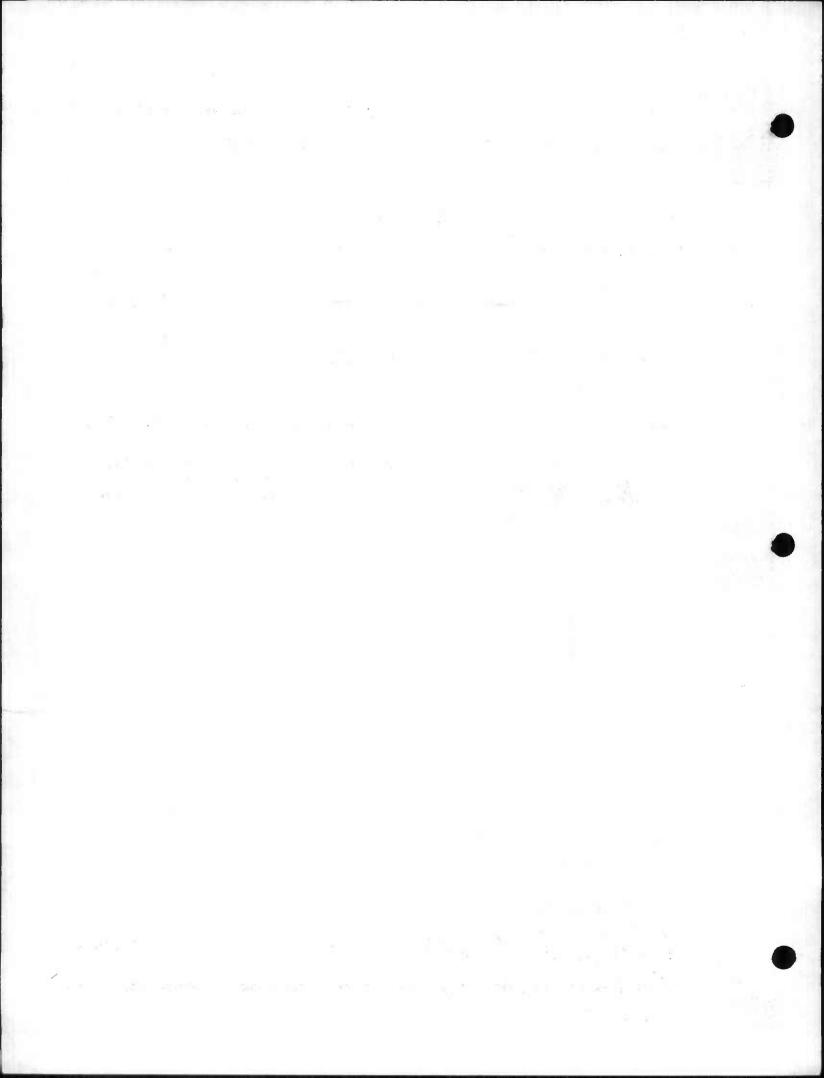
31. Date fliad (Month, Day, Year)

**DHMH 16 Ray 6/95** 



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County of Death   County of					)		HU	GHES	S	Month	Dey		3. Tima of Deeth 7:05 AM
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Physician / Medical Examiner  23. Pert. final fideases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or raspiratory arrest, intraval Bathese of Chief and		Pages 1 and nent of Haalt nt: If Item 2 iry or other		20a. Mathod of Disposition 1 ☐ Buriai 2 ☐ Cremetion 3 ☐ F		20b. Placa of Dicemetery, of	sposition (Na crametory or	ama of othar plac	ce)	Data	20c. Location	- City or To	
Physician (Medical Examiner)  The proposed of the property of	Balti	permit. Departm Importa any Inju		21. Signature of Funaral Sarvice Licens	Ken		22. Name a	and Addra	ss of Facility Un	ity Fu	neral	Home	
The second of th		/Medical	er	immediata Causa (Final diseasa or condition	ications that cause na cause on eech l	Pre	-11-0	mia	ng, such as cardiac	or raspiratory a	rrest,		Intarval Batween
The second of th	8760,	ate be axecuted hysician and the burial-transit	dical Examin	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disaasa or Injury that initiated avants rasulting in death) Last	0								
1   ves 2   No 3   Probably 4   Minking    24a. Was an autopsy finding available prior to completion of cause of death (Check only one)  25. Was case referred to medical examiner?  1   ves 2   No 3   Probably 4   Minking    24b. Ware autopsy finding available prior to completion of cause of death (Check only one)  25. Was case referred to medical examiner?  1   ves 2   No 3   Probably 4   Minking    24b. Ware autopsy finding available prior to completion of cause of death (Check only one)  25. Was case referred to medical examiner?  1   ves 2   No 3   Probably 4   Minking    25. Was case referred to medical examiner?  1   ves 2   No 3   Probably 4   Minking    25. Was case referred to medical examiner?  1   ves 2   No 4   Nursing Homa 5   Massidanca 6   Other (Specify)  27. Mannar of Death (Check only one)  28c. Date of Injury - At home, farm, street, factory, office  28c. Injury at   Ves 2   No    28c. Date of Injury - At home, farm, street, factory, office  28c. Licasion (Street and Number or Rural Route Number, City or Town, State)  29c. Certifier (Check only one)  29c. Certifier (Check only one)  29c. Date signed (Month, Day, Year)  29c. Licase number  29c. Licase number  29c. Licase number  29c. Licase number  29d. Date signed (Month, Day, Year)  30. Name and eddrass of person who completed cause of death (Itam 23a) (Type, Print)  11   Penn Street, Baltimore, Maryland 21201	9	eath certific attending p for use as	•	L.	1								
The state of the s		the ache	y Physi	CC ]	Alco Le	SUSING	undertying	causa giv	an in Part I.				
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29e. Certifying Physician: To tha best of my knowledge, deeth occurred at tha tima, data and place, end dua to tha causa(s) and mannar as stated.  29e. Certifying Physician: To tha best of my knowledge, deeth occurred at tha tima, data and place, end dua to tha causa(s) and mannar as stated.  29b. Almatus and title of certifying Physician: To tha best of my knowledge, deeth occurred at tha tima, data and place, end dua to tha causa(s) and mannar as stated.  29c. Licansa number  29d. Date signed (Month, Day, Year)  30. Name and eddrass of person who complated causa of daeth (Itam 23a) (Type, Print)  31. Deta filled (Month, Day, Year)  32. Deta filled (Month, Day, Year)  33. Deta filled (Month, Day, Year)	Divisi	is after deal of Director: ed in by the	Certifica	3 Suicida 6 Could not be	28a. Place of In building, e	jury - At home, farm, tc. (Specify)				28f. Location ( City or Tou	Street and Num wn, Stata)	ber or Rura	Routa Number,
O.C.M.E. JUNE 09,1996  30. Name and eddrass of person who completed cause of deeth (Itam 23a) (Type, Print)  J.A. F. W. L. C. W. 111 Penn Street, Baltimore, Maryland 21201  State 31. Deta filled (Month Day, Year)		the Hospit the Funera npletaly fill	edical	(Charles and American Exam)	nar: On the basis of	of axamination and/or	Invastigetio	n, in my o	pinion, daath occurr	ed et the time,	date and placa	, and dua to	tha cause(s)
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			_	JLA FEN LOCK 31. Deta filed (Month Day Year)	5 MD	111 Pen		reet	, Baltim	ore, h	Maryla	nd 21	201



Please Type or Print in Black indelible lnk. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9bCertificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death **Physician** Month 1996 June 9, Wilmore Jones 2:15 PM /Medical 4b. City, Town, or Location of Death 4a. Facility Nama (If not institution, giva street and number) 4c. County of Death Examiner Maryland General Hospital Baltimore City BALTIHORE 6. Sax 1, M 2 ☐ F 7. Aga (In yrs. last birthday) If Undar 1 Yaar If Undar 24 Hrs.

Months Days Hours Min. 8. Data of Birth (Month, Day, Year) 5. Social Security Number Birthpiaca (Stata or Foreign Country) **Funeral** Days 217-82-6785 34 Yrs. Director MARYLAND Aug. 12,1961 Usual Rasidance of Decedant 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mantal Hygiena. Important: if item 27 is marked other than "natural", or itema 23s or 28a-1 show any injury or other traumatic event, the Modical Examinating must be notted as 1 Yas 2 No Director BALTIHORE MARYLAND BALTIMORE 10e. Street and Number 10g. Citizan of What Country? 1613 EUTAW PLACE USA, Funeral 12. Was Decedent Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☐ No If Yas, Giva Year or Datas: 14. Race - Amarican Indian, Black, Whita, atc. 1 Nevar Married 2 Marriad 1 Yas 2 No Baltimore, Maryland 21215-0020 Specify: BLACK þ 3 ☐ Widowed 4 ☐ Divorced Completed 18a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Dacedent's Education (Specify only highast grada complated) 18b. Kind of Businass/Industry Elementery/Secondary (0-12) College (1-4or 5+) 11+H GRADE CONSTRUCTION COMPANY 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) JONES JR. WILMORE SHIRLEY WILLIAMS 19a. intormant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 1613 EUTAW PLACE, #103, BALTIHORE, MD. 2/21/1
ce of Disposition (Nama of Data 20c. Location - City or Town, Stata SHIRLEY 20a. Mathod of Disposition

1 Burlai 2 Cramation 3 Ramoval from Stata 20b. Piace of Disposition (Nama of cematary, cramatory or other place) Approximate the mode of dying, such as cardiac or raspiratory arrest, 4 □ Donation 5 □ Othar (Specify) 21. Signature of Funeral Service Licansee Thuss. Or compileate ins that causad tha daath. Do not antar tha mode of dying, such as cardiac or respiratory **Physician** immediata Causa (Final disaasa or condition rasulting in death) /Medical Examiner Physician/Medical Examiner Sequentially list conditions, if any, leading to immadiata causa. Entar Undarlying Cause (Disease or injury that initiated evants rasulting in death) Last and Records, P.O. Box 68760. ettending physician for use es the burie Dua to (or as a consequance of): Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 2 1 Yss 2 No 3 Probably 4 Unknown signed be de à 24b. Ware autopsy tindings available prior to complation of causa ot death? 24a. Was an autopsy performad? Completed peen 1 □ Yas 2 □ No certificate Division of Vital To the Hospital or Attending Phylicians within 24 hours after death.

To the Funeral Director: After this cefflife completely filled in by the funeral director. 25. Was casa raferred to medicai 26. Piaca of Death (Check only ona) axaminar? Hospitai: Other: 4 ☐ Nursing Homa 5 ☐ Rasidanca 8 ☐ Othar (Specify) 1 9 Inpatiant 2 ER/Outpatient 3 DOA 27. Mannar of Death 28a. Data of injury (Month, Day Year) 28b. Tima ot 28c. Injury at Work? 28d. Describe how injury occurred Medical Certification: 1 DNaturai 5 Panding Invastigation 1 ☐ Yas 2 ☐ No 2 Accidant 3 Suicide 6 Could not be 28a. Place of injury - At homa, farm, street, tactory, office building, atc. (Specify) 28t. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida 1 Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29a. Certifian 29b. Signature and titla of contifiar 29c. Licensa number 29d. Data signed (Month, Day, Year) 9

State Registrar 32. Radistrar's Signatura

c/o Maryland General Hospital

30. Nama and address of person wito complated cause of death (Itam 23a) (Type, Print)
Daniel Wolde-Rufael, M.D. c/o Mar

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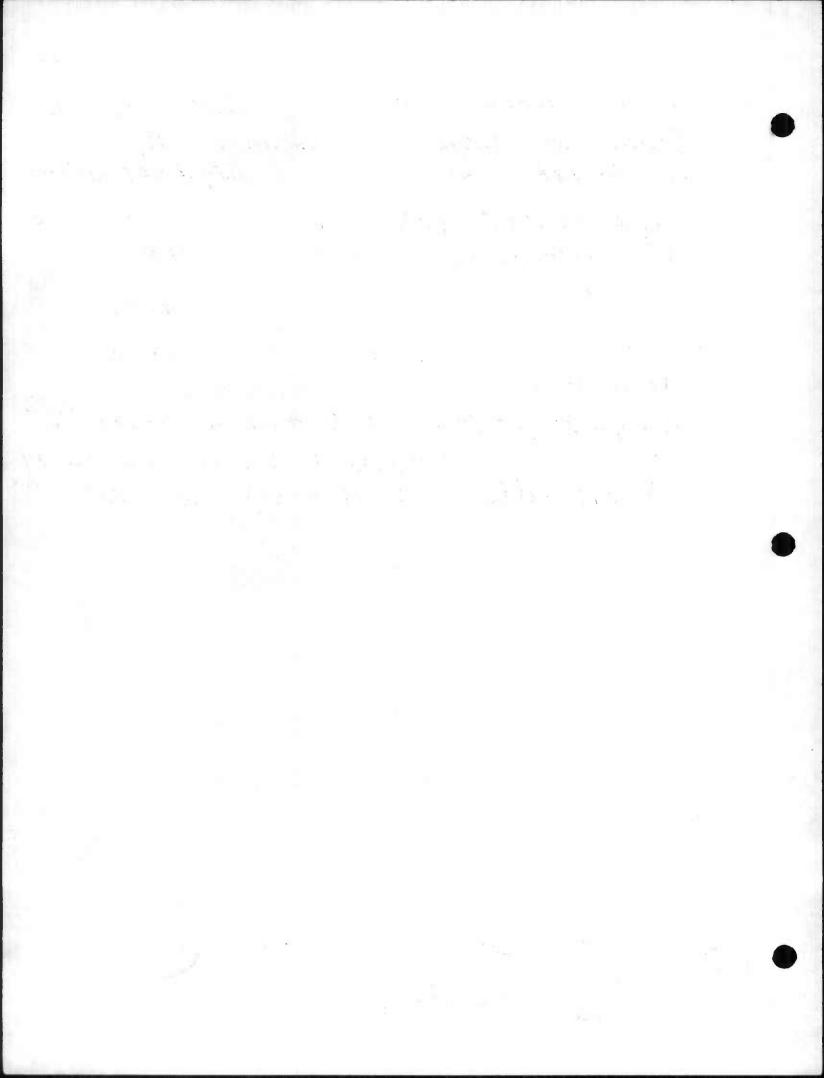
20	ysiclan.	Irlal-transit permit, Pages 1, 2, 3 should	
DIVISION OF VITAL RECORDS, P.O. BOX 68760	The law requires that the death certificate be executed within or from after death. Page 6 may be retained by the hospital or attenting physician.	LINERAL BRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit, Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	The state of the s
1	D THE	3	TOPPET

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 9:35 Am JUNEIT 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 2 2 F DAYS HOURS MIN. Virginia CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR )iNC 4 SOMI DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD N/A BALTIMORE 1 NES 2 NO FUNERAL 10g, STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 400 MILLINGTON AVENUE USA 21223 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY Specify: 3 Widowed 4 Divorced **Black** COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp dary (0-12) College (1-4 or 5+) Auto Entrepreneur 12th 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Andrew Jackson Rebecca Woods ш 8 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO AODRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 2 Marie Powell/niece 4010 Bereva Road, Baltimore, MD. 20a. METHOD OF DISPOSITION
1 Durial 2 Cremation 3 Rem 20b. PLACE AND DATE OF DISPOSITION (Name of 6/21 OATE 20c. LOCATION -- City or Town, State 5 Other (Specify) Forest Vet. Cem. Owings Mills, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY LEROY O. DYETT & SON FUNERAL HOME LIBERTY HEIGHTS AVENUE 21207 22 BART Lanter the diseases, or complications that couled the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, mack, or head failure. List only one cause on each line. nterval Betwee IMMEDIATE CAUSE (Final Onset and Death disesse or condition me ms 4 cct resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Chronic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate cause. Enter UNDERLYING distion CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMEO? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 | YES 2 | NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN D PHYSICIAN: 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL **EXAMINER?** HOSPITAL: 1 TES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY 26b, TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 2 Accident BY 1 YES 2 NO Investigation 26a. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) 3 Suicide 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 🗌 Homicide 29a. CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. DICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF PERSON WHO CO an ar (6 00 22. REGISTRAR'S SIGNATURE

State of Maryland / Department of Health and Mental Hygiene 96

			C	ertificate of	Death	Reg.	No.	
Physic	ian	Decedent's Name (First, Middla, Last)	TN2 TD57/	,		Date of Death Month	Day Yo	3. Time of Death
/Med		RUDOLPH VALENT:	INA JEWS			JUNE	12 9	6 1 15
Exam		4a. Facility Name (If not institution, give street and	number)		4b City, Town, or Loca	tion of Death	4c. County of	Death
		STELLA MATO	MOSPICE		DACTIMO		Ma	_
Funera		5. Social Security Number 6. Sex	7. Age (In yrs. last birthda	Months Davs	if Undar 24 Hrs. 8 Hours Min.	Date of Birth	ear) 02 9	Birthplace (State or Foreign
Directo		016 04 9061	66 Aug.		/	1/144 10	120/	CARGIAND
and and		Usual Residence of Decedent  10a. Stata 10b. County	10c. City, Town or	Location		-		10d. Insida City Limits
Marylan f ehow	0	MATURAND BALTIMO	CF Round	allsTown	n ]			1 Yes 2 No
the Maryla 28a-f ehon	Directo	10e. Street and Number	- Twita	10f. Zip Code	0	100	Citizen of Wha	at Country?
th with 23s or	ō	3525 Carnstream	Road	2113	33	1	15A	
deeth with the Maryland rms 23a or 28a-f show	Funeral	11. Maritai Status 12. Was I	Decedent Ever in U,S. 1	3. Was Decedent of H	lispanic Orlgin? (Speci	ty Yas or No-	14. Race -	American Indian,
_ § E E	F	1 Never Married 2 Married 1 7	f Forces?	If Yes, specify Cub	an, Mexican, Puerto Ri	can, etc.)	Biack, 1	Whita, etc.
020 urs s	by	3 ☐ Widowed 4 ☐ Divorced	Give/ or Dates:	1□ Yes 2D(No	Specify:		Bogcity:	K
21215-0020 d within 72 hours after plene. rr than "natural", or the	Completed by	15. Decedent's Education (Specify only highest grada complat	18a. De	cedent's Usual Occup	pation during most of working	168	b. Kind of Busin	ness/Industry
- 1 E	nple		iffe (1-4or 5+)	DO NOT use retire	d)	,	1.11	/
d 21 filed wi Hygien ther th	Co	12	180	ICK Dr	rer		)NKno	NON
tal the fire of	Be	17. Father's Name (First, Middle, Last)			18. Mother's Neme (	First, Middle, Mai	den Sumame)	
aryland 212: should be filed within nd Mental Hyglene. marked other than umatic event, the Ma	2	Johnadeas			rear 1	Helq.	nl	
10		19a Informant's Neme/Relationship (Type, Print)	19b. Mr	alling Address (Street	and Number or Rural I	Route Number 16	ity or Town, Sta	ete, Zip Code
and lealth m 27		RUDOIPH LEWS, IT	150M 32	DUE COT	nsteam	- Ka.	Kanda	Ustown, Ma
Tor H He		20a. Method of Disposition  1 Surlai 2 ☐ Cremation 3 ☐ Removal fr		sposition (Name of crematory or other pla	09)	Date 200		y or Town, State
Baltimore, M pemit. Pages 1 and 2 Department of Heath a important: If item 27 is any Injury or other tra		Ø Donation 5 ☐ Other (Specify)	King	Merioria	1 tark 9	15/96	Kande	allstown, Mi
Baltim permit. Pa Departmen important: any Injury once.		21. Signature of Funeral Service Licensee		22. Name and Addre	ss of Facility	them.	108	W NOTTH AU
20540		DV. 2 Others	~ (	inly t	BAL	to. MI	2/2	201
		23a. Part1. Enter the disease, or complications () shock, or heart feiture. List only one cause	at caused the death. Do not on each line.	enter the mode of dyir	ng, such as cardiac or i	espiratory arrest,	,	Approximate Interval Between
Physician								Onsat and Death
/Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	TASTATUC ADE	NOCARSINO.	MA OF T	HE CH	ng.	1105.
	5		Due to (or as a cons	sequenca of):				
pet hisu	Examiner	b		,				
D, execut in and fal-trar	Exal	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury c.	Due to (or as a cons	sequence of):				
68760, fileste be executed physician and as the burial-transit		Cause (Disease or Injury that Initieted events	Due to fee as a sec	200000000000000000000000000000000000000				
X 6876( certificate be ding physicia se as the bur	Medical	resulting in daath) Last	Dua to (or as a cons	sequence or):				
OX 6 OX 6 Ox certifi		d						
deeth deeth of for u	Physician	Part II. Other significant conditions contributing t	o death but not resulting in the	a underlying cause ob	ven in Part I	23h. Did toha	cco use contri	bute to the cause of death?
P.O. that the ed by the detache	hys					WY90		□ Probably 4 □ Unknown
	by P					75-4-		
Records, ne law requires th s has been signe age 2 should be						24e. Was an a		24b. Were autopsy findings available prior to
law re as be	plet					portonilo		completion of cause of death?
I Rec	Completed					1 ☐ Yas	28(No	1 ☐ Yes 2 ☐ No
	Be	25. Was case referred to medical			26. Place of Death (	Check only onal5	tella n	maris at mercy
of Vita Physician: this certific ral director,	To	examinar? 1 Yas No Hospitai: 1	☐ Inpatient 2 ☐ ER/Outpat	tient 3 DOA Oth				(Specify) HOSPICE
On O ding Pt h. After th funeral		27. Manner of Deeth 28a. D. Natural 5 ☐ Panding	ate of Injury 28b. Time		ry at 28	d. Describe how	injury occurred	
Vision Attending or death. ector: Afte	ati	2 ☐ Accident investigation			Yas 2 □ No			
Division  Tor Attending after death.  Director: After din by the fune	Certification:	3 ☐ Suicide 6 ☐ Could not be determined 28e. Pl	ace of Injury - At home, tarm, uilding, etc. (Specify)	street, factory, office	28	t. Location (Stree City or Town, S	it and Number ( State)	or Rural Route Number,
dris a Constitution of the								
Hosp 24 hosp Fune tely fi	edical	29a. Certifier (Check only 2 Medical Examinar: On the	e basis of examination and/or	ath occurred at the tir Investigation, in my o	me, date and piaca, and opinion, death occurred	d dua to the caus at the time, date	e(s) and manne and place, and	er as stated. I due to the cause(s)
Division or To the Hospital or Attending Ph within 24 hours after death.  To the Funeral Director: After thi completely filled in by the funeral	Med	one) and n 29b. Signature and titla of certifier	nanner steted.	29c. Licens				Month, Day, Year)
8 7 % 7		250. Signature and time of certifier	mente		540480			12, 1956
/ h								-, . , , ,
(0	1	30. Nema and address of person who completed of	ause of deeth (Item 23e) (Typ	be, Print) 581	O SELAN	2120	4	
C	ate	31. Data filed (Month, Day, Year)	Solistoris Rendall		, , , ,	_ , ,		
Regist		31. Data filed (Month, Day, Year) JUN 1 8 1996 Julia &		., \$				



8	2120	91	1950	State of M		Departm Certific		Health and N f Death		giene 9 Reg. No.	6	1901
	Physic /Medi		1. Decedent's Name (First, Middle, I	Nilliam	KELCH	Н			2. Data of De Month JUNE	Day 15	1996	Time of Death
	Exami	ner	4a. Facility Nama (Mhot institution, g GOOD SAMAR	ITAN H	OSPITA			4b. City, Town, or L BALTIN	ORE		y of Death	
	Funeral Director		5. Social Security Number 6. 212-09-4950 Usual Residence of Decedent	Sex 7. Ag	7 7	Yrs. Mont	hs Day		(Month, Da	y, Year) 8 1919	9. Birthplace Country) Mary I a	(State or Foreign
	the Maryland	tor	10a. State 10b. County Maryland Balti	more	10c. City, Tow Pa	n or Location	e					Inside City Limits
	or 28	Director	10e. Street and Number			1	Zip Code			10g. Citizen of	What Country?	
	5-0020 72 hours after death with the Maryland natural', or flems 23a or 28s-1 show disal Examiner must be notified at		9141 Covered Br				21234			U.S.A.		
020		by Funeral	11. Marital Status  1 □ Never Married 2 Married  3 □ Widowed 4 □ Divorced	12. Was Decedent Armed Forces? 1 [X] Yas 2 ☐ If Yes, Give Yaar or Datas:			pecify Cu	Hispanic Origin? (Sp ban, Mexican, Puarto o Specify:	ecify Yas or No Rican, atc.)	Specif	ce - Amarican II ck, Whita, atc. y: White	
5-0	natur oleai	eted	15. Decedent's (Specify only highest of	Education rada completed)	16a.	Decedent's U	sual Occi	upation e during most of work	ina	16b. Kind of B	usiness/industr	ry
21215-0020	within within ene.		15. Decedent's Education (Specify only highest grada completed)  Elementery/Secondary (0-12) Syr; S  16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) Supervisor  17. Father's Name (First, Middle, Last)  18. Mother's Name (First, Middle)								hem Ste	eel
	be file dother	Be C	17. Father's Name (First, Middle, Las					18. Mother's Nam	e (First, Middle,	Melden Surnar	ne)	
yla		2	George W.	Keld	ch			Mary		Be	rnhardt	•
Mar	2 5 5 2		19e. informent'a Name/Relationship Mrs. Amelia Kelc		196			et and Number or Rur	al Routa Numbe	er, City or Town,	, Stete, Zip Coo	de)
	f Health fem 27 other t		20a. Method of Disposition	h - Wife	20b. Place of	Same Disposition (	Name of		Date	20c Location	- City or Town,	State
Baltimore,	int. Pages intment of ortant: If it injury or o		1 ☑ Bunal 2 ☐ Cramation 3 4 ☐ Donation 5 ☐ Other (Spec		cematar	ry, crematory dens c	or other pi		19,199		more, Mi	
Bal	Depart Depart Import any in		21. Signature of Funeral Service Lip	tool I	,	Leor	ard	J. Ruck 1	Baltimor Inc. 53	05 HArf	1214 ford Rd	
	hysician /Medical		23s. Part1. Enter the disease, or co shock, or heart failure. List onl immediate Cause (Final	-					or respiratory a	nest,	inte	proximate ervai Between set and Deeth
	Examiner		disease or condition resulting in death)	a KESP	RATOR Due to (or as a			URE				DAY
7	e is	Examiner		RENAL	- FAI	LUR	E					
	be executed ician and burial-transit	хап	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury		Due to (or as a	consequence	of):				1	
8760,	hysician the burial	dical	cause. Enter Underlying Cause (Disease or injury that initiated evants	· HEART	FAI	LURS	<u> </u>					
0	attending phys	0	resulting in death) Last	d	Dua to (or as a c	consequence	ot):					
. Box	for	Iclan	Part II. Other significant conditions	contribution to double b	ut not requision in	a blan a mela ela ela		kran in Dard I	20h Did	ohaasa usa sa		cause of death
P.0	ed by the	by Physician/M	Tath. One againeant conductions	CONTINUE TO GOSTIN D	or not resulting if	Tale underlyii	g cause (	greati at Fatt 1.		Yee 2 No		
Records,	been s	Completed b			- 1-2 · · · ·				24a. Was perfo	an autopsy med?	availab	autopsy findings ole prior to etion of cause th?
	ate has	mo							101	/es 2 No		es 2 No
of Vital		Be	25. Was case referred to medical examiner?					28. Place of Deat	h (Check only o	ne)	1	
of Vita	10 to	ဂ္	1 ☐ Yes 2 No	Hospital:		tpatient 3	DOM		me 5 Resid			
ono	th. After the funeral	tlon:	27. Manner of Death  1 Matural 5 ☐ Pending investigation	28e. Dete of Inju (Month, Da	ry y Year) 28b. 1	Time of njury M	28c. inj W	ury at ork? □ Yas 2 □ No	28d. Describe I	now injury occur	rred	

30. Name and address of person who completed cause of death (item 23a) (Type, Print)

HOSSEIN BABAALI 6201 LOCH RAV

6201 LOCH RAVEN BLVD, APT 610, BALTIMORE, MD 21239

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29d. Data signed (Month, Day, Year)

JUNE 15, 1996

State Registrar

Medical Certifica

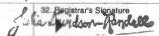
31. Date filed (Month, Day, Year)

29b. Signature and title of certific

3 Suicide

29e. Certifier (Check only one)

4 Homicide



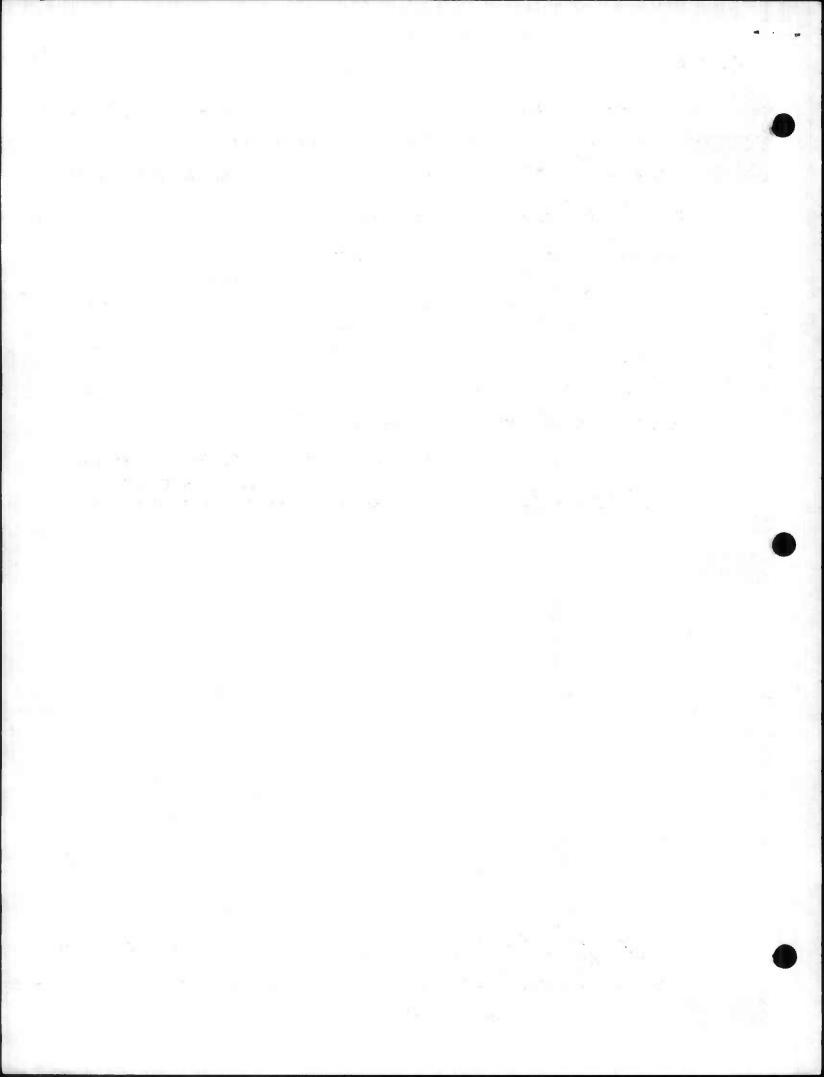
28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end manner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. Licensa number

6 Could not be determined



3. Time of Death

10d. fnside City Limits

1 Yes 2 No

State of Maryland / Department of Health and Mental H	lygiene
Certificate of Death	Dec No

Physician
/Medical
Examiner

2. Data of Daath Month

JUNE 4b. City, Town, or Location of Deeth

Yeer 12,1996 5:11P.M.

SAINT JOSEPH MEDICAL CENTER 5. Social Security Number 6. Sax 1□M 25 F

TOWSON, MARYLAND BALTIMORE

7. Age (In yrs. last birthday)
75

Yrs.

TOWSON, MARYLAND BALTIMORE

8. Data of Birth
(Month, Day, Year)

APRIL 2, 1921

Mory land

Birthpleca (State or Foraign Country)

**Funeral** Director

the Manyland show

r 28a-f show

permit. Pages 1 and 2 should be filed within 72 hours after death with Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or Items 23a or any Injury or other traumatic event, the Modical Examines must be a

Baltimore, Maryland 21215-0020

Box 68760

P.O.

Records,

Division of Vital

**Physician** /Medical Examine

Examiner physician and the burial-transit Physician/Medical USB BS attending p detached the been signed by should be detac by Completed page 2 has certificate To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certified Be funeral Certification: the filled in by edical pletely f

1. Decedant's Name (First, Middle, Last) MAUDE 4e. Facility Nama (If not institution, giva street and number) 220-09-4119 Usuei Residance of Dacedant 10a. Stata 10e. Street and Number 1931 MOUNTAIN 1 Navar Married 2 Married 3 ☐ Widowed 4 Divorced 15. Decedant's Education (Specify only highest grads completed) Elemantary/Secondary (0-12) 10 17. Fathar'a Nema (First, Middla, Last) 4 ☐ Donation 5 ☐ Othar (Specify) Immediata Causa (Finai Sequentially list conditions, if eny, leeding to immadiata causa. Entar Undarlying Cause (Disaasa or injury that initiated evanta rasulting in death) Lest

Director Funeral à Completed Be

10b. Count Baltimore 10c. City, Town or Location PARKVILLE

AVE

12. Wes Decedent Ever in U,S. Armed Forces?

1 ☐ Yes 2 ☑ No If Yas, Giva Yeer or Datas:

Collega (1-4or 5+)

10f. Zip Coda

21234

10g. Citizen of What Country? AZU

4c. County of Deeth

Was Decedant of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, atc.)

14. Rece - American Indien, Biack, Whita, atc. Specify: WHITE

16b. Kind of Businass/Industry

1 ☐ Yas 2 ☑ No Specify:

16a. Decedant's Usuel Occupetion (Giva kind of work dona during most of working lifa. DO NOT usa retired)

Home

Housewife

18. Mothar's Nama (First, Middla, Maldan Sumama)

MAUDE A. HICKEY

JAMES Grove CHRISTHILF 19a. fnformant's Name/Raiationship (Type, Print)

DRANMORE WAY 1202

19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) BelAIR, Md. 21014

KENNETH KEITH SON 20a. Mathod of Disposition 1 ☐ Buriai 2 Cramation 3 ☐ Ramovai from State

20b. Piaca of Disposition (Nama of cematery, crematory or other place)

20c. Location - City or Town, Stete Data JUNE 17

Balto. Md.

Green MOUNT Cemetery

21. Signetura of Funaral Sarvica Licensee

22. Nama end Address of Fecility

EVANS CHAREL of Memories

8800 Harford Rd Botto, Md. 21234

23e. Pert1. Entar the diseesa, or complications that caused the deeth. Do not antar the moda of dying, such as cardiac or raspiratory arrest,

Approximation

1996

ACUTE MYOCARDIAL INFARCTION

Approximata interval Between Onsat and Death

disaasa or condition rasulting in daeth)

Dua to (or as a consequanca of)

Due to (or as a consequence of):

Dua to (or as e consequence of):

Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.

23b. Did tobacco use contribute to the cause of death?

ANOXIC ENCEPHALOPATHY

6 ☐ Could not be detarmined

CHRONIC OBSTRUCTIVE PULMONARY DISEASE

1X Yes 2 No 3 Probably 4 Unknown 24a. Wes an autopsy

28f. Location (Street end Number or Rural Route Number, City or Town, Steta)

24b. Wara autopsy findings available prior to compiation of causa of death?

3 DAYS

1 Yes 2 No 26. Place of Death (Check only ona)

1 ☐ Yas 2 No

25. Was casa refarred to medical 1 Yas 2 No 27. Mannar of Deeth

28a. Date of injury (Month, Day Year) 5 Panding invastigation

Hospitei: 1X Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Tima of

28a. Placa of Injury - At homa, farm, streat, factory, offica building, atc. (Specify)

Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 28c. injury at Work? 1 ☐ Yas 2 ☐ No

28d. Describe how injury occurred

29a. Certifian

1 Naturai

2 Accidant

4 Homicide

3 Suicide

1 Certifying Physician: To the best of my knowledga, daath occurred at tha tima, data and piace, and dua to tha causa(s) and manner as stated.

2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated.

29b. Signeture end titla of certifiar

D30263

29c. Licensa number

29d. Dete signed (Month, Day, Year) 06-12-96

30. Neme and addrass of person who complated causa of death (itam 23a) (Type, Print)

FRANCIS KHOO, M.D. SAINT JOSEPH MEDICAL CENTER
31. Data filed (Month, Day, Year)
1 9 1096 31, Data filad (Month, Day, Year)
JUN 18 1996

**DHMH 16 Rev 6/95** 

Q

State Registra

and the second the state of the s a salaal (462) agaban oo laga salaa 1500 en 1999 - Daniel Berther 1999 - 1990 - 1990 Francis Liver and the live 

State of Maryland / Department of Health and Mental Hygiene 96 17909

				C	ertificate o	f Death	Re	g. No.		
Dhuaiaia		1. Decedent's Neme (First, Middle, L	ast)				2. Dete of Deat Month		Year	3. Time of Deeti
Physicia /Medica		WILLIAM CHRIST		SKA	JR		JUNE		196	940 Ar
Examine		4e. Facility Name (If not institution, gr	ve street end number)				Location of Deeth	4c. County of		
		6242 Glen Arr	n Rd.			Hyde	.5	Bal-	to.	
Funeral		5. Sociei Security Number 6.		yrs. last birthde	Months Dev			Veerl	9. Birthp	lace (State or Fore
Director		219-22-3189	100 M 2□ F	68 Yrs.	Wioritis Day	S FIGURE WIII	July 23,			yland
2		Usuei Residence of Decedent								1000
E Po		10a. Stete 10b. County		c. City, Town or					10	0d. Inside City Lir
The same	Funeral Director	MD. BALTI	MORE	Hyd	es					1 ☐ Yes 2 ⓓ
natural, or items 23s or 28s-f show ofcel Examiner must be notified at	ire	10e. Street and Number			10f. Zip Code		10	Og. Citizen of W	hat Coun	try?
38	a o	6242 Glen Arr	nRd.		2	1082		USA		
Feath and Mental Hygiene.  Health and Mental Hygiene.  Health and Mental Hygiene.  other treumatic event, the Medical Exertiner mant be notified at	ner	11. Meritei Stetus	12. Wes Decedent Ever Armed Forces?	r in U,S. 1	3. Was Decedent of	Hispanic Origin? (	Specify Yes or No-	14. Race		
or he	F	1 Never Merried 2 Merried	1 Yes 2 No				nto Hican, etc.)		, White,	etc.
	by	3 Widowed 4 Divorced	If Yes, Give Yeer or Detes: 🕠	WI	1 ☐ Yes 2 ☑ N	o Specify:		Specify:	WH	ITE
2 8	Completed	15. Decedent's E	ducation	16a. De	cedent's Usuel Occ	upation	- Maria	6b. Kind of Bus	iness/Inc	lustry
than "r	ple	(Specify only highest gi	College (1-4or 5+)	life	cedent's Usuel Occ ive kind of work don a. DO NOT use reti	red)	onking			
Hygiene. ther than	PO	10		Ser	VICE TE	CH		Box C	0.	
other ont, n	Bec	17. Fether's Neme (First, Middle, Las	)			18. Mother's Ne	ame (First, Middle, A	feiden Sumeme	)	
marked o	ToB	William C. Klapas	ka Se			EDMA	FLOWER	5		
and M e mer		19e. Informent's Neme/Reletionship		19b. Me	aliing Address (Stre	et and Number or F	Rurel Route Number,	City or Town, S	State. Zio	Code)
n 27 le er treu		WILLIAM C. KLA		1			MONHTO			· ·
Department of Health Important: If Rem 27 any injury or other tr once.		20e. Method of Disposition		Oh Place of Dis	sposition (Name of			20c. Location - C		
nt: If It		1 ☑ Burial 2 ☐ Cremetion 3	Removel from State		remetory or other p		June 15			
tant Jury		4 Donation 5 Other (Special		AHOL. TO	islemeter		1996	Long (	bree	n, Md
Department Important: It any injury o		21. Signature of Funerel Service Lice	Acce.		22. Neme end Add	Iress of Fecility	Memori	05		
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		23a. Pert1. Enter the diseese, or con shock, or heart feilure. List only	polications that caused the	deeth. Do not	enter the mode of d	ying, such es cardia	ac or respiretory erre		1	Approximete Interval Between
/Medical xaminer		Immediate Cause (Finel disease or condition resulting in deeth)	· Jelf -	inflic		Fgun	punon	to Trea	d	
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0 2 7	Physician	Pert II. Other significant conditions	contributing to death but no	ot resulting in the	underlying ceuse of	iven in Pert I.	23b. Dld to	bacco use cont	ribute to	the cause of de
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be del	by P	Chrome ay	- CARPOR							,
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es been signed by th	Completed						perform	ned?	COL	illebie prior to npletion of cause death?
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r, pa							1 □ Ye	s 2 2 No	1 L	Yes 2 No
certificate rector, par	Be	25. Wes case referred to medical examiner?	Hospitel:				eath (Check only on	B)		
S 0	2	1 No 2 No	1 U Inpatient	2 ER/Outpat	ient 3LI DOA		Home 5 MReside			1)
the r	0	27. Manner of Deeth 1 □ Neturel 5 □ Pending	28e. Dete of Injury (Month, Dey Ye.	ar) 28b. Time	V. 1.0		28d. Describe ho	winjury occurre	العلاه	1
or death. ector: After by the fune	cat	2 Accident Investigation	41.14-1-1	476 04	40 M 10	Yes 2 No	Sey	myn	CUC	(
Direct Direct in by	Certification:	4 Homicide determined		pecify) [		0	28f. Location (Sti	, State)	r or Rura	
led De	00		4	, 40	ne		624264	MAM WE	BV	HY) E
within 24 hours effer death. To the Funeral Director: A completely filled in by the fu	ca	29e. Certifier 1 Certifying Pi	nyelclan: To the best of my	knowledge, de	eth occurred et the	time, dete end plec	e, and due to the ca	use(s) and man	ner as st	ated.
he F	edica	one) 2a Medical Exil	niner: On the basis of exa end menner steted.	minerion end/or	mivestigetion, in my	opinion, deeth occ	oneo at the time, da	na and piece, at	id due to	ule CaUSe(S)
F S S	Σ	29b. Signeture end title of certifier	Λα	Λ.		nse number	25	d. Dete signed		
9		M. Croffan	Othora	n, M.	y. V	07632	_	Lune	14,	1996
		30. Name and address of person who	completed cause of death	(Item 23a) (Typ	e, Print)	JUNDALI	LAVE.			n) 212
State	е	31. Date filed (Month, Day, Year)	32. Registrar's S	Signature		ANIACATE		2/11 51		7 -, -
Registra	r	JUN 1 8 1996	a Davison-A	andello						

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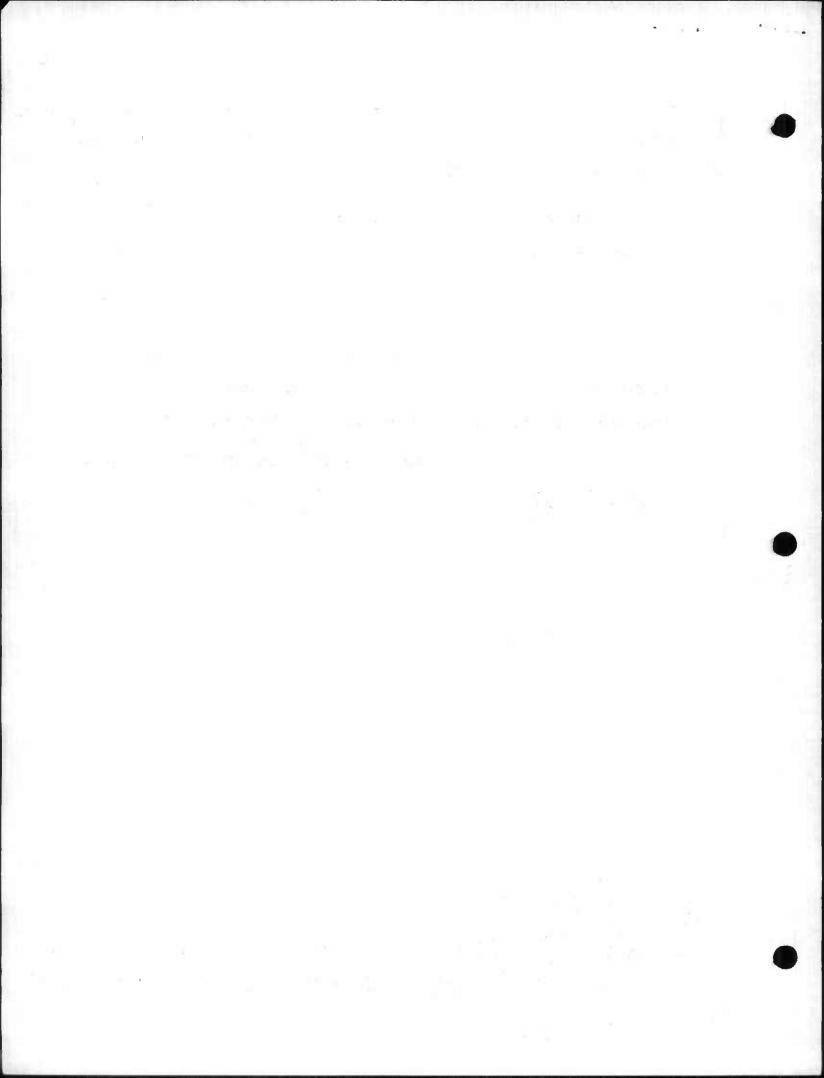
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Year **Physician** Month J. Kanely 5:10 P.M. 1996 June 3 /Medical 4a. Fecility Neme (If not Institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Death **Examiner** 104 Woodlawn Avenue Catonsville Baltimore 5. Sociel Security Number If Under 1 Yeer If Under 24 Hrs. 7. Age (In yrs. last birthdey) 8. Dete of Birth (Month, Dey, Year) **Funeral** Months Hours 1□M 2⊠E 213-10-7512 80 Yrs. Director Aug. 19,1915 Maryland Usuel Residence of Decedent 10s Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Madical Examiner must be notified at 1 ☐ Yes 2 ☐ No Md. Baltimore Director Catonsville 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? ò U.S.A. 104 Woodlawn 21228 Items 23s Avenue Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Raca - American Indian, Bleck, White, etc. 11. Maritel Status Peges 1 and 2 should be filed within 72 hours efter or nent of Heelth and Mental Hygiene.

It from 27 is marked other than "natural", or he 1 ☐ Yes 2 ☑ No if Yes, Give Yeer or Detes: 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 18e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry College (1-4or 5+) 2+ Elementery/Secondery (0-12) Secretary Church 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) Be William Jones Sarah Conway 19e. Intermant's Neme/Reletionship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Department of Heelth er Important: If Item 27 Is any Injury or other trau Thomas Olear (Son-in-Law) 1 Reacher Court Baltimore, Maryland 20b. Pleca of Disposition (Neme of cametery, cremetory or other plece) June 17, Dete 20e. Method of Disposition 20c. Location - City or Town, State 1 ☑ Buriel 2 ☐ Cremetlon 3 ☐ Removal from State 1996 Elkridge, Maryland 4 ☐ Donation 5 ☐ Other (Specify) Meadowridge Memorial Park 21. Signature of Funeral Service Licensee 22. Neme end Address of Fecility Witzke Funeral Homes, Inc. 1630 Edmondson Avenue Catonsville, Maryland 21228 23a. Pert1. Enter the disease shock, or heart failure. that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory arrest, Approximete Interval Between Onset and Deeth **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical MODIT Examiner MOIMMUNOBLASTIC physician and the buriel-transit Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in deeth) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequenca of): for use as signed by the a Pert It. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Dtd tobacco use contribute to the cause of death? 2) No 3 Probably 4 ☐ Unknown 1 Yes p 24b. Were autopsy tindings eveilable prior to completion of cause of death? 24e. Wes en autopsy performed? Completed peen has page 2 s 2 No certificate About a standing Physician: 24 hours effer death.
Funeral Director: After this certificately filled in by the funeral director, Be 25. Wes case referred to medical examiner? 26. Place of Deeth (Check only one) 20 No Other: 4 Nursing Home 2 1 ☐ Yes 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 5 Residenca 8 □Other (Specify) 28d. Describe how injury occurred 27. Manner of Deeth Certification: 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? Netural 2 Accident 5 Pending Investigation 2 🗆 No 1 Tes 3 Suicide 6 ☐ Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of tnjury - At home, tarm, street, tectory, office bullding, etc. (Specify) FD Hominid Funeral D 24 hours 9a. Certifier Certifying Flor atctan: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end manner es steted. Medical basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) ned stated. De Marie 29c. License number 29d. Dete signed (Month, Dey, Year) (item 23a) (Type, Print) 3 Ut GOTA 31. Dete filed (Moon 998 State

**DHMH 16 Rev 6/95** 

Registrar



WAALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be within 72 local after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

INFORTANT II Item 28 is marked, or Nem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

	1 - FOR STATE REGISTRAR	STATE OF M		DEPARTM ERTIFICA			MENTAL HYGIE							
	1. DECEDENT'S NAME (First, Middle, Last)  WILLIE	F. L	YLES	**			2. DATE OF DEATH MONTH JUNE	DAY 75 9	year 7.25 P M					
	242-30-0133	5. SEX 1 M 2   F	6. AGE (In yrs. les	YRS. MON		IF UNDER 24 HRS. HOURS MIN.	MAR. 9, 1	0.0	8. BIRTHPLACE (State or Foreign Country)  NORTH CAR6LINA					
TOR	98. FACILITY NAME (If not institution, give atreet and number)  MERIDIAN LOCHRAVEN NURSING HOME  BALTIMORE  BA  BA  BA  BA  BA  BA  BA  BA  BA  B													
DIRECTOR	MARILAND 10b. COUNT	Am	MORE	10c. CITY, TO	WN OR LOCATI	TIMOR	E CIT	V	10d. INSIDE CITY LIMITS? 1 A YES 2 NO					
FUNERAL	100. STREET AND NUMBER  107. ZIP CODE  109. CITIZEN OF WITH STATUS  11. MARITAL STATUS  12. WAS DECEMBENT OF HISPANIC ORIGIN? (Specifix Ver or No) 14. RACE													
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 4 Divorced 1 Never Married 5 No Specify No Specify: 1 YES, GIVE WAR OR DATES 1 YES 2 NO Specify: 1 YES 2 NO Specify:													
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  [Give kind of work done during most of working life. Do NOT use retired.)  [The RADE CONSTRUCTION COMPAINT CONTROL CO														
BE COM		OGERS		ILES	DUR		IAME (First, Middle, Melde		TALEV					
10	190. INFORMANT'S NAME (Type/Print)  NELLIE	WATER		411-D	NUN	LEV DR	PARKVIL	wn, State, Zip (	2/2/34					
	20a, METHOD OF DISPOSITION  1 A Burlal 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	2001 - 111192	20b. PLACE / Cornetery, cre PALS	MNDDATEOFDIS	SPOSITION (Nar	me of 1 EMETER	V 6-21-96 L	OCATION - C	ity or Town, Stata					
	21. SIGNATURE OF FUNERAL SERVICE LIC	DENSEE B			22. NAME AN JOSE 2140	PH H			NERAL HOME MORE, MD 21217					
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haart failure. List only one cause on each line.  Approximate Interval Between													
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	. Aspi	OR AS A CONSEC	n F	ner	NOTE	a		Onset and Daath					
NO	Sequentially list conditions, if any, leading to immediate	gastro-gintestinal Bleed.  Due to (OR AS, A CONSEQUENCE OF):												
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. COC.	OR AS A CONSEC	DUENCE OF):	0+	Luc	er.							
CER	resulting in death) LAST	d. 9103	lic	31	luo	305								
MEDICAL	PART II. Other significant condition	e Hea	death but not n	esulting in the	underlying	cause given i		N AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
N N	DID TOBACCO USE CONT	RIBUTE TO CAI	JSE OF DEA	TH YES [	] NO []	UNCERTA	IN D		1 TYES 2 TO NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:			HER:	5 G Residence	8 Other (Specify)							
ву РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Applicant Investigation								RED					
ED	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide datarmined	28s. PLACE OF building, s	INJURY — At horte. (Specify)	me, farm, street.			281. LOCATION (Stree City or Town, State	t and Number o	r Rural Route Number,					
COMPLET							is to the cause(s) and m		f. cause(a) and manner as stated,					
BE C	296. SIGNATURE AND TITLE OF CERTIFIER		per		ni	29c. LICENSE NU			SIGNED (Month, Day, Year)					

more;

30. NAME AND ADDRESS, OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILEO (Month, Day, Year)
JUN 1 8 1996

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month **Physician** 05 MARY MARTHA LOVELL 11, 1996 /Medical une 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Mossville BALTIMORE MEDBRIDGE KOSSVILLE If Under 1 Year If Under 24 Hrs. 8. Dete of Birth
Months Deys Hours Min. (Month, Dey, Yea 5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthdey) Birthplaca (Stete or Foreign Country) **Funeral** Deys 1□M 20 F 262-01-5737 Georgia 88 Yrs. Director Nov 23,1907 Usuel Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits or 28a-f show the Medical Examiner must be notified at PARKVILLE 1 Yes 2 No Directo MD BALTIMORE 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? DEMPSTER CT 234 8509 C 21234 USA Pages 1 and 2 should be filed within 72 hours efter deeth vent of Health end Mentel Hyglene. Int: If Item 27 is merked other then "natural", or Items 23. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Rece - American Indien, Bleck, White, etc. 11. Maritel Stetus 1 Yes 2 No If Yes, Give Yeer or Detes: 1 Never Merried 2 Merried Maryland 21215-0020 1 ☐ Yes 2 No þ Specify: 3 ☐ Widowed 4 ☐ Divorced WHITE Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Boy Scouts of Amer. EXECUTIVE SECRETARY 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Be NHOL ESTELLE Lillian Hillary Gardner 2 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, Cify or Town, State, Zip Code) SUE LOVELL Daughter In Law 7108 CHAMBERS Kd. Balto. Md. 21234 item 2. Baltimore, 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete June permit. Pages Department of Important: If it any injury or o 1 ☐ Burial 2 Cremetion 3 ☐ Remove from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Green Mount Crematory 13, 196 Balto, Md. 22. Name end Address of Fecility 8800 HARFORD Rd Balto. Md 21234 EVANS CHAPEL of Memories 23e. Pert1. Enter the disease, or complication, that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feiture. List only one citude on each line. Approximete Interval Between Onset and Deet **Physician** 026 /Medical Immediete Ceuse (Finel diseese or condition resulting in death) Anemia Examiner Due to (or es e consequence of) Obstrictin Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Last Bhd Due to (or es e consequence of): physician the burla Box 68760. Due tolor es a consequence of): alsia 8 Physician/Medical The law requires that the death ed by the a detached Division of Vital Records, P.O. Pert II. Other signiffcant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yee 2 No 3 Probably 4 Unknown by 24b. Were eutopsy findings aveilable prior to completion of cause of death? Completed 24a. Wes en autopsy performed? certificate 1 Tes 2 1 No 1 ☐ Yes 2 ☑ No 25. Wes case referred to medical examiner? Be 28. Place of Death (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ Yes 20 No # 28a. Dete of Injury (Month, Dey Year) 27. Menner of Death Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred f or Attending F after death. Director: After After 1 Neturel 5 Pending investigation NA 1 1 No NA NA 2 Accident 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 3 ☐ Suicide 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homlcide NA 24 hours a e Funeral C 1 Cortifying Physicfan: To the best of my knowledge, deeth occurred et the time, dete and plece, and due to the cause(s) end menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, date end piece, and due to the cause(s) end menner steted. 29a. Certifier (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

State Registrar

31. Dete filed (Month, Dey, Year) JUN 18 1996

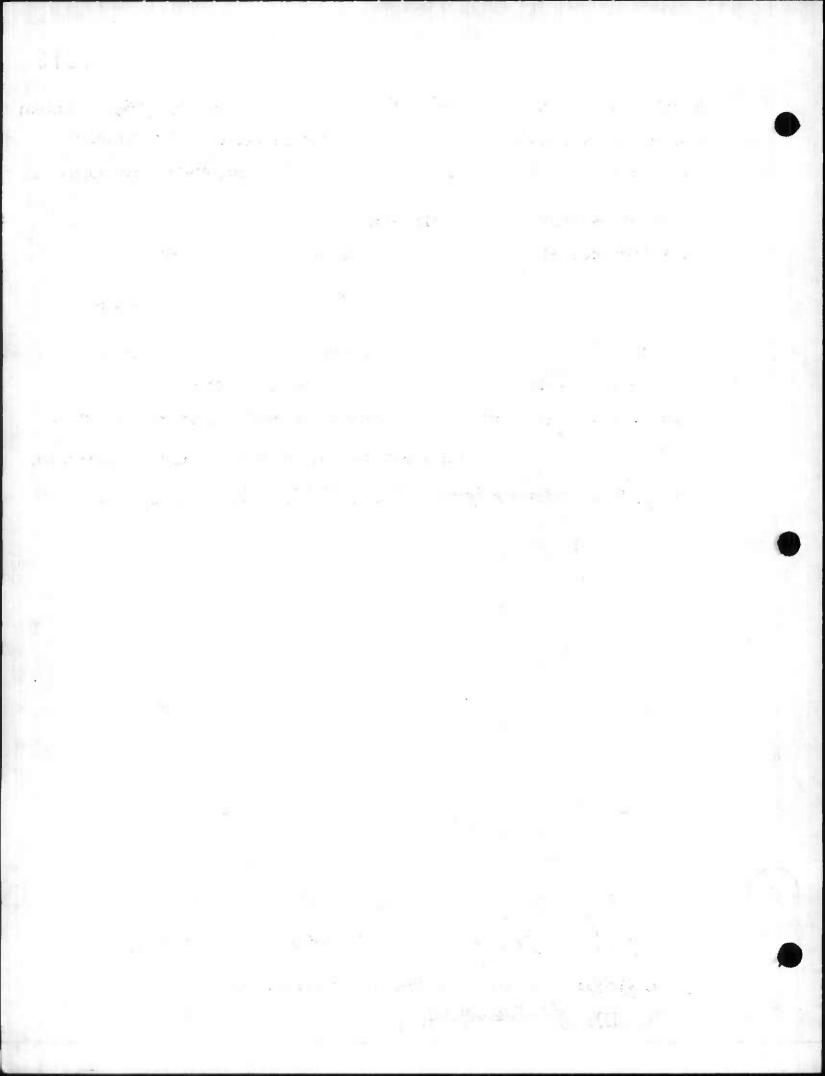


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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Physician LEGEER VORA JUNE /Medical 4a. Facility Neme (If not institution, give street end number, 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner BALTIMORE 6900 Ebenezer Road Middle River 5. Social Security Number If Under 24 Hrs. Hours Min. If Under 1 Year 8. Date of Birth (Month, Day, Year)
Aug. 41943 7. Age (In yrs. lest birthday) 9. Birthplace (Stete or Foreign Country)
Washington D.C. **Funeral** Months Days 1 M 2 F 213 42 4619 52 Director Yrs. Usuai Residence of Decedent the Maryland 10a. State 10h County 10c. City, Town or Location r than "natural", or items 23s or 28s-1 show the Modical Examiner must be notified at 10d. Inside City Limits 1 ☐ Yes 2 ☐ No Directo Maryland BALTIMORE Middle River 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6900 Ebenezer Road 21220 USA death Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 2 Married 3 Widowed 4 Divorced 1 ☐ Yes 2 ☐ No If Yes, GiveX Year or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify White þ Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education ify only highest grede completed) 16b. Kind of Business/Industry (Specify only highe filed within 7 Hygiene. permit. Pages 1 end 2 should be filed within Depertment of Health end Mental Hygiene. Important: if I fear 27 is marked other than any Injury or other traumerin. Elamantary/Sacondary (0-12) College (1-4or 5+) Sales Person Clothing 17. Father's Name (First, Middle, Last) 18. Mother's Nama (First, Middla, Maidan Sumema) Be Hicks James Bertha Clegg 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) John A. LeGeer (husband) 6900 Ebenezer Road Middle River, Maryland 21220 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Holly Hill Mem. Gardens 6/17/96 Baltimore County, Md. 21. Signature of Funaral Service Licensee 22. Name and Address of Facility Bruzdzinski Funeral Home PA 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 1407 Fastern Ave Baltimore, Maryland 21221 Approximate Interval Between Onset end Death **Physician** /Medical Immediate Cause (Finel Carcinome of the Brain disease or condition resulting in daath) Examiner Physician/Medical Examiner The law requires that the death certificate be executed g physician and se the buriel-trans Sequentially list conditions, if any, leading to immediata causa. Enter Undarlying Cause (Disaasa or injury that initiated evants resulting in death) Last Due to (or as a consequence of) Box 68760. Due to (or as e consequence of) ettending for use es P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f. 23b. Did tobacco use contribute to the cause of death? 1 Tes 2 No 3 Probably 4 Unknown signed t Records, þ been sig Completed 24a. Was an autopsy performed? 24b. Were eutopsy findings aveilable prior to completion of cause of daath? page 2 s 2 No certificate 1 Yes 1 ☐ Yes 2 ☐ No of Vital director, Be 25. Was cese referred to medicel examiner? 28. Placa of Death (Check only one) Hospital: 1 | Inpatient | 2 | ER/Outpatient | 3 | DOA Other: 4 ☐ Nursing Home 5/89Residenca 8 ☐ Othar (Specify) 2 1 Yes 25 No this 27. Manner of Death 28a. Data of Injury (Month, Dey Year) 28b. Time of After 28c. Injury at Work? 28d. Dascribe how injury occurred Division Attending 1 Natural 2 Accident 5 Pending invastigation 1 Yes 2 No deeth Director 8 Could not be 3 ☐ Suicide Place of Injury - At home, farm, streat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Routa Number, City or Town, Stete) filled in by 4 ☐ Homleide Funeral 29a. Certifier Certifying Physician: To the best of my knowledga, daath occurred at the time, date and place, and due to the causa(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical (Check only onel To the within 2 To the 29b. Signeture end title of prifier 29c. License number 29d. Date signed (Month, Dey, Year) 14/96 D35410 30. Name and addrass of person who complated ceuse of death (ttam 23a) (Type, Print) Liya Pfeffer, M.D. 6918 Ridge Road Baltimore, Maryland 21237 31. Date filed (Month, Dey, Year) 32. Registrar's Signature State Registrar JUN 1 8 1996



				State of Ma	aryland		artmen rtificat			and M		iene 9	5	17914	
			Decedent'a Nema (First, Middle, Last)								2. Dete of Deeth 3. Tima of Death				
	Physic /Medi		John LEONARD								June 17,1996 Year 4:08 PM			4:08 PM	
}	Exami		4e. Fecility Nema (If not institution, give street and number)  4b. City, Town, or Location of Death  Baltimore												
-			5. Social Security Number 6. Sex 7. Aga (In yrs. last birthday) If Under 1 Year If Under 24 Hrs								8. Date of Birth (Month, Dey, Year) 9. Birthplaca (State or Fore Country)			placa (Stete or Foreign	
	Director		216103137	MM 2□F	77	Yrs.	Months	Days	Hours	Min.	FEB 10.			AYLAND	
	be filed within 72 hours after death with the Maryland tiel Hygiene. d other than "natural", or hams 23s or 28s-f show avent, the Medical Examiner must be notified at	Director	Usuel Residence of Decedant												
											10d. inside City Limits				
			MD BALTIMORE ROSEDALE										1 Yes 2 No		
		吉	10e. Street and Number 10f. Zip Code								11	0g. Citizen of 1	What Cou	ntry?	
nd 21215-0020	23	Funeral						212			US				
	er de	E E	11. Marital Status  12. Was Decedent E Armed Forces?			5. 13.	Was Deced If Yes, space	lent of H aify Cuba	Hispanic Origin? (Specify Yas or No- can, Mexican, Puarto Rican, atc.)				can Indien, , etc.		
	S aff	by F	1 ☐ Navar Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	1 X Yes 2 ☐ N If Yes, Give Year or Detes:		1 ☐ Yes 2 ☒ No Specify:				Specify	. WHI	TE			
	hou		15. Decedent's Ed		: WW II  16a. Decedent's Usuei Occ				upetion			18b. Kind of Business/Industry			
	in 72	Completed	(Specify only highest grada complated) (Giva l					k done d	during most	of work	ing	Tob. Kind of Business/Industry			
	should nd Mer marke	E O	Elementery/Secondery (0-12) College (1-4or 5+)  12 Callege (1-4or 5+)  LABORER									LEV	LEVER BROTHERS		
		BeC	17. Father's Neme (First, Middle, Lest) 18. Mother's Ne						r's Neme	me (First, Middle, Meiden Sumema)					
ā		To B	UNK.	ζ.					UNK.			UNK.			
Baltimore, Maryland		-	19e. Informent'a Neme/Reletionship (7	ype, Print)		19b. Meili	ng Addrass	(Street			Rural Route Number, City or Town, State, Zip Code)				
	1 and 2 in Health ar am 27 is other trau		JOSEPHINE KAPUSCI	NSKI/FRIEN	10	188	25 WEY	BURI	N ROAD	) R	DSENALE,	MD 21	237		
	of Hee		20a. Method of Disposition		20b. Pie	ece of Disponentery, cre	osition (Nem	na of	e)			20c. Location -		own, Stata	
	permit. Pages Department of I Important: If its any injury or or once.		1X Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify					6,	/21/96	ELKRIDGE, MD					
ä			21. Signeture a Furuset Service Licensee 22. Nema end Address of Fecility						у						
m			1/24-			0					ERAL HOM				
	-		23a. Pert 1. Entar the disease, or comp	ications thet caused	the daeth.	. Do not en	ter the mod	e of dyin	CHESA( g, such as	cardiac o	VE 21237 or raspiratory erre	est,		Approximate	
	Physician /Medical		23a. Pert1. Entar the disease, or complications that caused the daeth. Do not enter the mode of dying, such as cardiac shook, or heart feitura. List only one cause on each line.  Immediate Causa (Final disease or condition Sepsis										i	interval Between Onset and Deeth	
														48 hours	
	Examiner	0	rasulting in deeth)  e. SEPSIS  Due to (or es a consequence of):												
	leath certificate be executed attending physician and for use as the burial-transit	Examiner		Gram po	sitiv	ve inf	ectio	n							
		хаш	Sequentielly list conditions, if eny, leeding to immediate causa. Enter Underlying	U. ————————————————————————————————————	Due to (or	es a conse	quence of):								
60,		cal E	causa. Enter Undertying Ceuse (Disease or injury thet initied avents resulting in death) Lest  Dua to (or es a consequenca of):												
387		edic													
Division of Vital Records, P.O. Box 68760,		/W		d											
	atter affor u	clar	Death Other design		104-1-13-				ni in allen						
	res that the designed by the a	Physician/M	Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i.								23b. Did tobacco use contribute to the cause of death  1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown				
		by P	Esophageal cancer	<u> </u>							1011	8 2LINO	3	JOEDIY 4 DONKHOWN	
	v require been sig should b										24e. Wes an eutopsy parformed? 24b. We		ere autopsy tindings alieble prior to		
	The lay ate hes page 2	plet									panomed			ompletion of causa death?	
		Be Completed									1 □ Ye	s 2 No	1	□Yes 2□No	
			25. Wes case refarred to medical 26. Place of De								n (Check only on	e)			
	Physics this ce	To											fy)		
	r Attending i ter death. Irector: After n by the funer		27. Menner of Death 1 Netural 5 □ Pending	(Month, Day Year) Injury Work?							28d. Describe how injury occurred				
		cati	2 Accident investigation		M 1 Yes 2 No										
>		Certification:	3 Sulcide 6 Could not be determined 28a. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify)							28f. Location (Street and Number or Rural Route Number, City or Town, Stete)					
_	brail filled		29a. Certifier 15 Certifying Physician: To the best of my knowledge death occurred at the time, data and piece and due to the cause(s) and manner as stated												
	To the Hospital of Wilhin 24 hours af to the Funeral Discompletely filled it	edical	29a. Certifier  (Check only one)  1. Certifying Physician: To the best of my knowledge, death occurred at the time, dete and piece, and due to the cause(s) and manner as attated.  2. Medical Examiner: On the basis of examinetion end/or invastigation, in my opinion, deeth occurred at the time, dete and piece, end due to the cause(a) and menner steted.												
	O D THE	M	29b. Signeture end title of cartifler 29c. License number								29	29d. Dete signed (Month, Dey, Year)			
1	10		# AL AL DIA R D 1926									6/17/96			
1	4)		30. Name end address of purson who completed cause of deeth (Item 23a) (Type, Print)												
-3			Dr. Sheema Antonio	9000 Fra	nkli	n Squa	are Dr	. В	altim	ore,	Marylar	d 2123	7		
	Sta	to	31. Data tiled (Month, Dey, Year)	32. Registra	r's Signetu	ure									

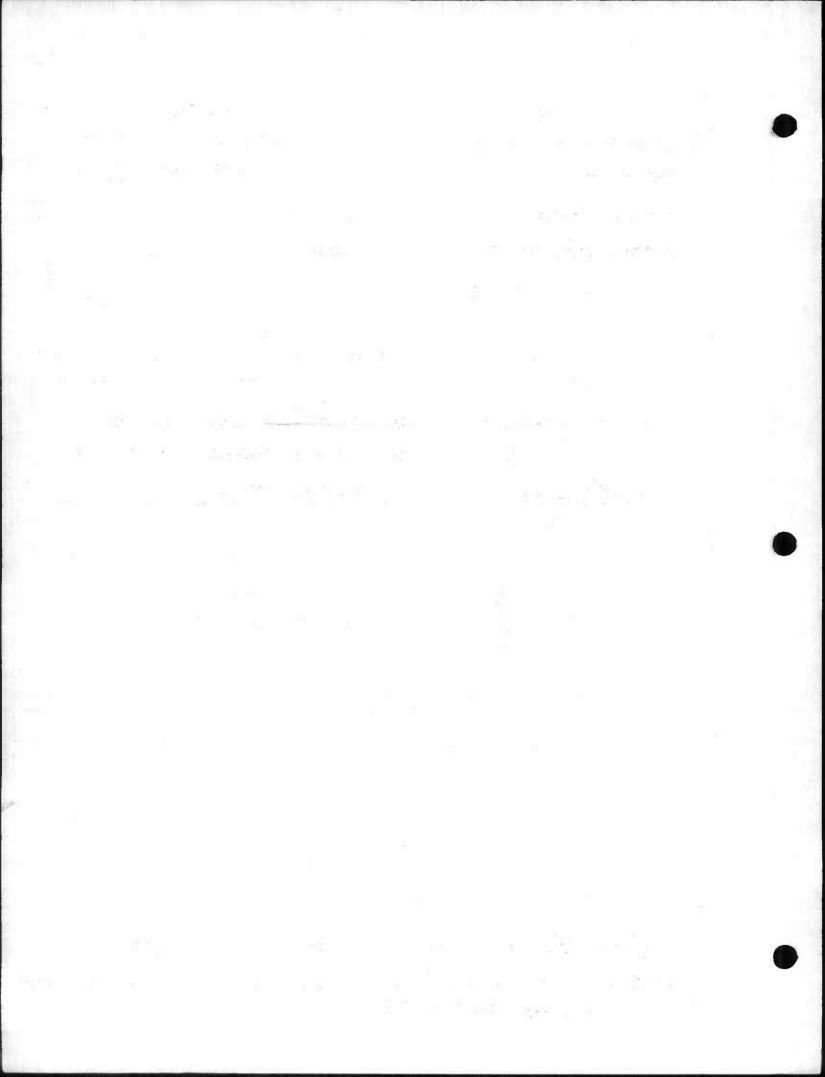
State Registrar

JUN 1 8 1996

who Savidson Roman

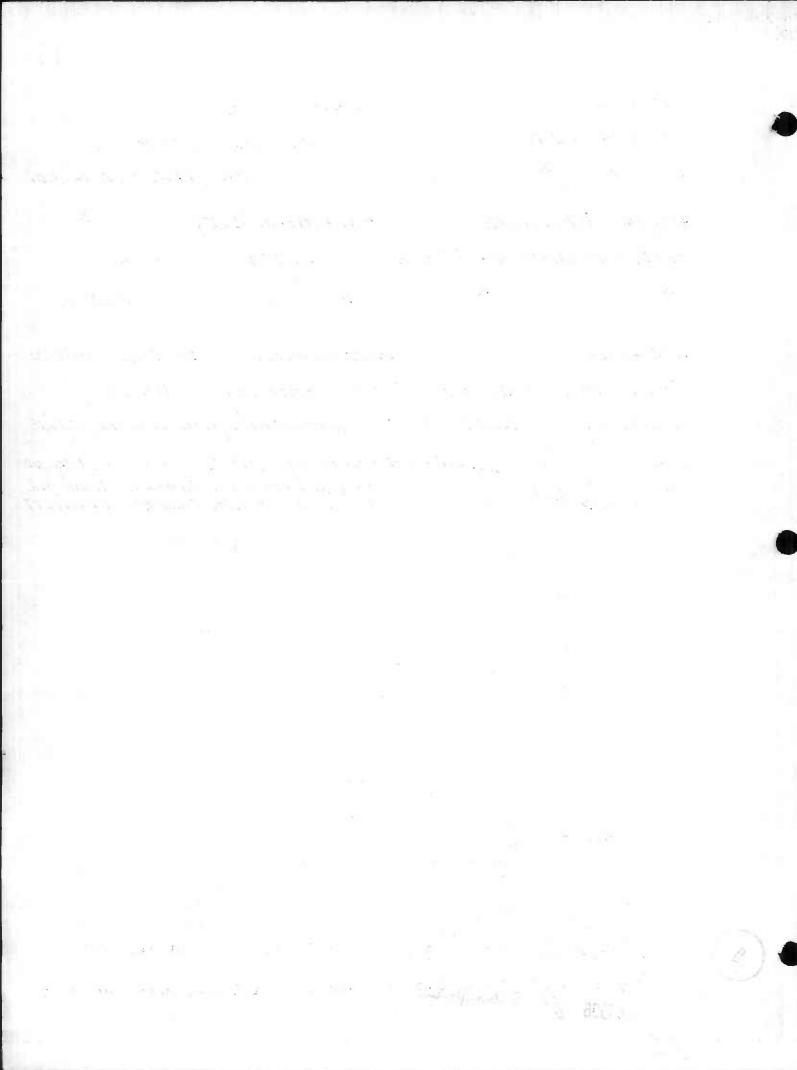
b	/18/96 t	.t			ivial ylariu /	Certificate of			Reg. No.	O	17913
	Physic /Medi		Decedant's Name (First, Mid     AL	BERT		LORCH		2. Data of De Month JUNE	Day 14,1996	Year	3. Time of Death 7;15am
	Exami		4a. Facility Name (If not Instituti				4b. City, Town, or Lo	ocation of Deat	1	of Death	IMORE
	Funeral Director		ONE POMONA 5. Social Security Number 215-03-1043		204 7. Age (In yrs. last b 89	oirthday) If Under 1 Yaar Months Days			<sup>th</sup> / 1906		placa (Stata or Foreign ptry)
	fand ow		Usual Residence of Decedant 10a. State 10b. Count	ty	10c. City, To	wn or Location				1	0d. Inside City Limits
	Mary a-fah	ctor	MARYLAND BALT	TIMORE		BALTI	IMORE				1 ☐ Yes 2 ☐ No
	th with the 23a or 28	Funeral Director	10e. Street and Number ONE POMONA EAS	ST, APT. 20	4	10f. Zip Code 2120	08		10g. Citizen of V USA		itry?
020	72 hours after death with the Maryland natural, or items 23a or 28a-f show dical Examiner must be notified at	by	11. Marital Status  1 □ Navar Married 2 ☑ Ma 3 □ Widowed 4 □ Divorce	Armed For	2 [ <b>X</b> No	13. Was Dacedent of If Yes, specify Cub  1 ☐ Yes 2 ☒ No		ecify Yas or No Rican, etc.)	Specify	e - Amaric ck, White,	
21215-0020	within bne. than	Completed	15. Decede (Specify only high Elementary/Secondary (0-12)	ont's Education ast grade completed)  College (1-		a. Decedent's Usual Occup (Give kind of work done lifa. DO NOT use retire	during most of work ed)	ing	16b. Kind of Br		
land 2	tal Hygid other	To Be Co	17. Fathar's Nama (First, Middle AARO)		LORG	OWNER OPERA CH	18. Mother's Nam FRIE			10)	AL SUPPLIE LEHMAN
, Maryland	d 2 sho th and 7 is ma traum	_	19a. Informant's Name/Relation MRS. RETA I		19	ONE PONUNA EAST 3411 FIELD	Land Number of Bur APT 204 LNG ROAD	al Route Numb	er, City or Town,	State, Zip	Code)
Baltimore,	Peges ent of mt: If It		20a. Method of Disposition  1		cemet	of Disposition (Name of ery, crematory or othar pla EVRA AHAVAS (	ca) CHESED 6+J	Date L6-1996	20c. Location - -RANDALI		
Balt	permit. Pe Departmen important: any injury once.		21. Signature of Funeral Service	License		22. Nama and Addre SOL LEVINS 8900 REIS	SON & BROS				
x 68760,	Physician / Medical Example of physician and qiub bhysician and queb se as the printificansit	/Medical Examiner	Ir mediata Cause (Final flease or condition esulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or Injury that initiated events rasuiting in death) Last		Due to (or as leedus	Leclura, a consequence of):  a consequence of):  w (TI4 DB)  a consequence of):	pro pe aneuns s Truction	se H	Topolo	gha si	Onset and Death  6 Mos  1991  les
s, P.O. Box	es that the death certifications be detached for use as	by Physician/M	Part II. Other significant condit	1			ven In Part I.		tobacco use co		the cause of death'
Records,	aw requires seen s	Completed t	Ventriculo,	secu, &	epross	ren			en autopsy ormed?	av	era autopsy findings allabla prior to mplation of cause death?
E B	The ats h	Com						1 🗆	Yes do No	10	Yas 2□ No
Viial	Physician: The this certificata rai director, pag	To Be	25. Was case relemed to medic examiner?  1 Yes 2 1	Hospital:	and an an an an	Otto	26. Place of Deat	/			
sion of	Attending Physic death.  actor: After this by the funeral d		27. Manner of Beath  1 Natural 5 Pend 2 Accident inves	ing (Month	patient 2 ER/C Injury , Day Year) 28b	Time of 28c. Inju	y at rk?		how Injury occur	ar ( <i>Specif</i> red	0
Division	5 4 7 E	Certification:	4   Hornicide	mined 286. Place of building	g, etc. (Specify)	farm, street, factory, office		City or To			
	To the Hospital within 24 hours e To the Funeral Completely filled	Medical	29a. Cartifiar (Check only one)  29b. Signatura and title of certifi	Examiner: On the base	sls of axamination a	ge, death occurred at the ti nd/or Investigation, in my o	opinion, death occurr	and due to the red at the tima,	cause(s) and me date and place, 29d. Data signe	and due to	the cause(s)
	D 3 1 8		Herber	Jew CC	27/-	7-1	60 80		6/14/8	6	
			30. Nama and address of person  H. C. C. C.  31. Date filed (Month, Day, Yea.	Oster	of death (Item 23a	(Type, Print) 3635 Ol	d Court	Pl	Pinesu	lle.	rd 2120
	Sta Registr		JUN 1 8 1996 Juli Durbean Randell								

Registrar



			ITEMS:23 PART I 27 28a	State of Mar	r MEO G-93	ertificate of	of Death		Reg. No.	6	1916
п	Physic	ian	1. Decedent's Name (First, Middle, L NATHANIEL	T.		1100		2. Date of E Month	Day Day	Year 3.	. Time of Death
į.	/Medi Exami		4a. Fecility Name (If not institution, go NORTHWEST HOS	ive street and number)		MOS	4b. City, Town, or		th 4c. Count	y of Death	03:36 A
	Funeral Director		Sociel Security Number 6.		In yrs. last birthdaj 32 Yrs.	// If Under 1 Ye Months Day	BALTIM ar If Under 24 Hrs ys Hours Min	8. Date of B	irth	9. Birthplace Country)	(State or Foreign
	anyland show		10a. State 10b. County	11	Oc. City, Town or I	Location		•		10d. I	Inside City Limits
	Ba-f si	Director	MARYLAND BAL	TIMORE		BAL	TIMORE	CIT	-1	1	Yes 2□No
	with the	Dire	10e. Street and Number		1	10f. Zip Code				What Country?	
	Jeath The 23	Funeral	4716 GREEN	12. Wes Decedent Eve			2/20			S A , ce - American Ir	ndian
21215-0020	72 hours effer death with the Maryland natural; or items 23a or 28a-f show deal Example Intel be notified at	b	1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces?  1  Yes 2 No If Yes, Give Yeer or Dates:		If Yes, specify Co	of Hispanic Origin? (Suban, Mexican, Puer No Specify:	to Rican, etc.)		ck, White, etc.	
5-0	72 hours	Completed	15. Decedent's E (Specify only highest gi	ducetion ade completed)	/Giv	edent's Usual Occ	te during most of wa	rkina	16b. Kind of B	usiness/Industr	у
121	i within 72 h iena. r than "natu	Jdm	Elementary/Secondary (0-12) 11 + H GRADE	College (1-4or 5+)	life.	DO NOT use reti	ired)		A		
	be filed withintal Hygiena. d other than	Be Co	17. Father's Name (First, Middle, Las				18. Mother's Na	me (First, Middle	e. Maiden Sumer	ne)	FFICE
Maryland	should be nd Mental marked imatic ev	ToB	NATHANIEL  19a. Informant's Name/Relationship	RUDOLA	OH M	OSES	SHIR	LEV	DA	VIS	
Man,	2 sho and h is ma		19a. Informant's Name/Relationship	(Type, Print)	19b. Mai	ling Address (Stre	et end Number or R	ure/ Rojete Num	ber, City or Town	State, Zip Cod	ie)
F 200	and m 27 ther to		SHIRLEY  20a. Method of Disposition	KENT	400	8 W. GA.	RRISON F	IVE. B	ALTIMO	RE, MD,	21215
ρū	ages int of t. If its y or o	0	1 △ Buriat 2 □ Cremation 3 □	Removal from State							
Baltimore,	anthur portan		2 Signature of Funeral Service Lice		MITTO	22. Name and Add	ETERY (	5-18-76	DALT	MORE	MARYLAND
00	Page 8		23a. Part Frae fire disease, or con	work	J	OSEPH	H. BROW	IN JR.	FUNER	AL HO	ME, P.A.
4	Physician /Medical Examiner	(	or heart failure. List only Immediate Cause (Final thease or condition resulting in deeth)	ALCOHOL A		C INTOXIC		c or respiratory	arrest,	Inte	proximate aval Between set and Deeth
	petr lusit	Examiner		b. ~							
68760,	ficete be executed physician end is the bural-transit		Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events	C	to (or es a conse						
Box 68	ding se at	n/Medicai	resulting in death) Last	d.	to (or es e conse	quence of):					
	death ed for u	Physiclan/M	Part II. Other aignificant conditions of	contributing to death but no	ot resulting in the	underlying ceuse (	given In Part I.	23b. Did	tobacco use co	ntribute to the	cause of death?
s, P.O.	as that the de gned by the e	by Phy							Yes 2□ No	3 Probably	
Division of Vital Records,	e lew requiras the has been signed ge 2 should be det	Completed						24a. Wa: perf	s an autopsy ormed?	eveilable	utopsy findings le prior to tion of cause n?
<u> </u>	The ate h	Con						1/2	Yes 2□No	1 Xves	s 2 No
VIta	Physician: The this certificate rail director, par	Be	25. Wes cese referred to medical examiner?	Un milati			28. Place of Dec	eth (Check only	one)		
5	S S D	1: To	1 X Yes 2 No 27. Manner of Deeth	Hospital: 1 Inpatient	2 ER/Outpatle	III 3LI DOA			idence 8 DOth		
ISION	pital or Attending Phones effer deeth.  eral Director: Affer thi	Certification:	1 □ Natural  2 □ Accident  3 □ Suicide  1 □ Natural  5 □ Pending Investigation 6 M Could not be	0/14/30		A M 10	☐ Yes 2 <sup>M</sup> No	UNKNOWN			
S S	Hospital or I		4 Homicide determined	28e. Plece of Injury building, etc. (S PRIVATE DWEL	LING			City or To	BALTIMORE	FLANNE	RY LANE
		Medical	(Check only 2 Medical Exam	ysician: To the best of my niner: On the basis of exa and manner stated.	minetion and/or Ir	vestigation, in my	opinion, deeth occu	rred at the time,	date and place,	and due to the o	ceuse(s)
	of the state of th	Σ	29b. Signature and title of certifier	4	11-	29c. Licer	nse number		29d. Dete signe	d (Month, Day,	Year)
	(0)		1 Theod	one ele 1	Reff re	1	O.C.M.E.		JUNE 1	4, 199	6
	J	A. 1	30. Name and address of person who								
	Sta	0	31. Dete filed (Month, Day, Year)	Will The state of	and P	enn Sti	reet, Ba	ltimor	e, Mary	yland	21201
	Registra	ar	31. Dete filed (Month, Day, Year) JUN 1 8 1996	<b>)</b>		4					

DHMH 16 Rev 6/95



			State of Marylar	-	tificate of			Reg. No.		
Physic	an	1. Decedent's Neme (First, Middle, Last)	Massus				2. Date of De Month	Day	Yeer	3. Time of Death
/Medi	cal	EDWARD J.	MROZINS	KI		45 Ob To 10	June		796	10 SAM
Exami	ner	4a. Fecility Neme (If not institution, give str	Control of the late.			4b. City, Town, or L				
		Genesis Elder CAR 5. Social Security Number 8. Sex	7. Age (In yrs.	lest hirthday)	If Under 1 Yee	PARKVII		Ball		lana /Stata or Enrain
Funeral Director			1 2□F 89	Yrs.	Months Deys		8. Dete of Bir (Month, De	iy, Year)		ace (State or Foreign try) ( y land
land w		10a. State 10b. County	10c. Cit	ty, Town or Loc	ation				10	Od. Inside City Limits
r 28a-f show	to	MD. Baltimor	e Pe	ARHVILL	e					1 Yes 2 No
or 28s	irec	10e. Street and Number			10f. Zlp Code			10g. Citizen of	What Coun	try?
th wit	Funeral Director	2611 IVY Place			212	234		U5/	4	
Rems Precum	iner	11. Meritai Stetus	. Wes Decedent Ever In U Armed Forces?	,S. 13. V	Vas Decedent of	Hispanic Origin? (Sp ban, Mexican, Puerto	pecify Yes or No	- 14. Rac	e - America	an Indien,
72 hours after deeth with the Maryland naturel', or items 23a or 28a-f show ofcel Examiner must be notified at	by	1 Never Married 2 Married 3 Widowed 4 Divorced	1 Yes 2 No If Yes, Give Year or Dates:		☐ Yes 2 No			Specify		HITE
2 ho	Be Completed	15. Decedent's Educa	tion	18a. Deced	ent's Usuel Occi	upetion	l-l-a	16b. Kind of B	usiness/Ind	lustry
E . E	nple	(Specify only highest grade of Elementery/Secondary (0-12)	College (1-4or 5+)			e during most of work ed)	King	2 11		0
T1 100 ha 845	S	8		POLIC	e 0551			Baltin		CITY
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Be	17 Father'a Name (First, Middle, Last)	4			18. Mother's Nam	ne (First, Middle	, Meiden Suman	10)	
should be nd Mentel marked o	P		ZINSKI			Howlin		romack		
2 9 2 2		19a. Informant's Name/Relationship (Type	. /			et and Number or Ru			. ,	Code)
other tr		108ERT C. IVIRO	ZINSKI/SON		ition (Name of	LACE DO	Uto. N	20c. Location -		um Ptoto
in the		1 ☑ Burial 2 ☐ Cremetion 3 ☐ Rer	noval from Slate	ametery, crem	etory or other pl	(eca)	MUESO			
rtant		4 ☐ Donation 5 ☐ Other (Specify)  21. Signature of Funeral Servica Licensee	H	DLY KC	Neme and Add	cem.	1996	DUNDA	ILK! IV	id,
pemit. Page: Department of important: If I any injury or 20036.		21. Signature of Furieral Servica Licensee			VANS C		MEMO	ries,		
2.0		23a. Part1. Enter the disease, or complice shock, or heart fellure. List only one	Troves		8300 /	Harford +	3d. Gal		212	34 Approximate
Physician /Medical Examiner	ner	Immediate Cause (Final disease or condition resulting in death) a	My oca	ras a consequ	uence of):	farctio	n			Onset and Death
cate be executed physician and s the burial-transit	I Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	Due to (c	or as a consequ	uence of);					
ding ding	VMedical	that infliated eventa resulting in death) Last	Due to (a	ras a consequ	ence of):					
deeth e etten ed for u	clar	Dod II Other classificant conditions conti			72 T 10					
by the	Physician/M	Part II. Other eigniffcant conditions contri	outing to death but not res	uiting in the un	derrying cause g	rven in Part f.		Yes 2 No	3 Prob	the cause of death
aw requires is been sign 2 should be	Completed by						24e. Wes	an sutopsy ormed?	ava	ore autopsy findings allable prior to appletion of cause death?
0 5 8	No.						10	Yes 2 No	10	Yes 2□ No
defant: The	Be	25. Was case referred to medical examiner?				26. Place of Dea	th (Check only	one)		
Physic this or tal dire	2	1 Yes 2√ No Hos	<u> </u>	ER/Outpatient	3LI DOA		ome 5 Resi	dence 8 Oth	er (Specify	)
nding P ath. r: Altert e funen	ation:	27. Manner of Death  1 Matural 5 ☐ Pending 2 ☐ Accident investigation	28a. Date of Injury (Month, Day Year)	28b. Time of Injury	28c. Inj	ury at ork? □ Yes 2 □ No	28d. Describe	how injury occur	red	
after de Birecto Lin by II	Certification:	3 Suicide 8 Could not be 4 Homicide determined	28e. Plece of Injury - At he building, etc. (Specif	ome, ferm, stre	et, fectory, office	3	28f. Location ( City or To	Street and Numb wn, State)	er or Rura	Route Number,
Hospital or 24 hours afte Funeral Dir riely filled in	edical C	(Uneck only 2   Medical Examine)	ian: To the best of my kno	wledge, death tion and/or Inve	occurred at the testigation, in my	time, dete and place, oplnion, death occur	and due to the	cause(s) and madate and place,	anner as sta	ated. the cause(s)
1000	Med	one)  29b. Signeture end title of certifier	and manner steted.		29c Licer	nse number		29d. Dete signe	d (Month I	Day, Year)
1		1	7/4	1 1.1	1	25569		6/10	1/91	6
4)		30. Neme and eddress of person who com	pleted gayse of deeth (Item	M. M)	( Digital)	200/		0/12	7/1K	
		Francis L. W	0			arford 7	21 8	11- 11	1 0	12301
Sta	te	31. Date filed (Month, Day, Year)	32. Registrar's Signa		100 17	a, 1010	da o	4170.14	U. Z	1627
Registr		JUN 1 8 1996 2	Co Notes Da	0.00						

DHMH 16 Rev 6/95

194 B 1 B 1 B 

1996 7:20 pm.

Birthplace (State or Foreign Country)

10d. Insida City Limits 1 Yas 2 No

Approximata Intervel Between Onset and Deeth

3. Time of Death

							UE	entificate d	or Death	Re	g. No.		
	Physici /Medic		1. Decedant's Name	(First, Middla, La	st)		МО	RFE		2. Data of Deet Month JUNE	Day	1996	3. Time of De 7:20 p
	Examin		4a. Fecility Nama (#	not Institution, giv			פשים		4b. City, Town, or Le			nty of Death	RE
	Funeral Director		5. Sociel Security Nu	mber 6. S		7. Aga (In yrs.		il Under 1 Ya Months Da	ar if Undar 24 Hrs.	8. Data of Birth (Month, Day,	Year)	9. Birthp	lace (State or Fo
	Maryland -f show	tor	Usual Rasidence of I 10a. Stata	10b. County	MOBE	10c. Cit	y, Town or L	ocation AR KVIL	10				0d. Insida City L
	th with the 23a or 28a	al Director	10e. Street and Num		AVE			10f. Zip Cod		10		of What Coun	try?
020	s 1 and 2 should be filed within 72 hours after death with the Maryland f Health and Mental hygiene. If Health and Mental hygiene. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, ite Medical Examinat must be not filed.	by Funeral	11. Marital Status  1  Never Marria  3  Widowed 4	-	12. Was Dece Armed For 1 Was If Yas, Giv Yaer or De	2 □ No	,S. 13.	Was Decedent of if Yas, specify C	of Hispenic Origin? (Sp cuban, Mexican, Puarto	ecify Yes or No- Rican, atc.)	14. F	Race - Americ Black, Whita,	atc.
altimore, Maryland 21215-0020	within 72 ho ane. than "netul a Modical	Completed	(Specif		lucation de completed) Collega (1	-4or 5+)	(Givi		na during most of work tired)	ring		Business/ind	
land 2	should be filed and Mental Hygid is marked other sumatic event, if	To Be Co	17. Father's Nama (F	First, Middle, Last)	NORFE		ELE	VATOR	18. Mothar's Nem		faidan Sum	TNGH?	
, Mary	nd 2 lith a 27 is		19a. Informant's Nar		Type, Print)		19b. Mail	ing Address (Str	eet and Number or Rur		City or To		Coda)
imore	00-7			sition Cremetion 3 Other (Specifi		Stata	lace of Disp	osition (Nama of matory or other)	place)		20c. Locatio	on - City or To	
Balt	pemit. Pag Department Important: I any injury o		21. Signature of Fun	eal Service Licer	100		7		drass of Fecility	- MEM			
•	Physician /		23a. Part Entar the shock, or heert	inal		aused the deet ach line.	n. Do not er	itar tha moda of o	dying, such as cardiec				Approximata Intervel Betwee Onset and Deer
de	Examiner	Iner	rasulting in death)	_		Due to (o	ras e conse		STRUCTIVE	PULMON	ARY		
.09	certificate be executed ding physician and ise es the buriel-transit	al Examiner	Sequentielly list condition if any, laading to important cause. Enter Underly Cause (Disease or in	ditions, nadlata ying jury	c DISI	Dua to (o	r as a conse	3	21001111	10111011			
ox 68760,	n certificate anding physical use es the	n/Medical	that initiated events rasulting in death) La		d	Dua to (or	es e conse	quance of):					

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Ware autopsy findings evallable prior to completion of cause of daeth? 24a. Was en autopsy performed? 1 ☐ Yas 2 X No 1 ☐ Yas 2X No 26. Placa of Death (Check only ona) Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify) 28d. Describe how Injury occurred 28f. Location (Streat and Number or Rural Route Number, City or Town, Stata) 1 Certifying Physician: To the best of my knowledga, death occurred at tha tima, date and plece, end dua to the causa(s) and menner es stated.

2 Medical Examiner: On the basis of exemination and/or investigation, in my opinion, death occurred at the tima, date and place, and dua to the cause(s) and menner stated.

29d. Dete signed (Month, Day, Year)

Division of Vital Records, P.O. certificate After after deeth.

signed by the atter Hospital or Attending Physician:
24 hours after deeth. the Funeral

Physicia

by

Completed

Be

Medical Certification:

State Registrar

BOON P. LIM
31. Deta filed (Month, Day, Year)
JUN 18 1996

29b. Signetura end titla of certifier

25. Was case ralarred to medical axaminar?
1 ☐ Yas 2 █ No

27. Mannar of Death

1 XNaturel

2 Accident 3 Suicida

4 Homicide

29a. Certifian

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

ATHEROSCLEROTIC CARDIOVASCULAR DISEASE

28a. Data of Injury (Month, Day Year)

1 X Inpatiant 2 ☐ ER/Outpetient 3 ☐ DOA

28a. Place of Injury - At homa, larm, straat, factory, office building, atc. (Specify)

28b. Tima of

PERIPHERAL VASCULAR DISEASE

Hospital:

30. Nema and address of person who completed causa of death (Item 23a) (Type, Print)

5 Panding invastigation

6 Could not be

JOSEPH MEDICAL CENTER TOWSON, MD. 32. Registrar's Signature 22

28c. Injury at Work?

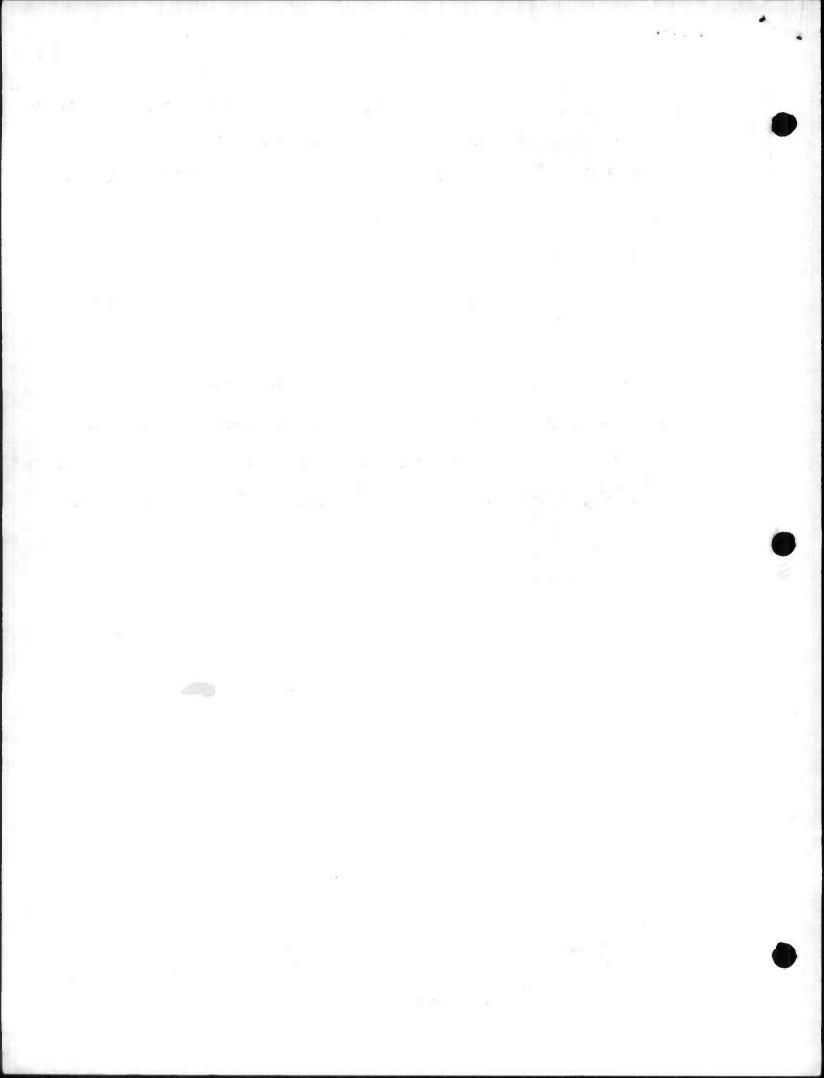
29c. License number

D 37254

1 Yes 2 No

		1 Decederate Name (F) - Add to	-41	Cer	rtificate of	Death	1	Reg. No.		
Physic /Medi		1. Decedent's Neme (First, Middle, Las MATHEW J.	st/	MIH	ELCIC		2. Dete of Do Month JUNE 1	1, 1996	Yeer	3. Time of Death 5:19 AM
Examin Funeral Director	ner	220-17-2249	S HOSPITAL	(In yrs. last birthday) 22 Yrs.	If Under 1 Yeer Months Deys		E CITY  8. Dete of Bi	rth ay, Year)	9. Birthp	lece (Stete or Foreig yland
a and		Usuei Residence of Decedent  10e. Stete 10b. County		10c. City, Town or Lo	ocation				1	0d. inside City Limits
natural', or items 23a or 28a-f show	Funeral Director	Md. Howar  10e. Street and Number  10873 Braebur			Columbia 10f. Zip Code	21044		10g. Citizen of	What Coun	1 ☐ Yes 252 No
ar, or items 2	by	11. Marital Stetus  1 Never Married 2 Married 3 Widowed 4 Divorced	12. Wes Decedent E Armed Forces? 1 ☐ Yes 2 ②N if Yes, Give Yeer or Detes:	0	Wes Decedent of f Yes, specify Cul	Hispanic Origin? (Sean, Mexican, Puer Specify:	Specify Yes or Note Rican, etc.)		ce - Americ ick, White,	etc.
ieno. Than "natural", or items 23s or 28s-f show the Medical Examinet must be incitified at	Completed	15. Decedent's Ed (Specify only highest grad Elementery/Secondery (0-12)	lucation de completed) College (1-4or 5- 4	(Give	dent's Usuel Occu kind of work done DO NOT use retire Stude:	during most of wo	rking	16b. Kind of B		
Mental Hygi irked other itic event, ti	To Be C	17. Father's Neme (First, Middle, Lest) Richard J. Mihel				18. Mother's Ne.		, Meiden Sumer		
le me		19a. informant's Neme/Reletionship (7	•			t end Number or R				
Department of Health and Mental Hygier Important: If Item 27 Ie marked other the eny Injury or other traumatic event, the Once.		Richard J. Mihel  20e. Method of Disposition  1 Burlel 2 Cremetion 3 4 Donetion 5 Other (Specify	Removel from Stete	20b. Pieca of Dispo	sition (Neme of netory or other pla	осе)	Columbia Dete	20c. Location	- City or To	21046 wn, State ,Maryland
iysician Medical		21. Signeture of Figure 1 Service Licental Service Licent	bilications that caused one cause on each lin	Wi 16	530 Edmor	neral Hom	nue Cat	onsville errest,	e,Mary	yland21228 Approximate Interval Between Onset and Deeth
physician and strangit and the burial-transit	dical Examiner	resulting in deeth)  Sequentlaily list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest	b. ()	oue to (or es e consequente to (or es a consequente to	lure juence of):	iyud ron	ne.			weeks 4 years
Ch di	n/Me	resoluting in death) Lest	d	unspla	stom	<u>a</u>				20 years
CD 60	/sician/Me	Pert ii. Other significant conditions co					23b. Did	tobacco use co	ontribute to	70
igned by the attending be detached for use as	by Physician/Me		ontributing to death bu					tobacco use co		20 years
has been signed by the attending je 2 should be detached for use as	ρ	Pert ii. Other significant conditions co	ontributing to death bu				1 🗆		3 Prot	25 years the cause of death bably 4 Unknown are autopsy findings allable prior to impletion of cause deeth?
rate has been signed by the attending page 2 should be detached for use as		Pert ii. Other significant conditions confidence fail	ontributing to death bu		nderlying cause g	ven in Pert i.	1 □ 24e. Wes	Yes 2 No	3 Prot	20 years the cause of death bably 4 Unknow
n. After this certificate has been signed by the attending funeral director, page 2 should be detached for use as	To Be Completed by	Pert ii. Other significant conditions conditions conditions conditions conditions conditions conditions conditions.  25. Wes case referred to medical examiner?  1 Yes 2 No  27. Manner of Deeth 1 Yesturel 5 Pending investigation	Hospitel: 1 Impatier 28a. Dete of Injun	not resulting in the un	nderlying cause g	ven in Pert i.  26. Place of De her: 4 □ Nursing I	24e. Weg perf	Yes 2 No en eutopsy ormed?  Yes 2 No one)	3 Prot	the cause of death bably 4 Unknown are autopsy findings allable prior to mpletion of cause deeth?
n. After this certificate has been signed by the attending funeral director, page 2 should be detached for use as	Certification: To Be Completed by	Pert ii. Other significant conditions conditions conditions conditions conditions conditions conditions conditions.  25. Wes case referred to medical examiner?  1   Yes   2   No    27. Manner of Deeth 1   Wheturel   5   Pending investigation   2   Accident   3   Suicide   6   Could not be determined	Hospitel: 1 Inpatier 28a. Dete of Injun (Month, Dey) 28e. Placa of injun building, etc.	t 2 ER/Outpatien (Year) 28b. Time of Injury  y - At home, ferm, stre (Specify)	at 3 DOA Of 28c. inju	26. Place of De her: 4 □ Nursing I ny et rk? ) Yes 2 □ No	24e. West perf	Yes 2 No sen eutopsy ormed?  Yes 2 No one) Idenca 6 Ott how injury occu  (Street and Num wn, State)	3 Prot 24b. We every condition of the co	the cause of death bebly 4 Unknow ere autopsy findings allable prior to mpletion of cause deeth?  Yes 2 No
n. After this certificate has been signed by the attending funeral director, page 2 should be detached for use as	edical Certification: To Be Completed by	Pert ii. Other significant conditions conditions conditions conditions conditions conditions conditions.  25. Wes case referred to medical examiner?  1   Yes   2   No    27. Manner of Deeth 1   Neture  5   Pending investigation investigation   3   Suicide 6   Could not be determined   4   Homicide   1   Certifying Physical Research    299. Certifier   1   Certifying Physical Research    299. Certifier   1   Certifying Physical Research    290. Certifying Physical Research    290. Certifying Physical Research    290. Certifying Physical Research    290. Certifying Physical Research    290. Certifying Physical Research    290. Certifying Physical Research    290. Certifying Physical Research    290. Certifying Physical Research    290. Certifying Physical Research    290. Certifying Physical Research    290. Certifying Physical Research    290. Certifying Physical Research    290. Certifying Physical Research    290. Cert	Hospitel: 1 Impatier 28a. Dete of Injun (Month, Dey	t 2 ER/Outpatien  Year) 28b. Time of Injury  y - At home, ferm, stre (Specify)  my knowledge, deeth	at 3 DOA Of 28c. Inju.  M 1 ceet, fectory, office	26. Piace of De her: 4 \( \triangle \) Nursing to take?   Yes 2 \( \triangle \) No	24e. West perf	Yes 2 No I en eutopsy ormed?  Yes 2 No one) Idenca 6 Ott how injury occu (Street and Num wm, State)	3 Prot 24b. We eve coo of 1 [ 1   1   1   1   1   1   1   1   1   1	the cause of death pably 4 Unknown are autopsy findings allable prior to impletion of cause deeth?  Yes 2 No
h. After this certificate has been signed by the attending funeral director, page 2 should be detached for use as	Certification: To Be Completed by	Pert ii. Other significant conditions condit	Hospitei: 1 Inpatier 28a. Dete of Injun (Month, Dey 28e. Placa of injun building, etc.	t 2 ER/Outpatien  Year) 28b. Time of Injury  y - At home, ferm, stre (Specify)  my knowledge, deeth	at 3 DOA Of 28c. injunction of the state of the treatigetion, in my	26. Piace of De her: 4 \( \triangle \) Nursing to take?   Yes 2 \( \triangle \) No	24e. West perf	Yes 2 No I en eutopsy ormed?  Yes 2 No one) Idenca 6 Ott how injury occu (Street and Num wm, State)	3 Protestal 24b. We every condition of the ev	the cause of death bably 4 Unknow  ore autopsy findings aliable prior to mpletion of cause deeth?  Yes 2 No  W  Route Number,  teted. the cause(s)  Day, Year)

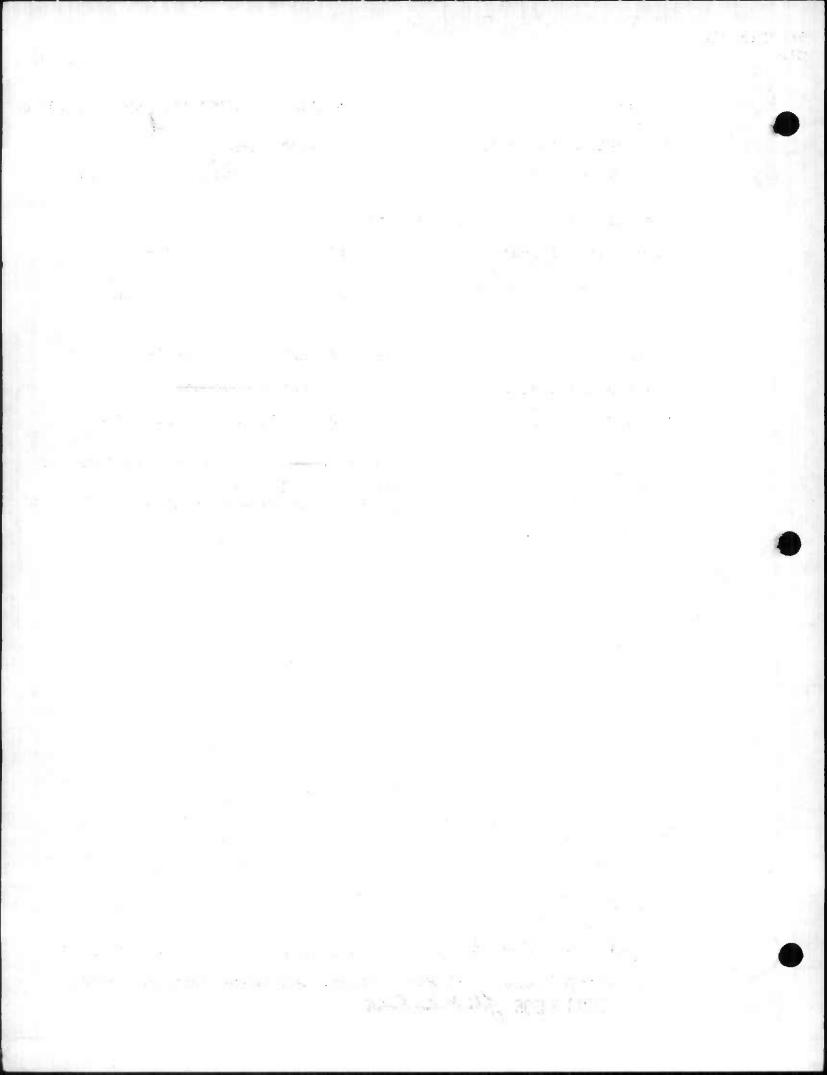
DHMH 16 Rev 6/95



ITEM: 7. & 8 PER F'.H. F'ILM G-738 8/6/96 t.t Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 96-3215-510 CIP ITEMS: 18, 20b, PER F.H. FILM 6-736 State of Maryland / Department of Health and Mental Hygiene 6/18/96 t.t Certificate of Death 1. Dacadent's Nama (First, Middle, Last) 2. Dete of Deeth **Physician** JUNE 11, CHARLES MCDANIEL. 1996 11:15AM /Medicai 4a. Facility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner 1406 EUTAW STREET BALTIMORE
If Under 1 Yaar If Under 24 Hrs. 8. Da
Months Deys Hours Min. (M #14 5. Social Security Number 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Year) Birthpleca (Stete or Foreign Country) **Funeral** 1 □ xM 2 □ F Deys 212-56-9096 Director 43 Yrs Maryland Usual Residence of Decedent the Maryland 10e State 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f shov traumatic event, the Modical Examinal must be notified at Maryland 1X Yas 2 No Director N/A Balti, more 10e. Street end Number 10f. Zip Code 10a. Citizen of Whet Country? 21217 USA 1406 Eutaw Street #14 death Funerai 12. Wes Decedant Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ Yo If Yes, Give Yaar or Detes: 11 Marital Status Was Decedent of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Bleck, Whita, atc. permit. Pages 1 and 2 should be liled within 72 hours after to Department of Health end Mental Hyglene. Introcrant: If them 27 is marked other than "natural", or fren any injury or other traumatic avant. 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 Specify: Black 1 Yes 2 No Specify: ģ 3 ☐ Widowed 4 ☐ Divorced Completed 18e. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Retail Merchant Self-Employed 3th 17. Fether's Neme (First, Middle, Lest) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Lloyd McDaniels, Sr. Katie <del>Pesarson</del> PEARSON 0 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) lloyd McDaniels Jr 3109 Jeffrey Road Balto. Md. 21244 20b. Place of Disposition (Name of cametery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Buriel 2 Cramation 3 Removel from Stele 4 ☐ Donetion 5 ☐ Other (Specify) King Memorial Oark 6/15/96 Randallstown. 21. Signature of Funeral Service Licensee 22. Name end Addrass of Fecility Unity Funeral Home 108 W. North Avenue Baltimore Md. 21201 23a. Parti. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each ne. Approximeta Intervel Between Onset end Death **Physician** /Medical Immediete Ceuse (Finel CIRrubsis disaese or condition resulting in deeth) 00 Examiner Due to (or es e consequence of): Examiner buriel-trensit Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Ceuse (Diseese or injury that initiated events resulting in death) Lest pue Due to (or es e consequence of) The law requires that the death certificete be exec P.O. Box 68760, physician Physician/Medicai the Dua to (or es e consequenca of): USB 88 Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? been signed by t should be detact 1 Yes 2 No 3 Probably 4 Unknown Records, à Be Completed 24e. Wes en eutopsy performed? 24b. Were eutopsy findings aveilable prior to completion of ceuse of deeth? ate has b 1 Yes 2 No certificate 1 Nes 2 No Division of Vital the Hospital or Attending Physician: 25. Wes cese referred to medical exeminer? 26. Piece of Deeth (Check only one) Hospital: 1 ☐ Inpatiant Other: 4 Nursing Home 5CA esidence 8 Other (Specify) XXYes 2□ No Certification: To 2 ER/Outpetient 3 DOA this 27. Manner of Deeth 28a. Dete of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred After t 28c. Injury at Work? 1 Maturel 5 Pending Invastigation I hours efter death. uneral Director: After sity filled in by the lun 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At homa, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Routa Number, City or Town, Stete) 4 Homicide To the Hospital within 24 hours of To the Funeral Completely filled Medicai 29e. Certifier Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) and menner as steted.

Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, dete and place, and due to the cause(s) end menner steted. 29b. Signatur and titla of certifier 29c. Licansa numbar 29d. Data signad (Month, Day, Year) O.C.M.E. JUNE 12, 1996 30, Name and address of person who completed cause of death (Item 23e) (Type, Print) MAMp our A. Worsu My 111 Penn Street, Baltimore, Maryland 21201

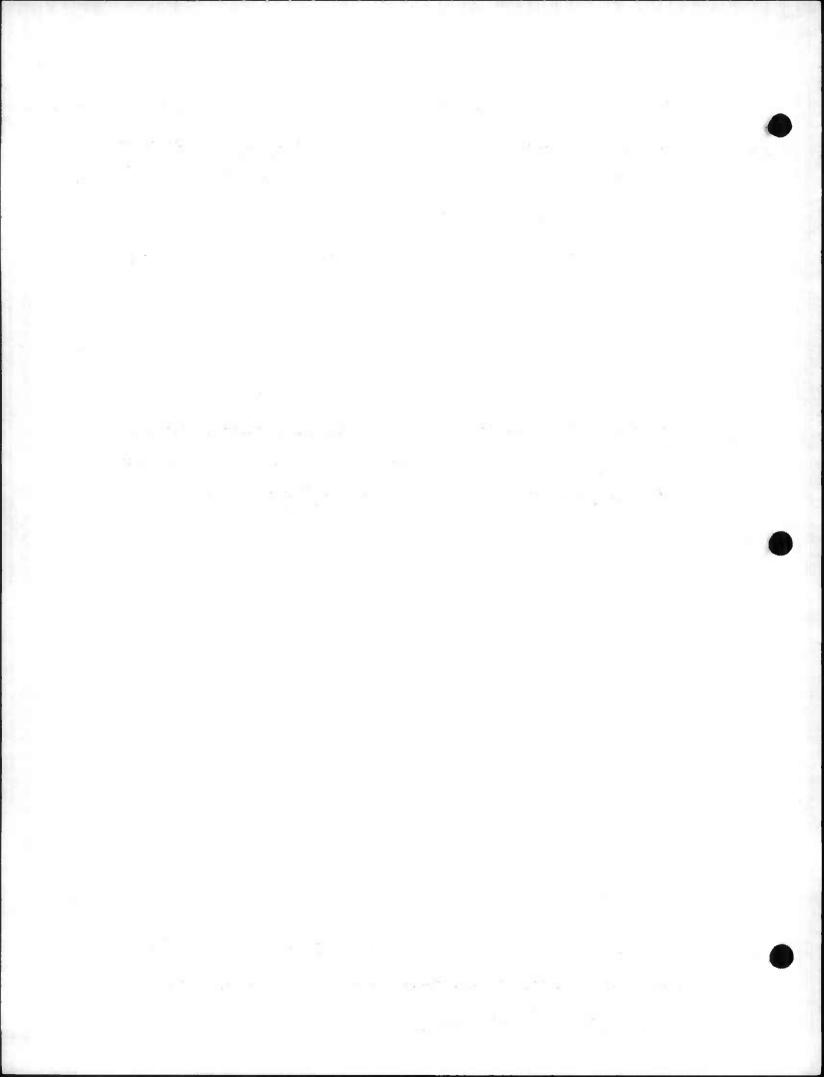
State Registrar 31. Dete filed (Month, Day



State of Maryland / Department of Health and Mental Hygiene Q 5

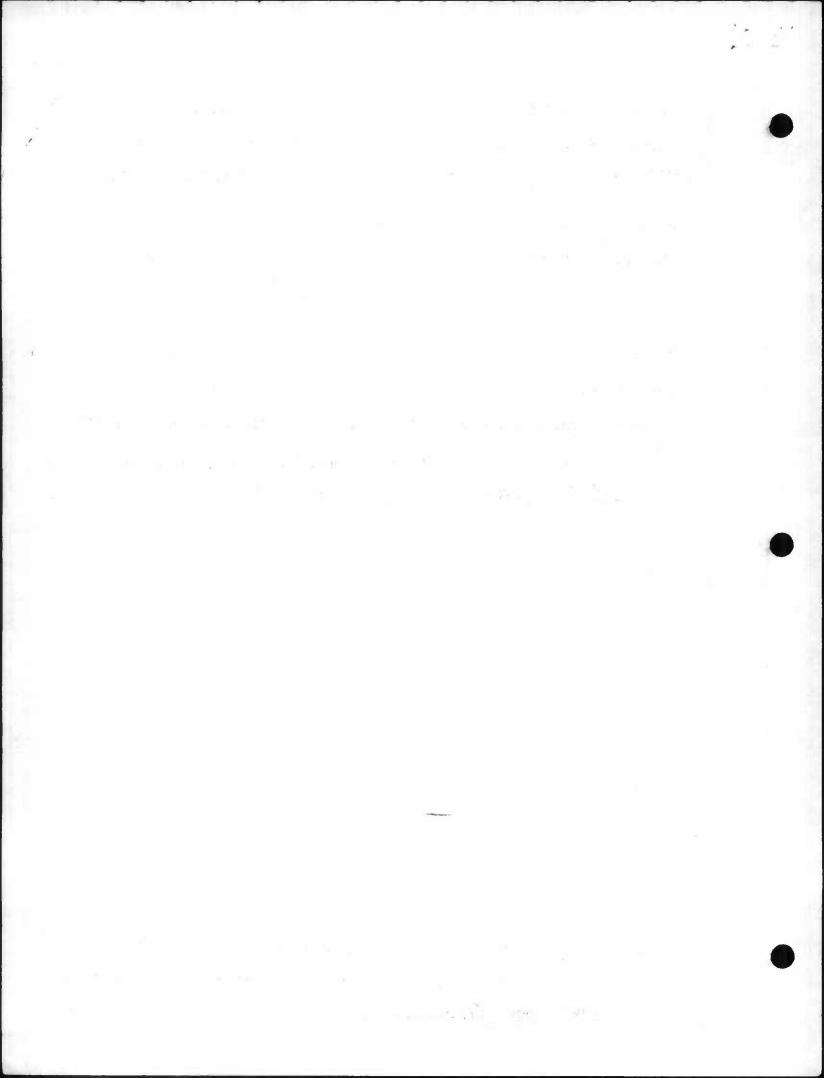
and Mental Hygiene 96 179

						Cei	rtificat	e of	Death			Rag. No.	90		321
Physicia		1. Decedant's Nam	a (First, Middla,								2. Data of Do	Day	Yes	ar l	Tima of Death
/Medica		Edward			MARCINIA	AK					June	15, 19	996		11:00 pm
Examine	er	4a. Facility Nama (I	f not Institution,	giva street and num	ber)						cation of Deal		ounty of D		
	м			HOSPITAL			M I Indee	1 Vaa-	ROSSV				imor		
Funeral		5. Social Security N		6. Sax 7 1 □ M 2 □ F	7. Aga (In yrs. le:	st birthday) Yrs.	Months	1 Yaar Days	Hours	24 Hrs. Min.	8. Data of Bi (Month, D	rth ay, Yaar)	9. [	Birthplaca Country)	(Stata or Foreig
Director		216148178 Usual Rasidanca of			74						FEB. a	21, 192	2	MAF	RYLAND
show		10a. Stata	10b. County		10c. City,	Town or Lo	cation							10d. I	insida City Limits
the Mary 28a-f sh nottred	ţo	MO	BALTI	MORE	BALT	rimor!	Ξ								I □ Yas 🏋 N
or 28a-f	Je C	10e. Street and Nur	nber				10f. Zip	Coda				10g. Citiza	n of What	Country?	
death with the Maryland rms 23a or 28s-f show Limust be notified at	O O	1827 HAN	FORO RO	AO			2	1237	7				USA		
	Funeral Director	11. Marital Status		12. Was Deced	dant Evar In U,S.	13.	Was Dace	dani of h	dispanic Ori	gin? (Spe	cify Yas or N Rican, atc.)	0- 14	. Raca - A		ndian,
72 hours after natural; or its		1 Navar Marri			XXNo				Specify:		mouri, atory		Black, W		
ural',	d by	3 Widowed	4 Divorced	Yaar or Da	tas:				opcony.			, ,	pecity.	WHIT	Ε
d within 72 hours af glene. or than "natural", or , tre Manical Exam	Be Completed	(Spec	15. Decedent's ify only highast	s Education grada completed)		16a. Deced (Giva	lant's Usu kind of wo	al Occup ork dona	oation during mos d)	t of worki	ng	16b. Kind	of Busina	ss/Industr	У
d within piene. r than	ם	Elemantary/Seco	ndary (0-12)	Collega (1-	4or 5+)				d)			WEST	ERN E	a ect	BIC
2 should be filed v and Mental Hygie Is marked other t sumatic event, to	ပိ	17. Fathar's Nama	First Middle I	ast)		1415	achin	1st	18 Moths	ar's Nama	(First, Middle				1110
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thoule of Me merk	2	JUHN 19e. Informant's Na	MARCIN me/Balationsh			19h Mailir	ng Address	S (Street		LEN_	l Routa Numb	ner City or I			fel
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s 1 and 2 should I Health and Mer tem 27 Is marke other traumatic		GENEVIEVE 20a. Method of Disp		CINTAK\MI	20b, Pla	ce of Dispo	sition (Nai	ma of		BAL	TIMORE Data		2123. tion - City		Stata
pemit. Pages 1 and Department of Health Important: If item 27 any injury or other tr once.		1 ⊠ Burial 2 ( 4 ☐ Donation		3 Ramoval from S	tata	natary, crai / ROS/	•	omar pia	ce)	E/	19/96	DALT	TMODE		
emit. Pages 1 ar Separtment of Hea mportant: if Item: iny injury or other ance.		21. Signature d For			I IOC.			nd Addra	ass of Facili		13/36	DALI	IMORE	., MU	
Depa Impo any is		N-D	>>/							-	ERAL HO	OME			
	$\dashv$	23a, Part 1, Enjar th	na disaasa, or o	compilcations that ca	used the death	Do not ant	1211 I	CHES	ACO A	VE 2	1237	arrest		And	oroximata
Physician		shock, or haar	t failura. List o	compilcations that ca inly ona causa on aa	ch lina.				,	0410140	· raopnatory			Inte	rval Batween set and Death
/Medical		Immediate Causa (	Final												
Examiner		disaasa or condition rasulting in daath)	n	a. Sepsis		a								4 0	veeks
	Je.			20	Dua to (or e	s a consec	juerice oi):								
outed br ransi	Ē	Sequentially list con	nditions.	b. Pneumo	Dua to (or a	is a consec	uence of):								
ificate be exe g physician at as the burial-i	Ä	Sequantially list cor if any, leeding to im causa. Entar Unda Causa (Diseesa or	madiate rlying												
cate be executed physician and the burial-transit	Ca	that initiated evants rasulting in death) i		c	Dua lo (or a	s a conseq	uance of):							1	
death certificate be executed e attending physician and of for use as the burlat-transi	by Physician/Medical Examiner	Control Control	1102	L											
attendin for use	an			d											
e de lihe a	Sic	Part II. Other signifi	cant condition	s contributing to dea	th but not rasult	ing in tha u	ndarlying o	ausa giv	van in Part I		23b. Did	tobacco us	e contrib	uta to the	cause of death
requires that the de been signed by the s should be detached	E	Rhabdomy	oma, Re	nal Failu	re, Coag	ulopa	thy				1□	Yes 25	No 3	Probabi	y 4□Unknow
he law requires the has been signed age 2 should be considered.	ò												1	L VAI	45 6 9
v raquin been si should	Completed										24a. Was	s an autopsy omed?	24	availab	utopsy findings la prior to dion of causa
	d d													of daat	h?
cate . pag	ဒိ										10	Yas 2	No	1 ☐ Ya	s 2 No
Physician: The this certificate	Re	25. Wes casa rafam axaminar?		Hospital: X				Ott	nor:		(Check only				
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Sing After fune	Certification:	1 Natural	5 Panding		, Day Year)	Injury	M	28c. Injui Woi	rk?  Yas 2□		od. Dascribe	now injury	occurred		
Attending r death. ector: After by the fune	Ica	2 ☐ Accidant 3 ☐ Suicida	6 Could no	the .	of Injury - At hom	e. farm. str				-	8f. Location	(Streat and i	Number or	Rural Ro	uta Number.
l or Attending Physician: T after death. Director: After this certificat d in by the funeral director, p	E	4  Homicida	Gatamin	building	of Injury - At hom g, atc. (Specify)	.,,	,	,,			City or To	wn, Stata)			
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Fur letely	Medical	(Check only one)	2 Medical E	xaminar: On the bas	ils of axamination	n and/or in	/astigation	, in my o	pinion, daa	th occurre	ad at the tima	, date and p	lace, and	dua to tha	causa(s)
did a	Z	29b. Signatura and	litia of certifiar				290	c. Licans	sa number			29d. Data	signed (Mo	onth, Day,	Year)
(2)		> Lu	mas	P. Do	rlle	M1)		D4	7350			6/1:	5/96		
(8)	1			ho complated cause		3a) (Type	Print)								
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State	e	31. Data filad (Mont			gistrar's Signatu										
Registra		JUN18	1006	Julia David	n- Bindal	2									
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		1 4													



State of Maryland / Department of Health and Mental Hygiene 96

					Ce	rtificate	of .	Death			Re	g. No.		
Discort		1. Decedent's Neme (First, Middle, L.	est)							2. Dete	of Deeth	1	Voor	3. Time of Death
Physici /Medi		Anthony J. Mat	televitz							June		1996	Yeer	2:32 PM
Exami		4a. Facility Neme (If not institution, gi		er)				4b. City, To	wn, or L		-	4c. County	of Deeth	
		Johns Hopkins t	lospital					Balti	more			N/	A	
Funeral				Age (In yrs. lest	birthdey)	If Under 1 Months	Yeer	If Under Hours	24 Hrs. Min.	8. Dete	of Birth	Year)	9. Birthp	plece (Stete or Foreign ntry) Yland
Director		217 07 7707	1₩ 2□F	88	Yrs.					Jan.	12,	1908	Mari	yland
and w		Usuel Residence of Decedent  10a. Stete 10b. County		10c. City, To	wn or Lo	ocation								I Od. Inside City Limits
anyla danyla	5													1 Vas 2 No
the A	ect	Maryland N/A  10e. Street end Number		bal	timo	10f. Zip (	anda.				10	og. Citizen of	Affron Cour	^
within 72 hours after death with the Maryland ene. than "naturer, or items 23a or 28a-f show he Medical Examiner inset be incolled at	ō	3900 Erdman Aver				-	121.	2				U.S.A.	Wildt Coul	ndy r
e filed within 72 hours after death with the Marylan at Mygiene. other than "natural", or flems 23s or 23s-f show vent, the Medical Exercises from the Incities at	Funeral Director	11. Maritel Stetus	12. Wes Decede	nt Ever in U.S.	13	Was Decede			iain? (Sn	ecify Ves			a - Americ	can Indien.
in the second	Fun	1 □ Never Merried 2 Merried	Armed Force	\$?	10.	If Yes, specif	y Cube	en, Mexica	n, Puerto	Rican, etc	2.)		ck, White,	etc.
0 1	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yeer or Dete			1 ☐ Yes 2	No	Specify				Specify	r: WI	hite
agran agran		15. Decedent's E		16	a. Dece	dent's Usuel	Occup	ation			1	16b. Kind of B	usiness/In-	dustry
Med n	Completed	(Specify only highest gr Elementery/Secondery (0-12)	ede completed) College (1-4e	or 54)	(Give	kind of work DO NOT use	done i	during mos d)	it of work	ing				
2 t 4	mo:	6th grade	College (1-4)		ales	sman						Produc	e Con	npany
offy Vent	BeC	17. Fether's Neme (First, Middle, Las	)					18. Moth	er's Nem	e (First, M	iddle, M	leiden Sumen	10)	
and Mental	To	Anthony Matteley	ritz					Ann	a St	iklar	is			
E		19e. Informent's Neme/Reletionship	(Type, Print)	1	9b. Meilir	ng Address (	Street	and Numb	er or Rur	al Route N	umber,	City or Town,	State, Zip	Code)
Department of Health and Mental Hyg Important: If Item 27 is merked other any injury or other traumatic event, once.		Julia N. Mattele	evitz (Wi	0				venue	, Ва	ltimo	re,	Maryl	and 2	21213
nent of H ant: If Nen ary or oth		20e. Method of Disposition 1 🗡 Buriei 2 □ Cremetion 3 [	Damoval from Sta		of Dispo tery, crea	metory or oth	e of ner plea	ce)		Dete	2	Oc. Location	City or To	own, State
ury o		4 □ Donetion 5 □ Other (Speci		Most	Hol	y Rede	eme	r Cen	n. 6	5-8-9	6 E	Baltimo	re, I	Maryland
mport any inj		21. Signature of Funeral Service Lice	nsee		22	2. Name end	Addre	ss of Fecili	400	Hama				
5 2 3		111	11		- 1						mor	e. Mar	ulano	1 21213
		23a. Pert1. Enter the disease, or con ehock, or heart feilure. List only	plicetions thet caus	sed the deeth. D										Approximate tnterval Between
nysician		and the first to the control of the						0						Onset and Deeth
Medical		Immediate Cause (Finel disease or condition	CHROI	VIC DA	3571	RUCT	VE	luc	MON	ARY	DIS	SEASE		days
aminer		resulting in deeth)	θ	Due to (or es	e consec	quence of):		WITI	4 C	OR-	Pu	LAONA	LE	8
#	Examiner		h										i	
-fran	каш	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	0.	Due to (or es	e consec	quence of):							-	
cian	E	cause. Enter Underlying Cause (Disease or Injury	C											
g physician and as the bural-transit	edical	thet initieted events resulting in deeth) Last		Due to (or es	conseq	juence of):								
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ed by the attending detached for use as	Physician	Pert II. Other significant conditions			-					23b.				o the cause of death's
igned b	by Pt	MULTI FOCA	L AT	RIAC	TA	CHYC	A	2 D1/	1		YE YO	s 2□No	3 □ Pro	bably 4 □ Unknow
n sign												eutopsy	24b. W	ere autopsy findings
been si	lete										perform		ev co	relieble prior to empletion of cause death?
65 CA	Completed			ć.								. A.		
certificate rector, pag		25. Was case referred to medical						00 Di-	alad De la		1 🗆 Ye	/	11	☐ Yes 2☐ No
	o Be	examiner?	Hospital:	ationt -	Tutanti:	u all ac	Oth	or		h (Check			as (0- "	6.1
or this eral d		27. Menner of Deeth	28e. Dete of I	njury 28t	. Time o		c. Injur Wor	4 LI NI	ursing Ho	_/\		nce 6 Oth w Injury occur		(y)
: After	tio i	15 Netural 5 Pending 2 Accident Investigation	(Month,	Dey Year)	Injury	М		k? Yes 2□	No					
To the Funeral Director: A completely filled in by the f	flea	3 ☐ Suicide 6 ☐ Could not t	e 28e. Piece of	Injury - At home,	ferm, str	reet, fectory.	office						er or Rura	al Route Number,
d in	Certification:	4 Homicide	bullding,	etc. (Specify)		,					r Town,			
To the Funeral Director: After thi completely filled in by the funeral		29e. Certifier	ysician: To the be	st of my knowled	ge, deeth	n occurred el	the tin	ne, dete er	nd pleca,	end due to	the ca	use(s) and me	enner es s	iteted.
Ne Fu	edical	(Check only 2 Medical Examone)	niner: On the besis end menner	of examinetion	end/or in	vestigetion, i	n my o	pinlon, de	oth occur	red et the t	ime, de	te end pleca,	and due to	o the cause(s)
To the	ž	29b. Signature end title of certifier				29c.	Licens	e number			29	d. Dete eigne	d (Month,	Dey, Year)
		Surjet & Jul	be MD			1	) 2	63	29			6/6	196	
		30. Neme and eddress of person who	completed cause of	of deeth (Item 23s	) (Type,	Print)				0 -		1-1		1 210 -
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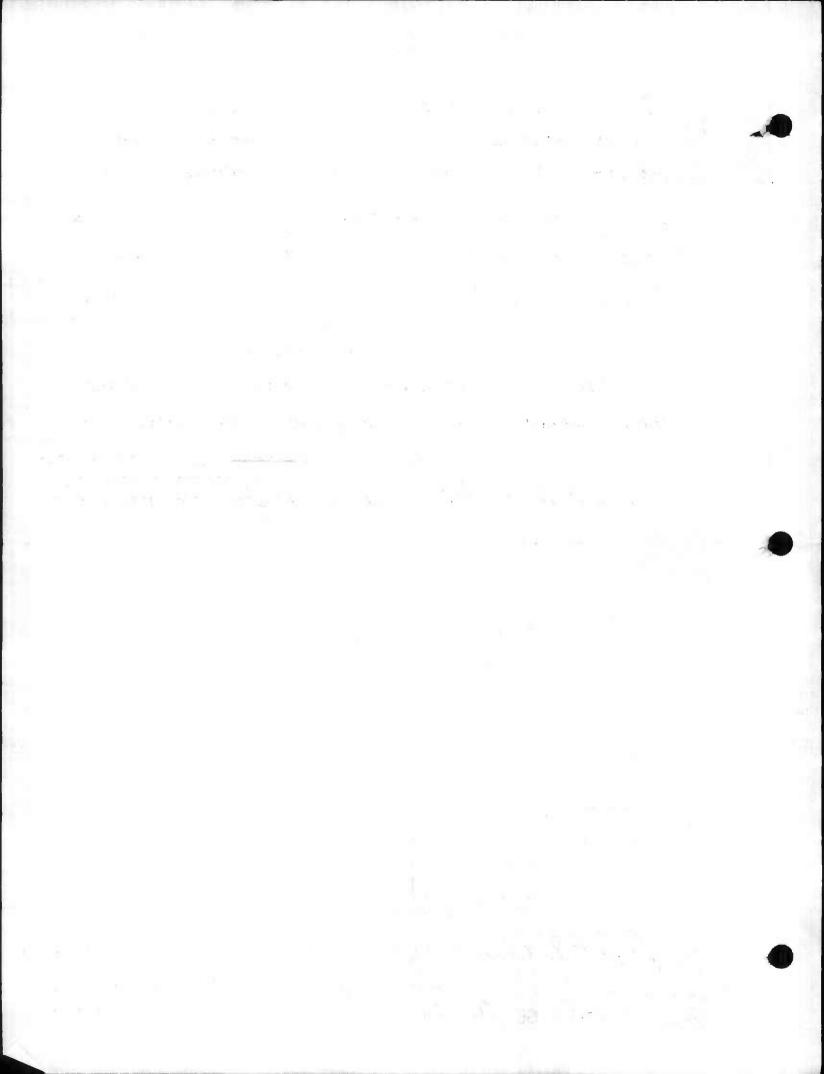


Within 2

31. Date filed (Month, Day, Year)

and address of person who completed cause of death (Item 23a) (Type, Print)

mo



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Deta of Deeth 3. Time of Death **Physician** Jume 1996 Sr. Robert Lynn McCarty 11;15PM /Medical 4e. Fecility Nama (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Anne Arundel Chesapeake Manor Extended Care Ctr. Arnold If Under 1 Year If Under 24 Hrs.

Months Deys Hours Min. 5. Social Security Number 7. Aga (In yrs. last birthdey) 9. Birthpieca (State or Foreign **Funeral** Months Hours Penna. 1MM 2□ F 167-24-1014 66 Director Usuel Residenca of Decedent with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 1 Yas 2 No Annapolis Anne Arundel 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21401 22 N. Glen Ave. U.S.A. Funeral deeth 12. Was Decedent Ever in U,S. Armed Forcas? 13. Wes Decedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Reca - American Indien, 11. Meritei Stetus Biack, White, atc. of filed within 72 hours after If Hygiene. other than "natural", or ite 1 万Yas 2 No
It Yes, Give
Yaer or Datas 1 949-51 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: þ White 3 ☐ Widowed 4 M Divorced Completed 18e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast greda completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) Coilege (1-4or 5+) State of Md. Revenue Specialist traumatic avent, 17. Father's Nama (First, Middle, Last) permit. Peges 1 and 2 should be file Department of Health and Mental Hy important: if Item 27 is marked other any injury or other traumatic avent 16. Mother's Nema (First, Middle, Meiden Surnema) Be Haze1 Parker McCarty Raymond Lo 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Robert L. McCarty/ Baltimore, Md. 21234 1828 Redwood Ave. Son 20b. Piece of Disposition (Nama of cemetery, cremetory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Crametion 3 ☐ Removei from Stete St. Anatomy Board6/17/96 Baltimore, Md. 4 MDonetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Nama and Addrass of Facility McCully Funeral Home of South Balto. Luc 6 21230 130 E. Fort Ave. Balto., Md. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Onset and Death Physician Immediete Cause (Finel diseese or condition rasulting In deeth) Congratur lesent facture /Medical Examiner Due to (or as e consequence of) Examiner physicien end s the buriel-transit Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Last Due to (or as a consequence of). Division of Vital Records, P.O. Box 68760. certificate be Physician/Medical Due to (or as a consequence of): 88 980 ò been signed by the should be detached Part II. Other significant conditions contributing to death but not rasulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes an eutopsy performed? Completed has 1 Yas 2 No 1 Yes 2 1€NO 25. Wes case reterred to medical examiner? Be 26. Place of Death (Check only one) Hospitai: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Rasidence 6 Othar (Specify) 1 Yes 2 No P this funeral if or Attending Pi efter death. Director: After th 27. Menner of Death 28a. Dete of Injury (Month, Day Year) 28c. Injury at Work? 26b. Time of 28d. Describe how injury occurred Certification: 5 Pending invastigation 1 Natural 1 Yas 2 No 2 Accident 6 Could not be determined 3 Suicida 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 26e. Plece of Injury - At home, tarm, street, tectory, office building, etc. (Specify) 4 Homicide 29e. Certifiar 1 Certifying Physician: To the best of my knowledge, deeth occurred at tha time, date and place, and due to the cause(s) and manner as stated. Medical (Check only one) 2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, deta and placa, and due to the cause(s) and menner steted. 29b. Signature and titia of pertifie 29c. Licensa number 29d. Data signed (Month, Dey, Year) 30. Name end address of person who completed cause of death (item 23e) (Type, Print) medical parkway Amapolis, and 2144) 31. Dete filed (Month, Day, Year) 32. Registrer's Signeture

**DHMH 16 Rev 6/95** 

Registrar

JUN 1 8 1996

State of Maryland / Department of Health and Mental Hygiene

17925

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** ROYAL 11:15 P.M. JILBERT 1996 JUNE 15 /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner HOSPITAL BALTIMORE HARBOR CENTER N/A 5. Social Security Number If Under 1 Year If Under 24 Hrs.

Months Days Hours Min. 8. Date of Birth (Month, Dey, Year) Sept 29, 1 7. Age (In yrs. lest birthdey) 6. Sex Birthplace (State or Foreign Country) **Funeral** 1 M 2 □ F Yrs. Director Sept 235-34-5230 69 Virginia W. Usual Residence of Decedent deeth with the Maryland 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limite Pages 1 and 2 should be filled within 72 hours efter deeth with the Maryla net of Health and Mantal Hyglene. If the 23 a restrict of the 23 or 28a-f shown in the fill fam 27 is marked other than "naturel", or flems 23a or 28a-f shown or other treumsite event, and we can be not that Maryland N/A to Yes 2 □ No Director Baltimore (Lakeland) 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2804 Hinsdale Drive 21230 USA Funerai 12. Wes Decedent Ever in U,S. Armed Forces? 1 D(Yes 2 □ No If Yes, Give Year or Detes: WW 2 Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, 11. Marital Status Black, White, etc. 1 ☐ Never Merried 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes XXNo Specify: Completed by Specify: 3€ Widowed 4 Divorced White WW 2 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementery/Secondary (0-12) Coilege (1-4or 5+) Retired Machinist Koppers Co. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) Be Frank Mark Maze Maude Rice 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addresa (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Mr. Gilbert Stanley Maze-SON 900 Imperial Court, Baltimore, Maryland 20b. Piace of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1 ♥ Burial 2 Cremation 3 Removal from State permit. Page Department of Important: if any Injury or once. 4 ☐ Donation 5 ☐ Other (Specify) Meadowridge Memorial Pk. 6/18/96 Elkridge, Maryland signature of Funeral Service Licensee 22. Name end Address of Fecility McCully Funeral Home of Brooklyn 237 E. Patapsco Ave., Balto., Md. 23a. Part Enter the disease, or complications thet caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Kevin E. Ecker 21225-1856 Approximete Interval Between Oneet and Death **Physician** /Medical Immediate Cause (Finai Carcinoma Esophagea 8 months disease or condition resulting in death) Examiner Examiner The law requires that the death certificete be executed physiclan and the buriel-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or es a consequence of): P.O. Box 68760, Physician/Medical Acute Renal USB ate has been signed by the atterpage 2 should be detached for Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 12 Yes 2 No 3 Probably 4 Unknown Records, þ 24b. Were autopsy findings available prior to completion of cause of deeth? Completed 24e. Was an autopsy performed? 2 No 1 ☐ Yes 2 ☐ No 1 ☐ Yes certificate Division of Vital or Attending Physicien: director. Be 25. Was case referred to medical 26. Place of Deeth (Check only one) Hospital: 1 ☑ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 ☑ No Medical Certification: To this 24 hours after death. Funeral Director: After this elely filled in by the funeral 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. injury at Work? 28b. Time of 28d. Describe how injury occurred 5 Pending investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 281. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated. 29a. Certifier (Check only one) within 2 To the 29b. Signature and this of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 6/16/96 luar House Sta AS 24416 14-11 30. Name and address of person who completed cause of death (item 23a) (Type, Print)

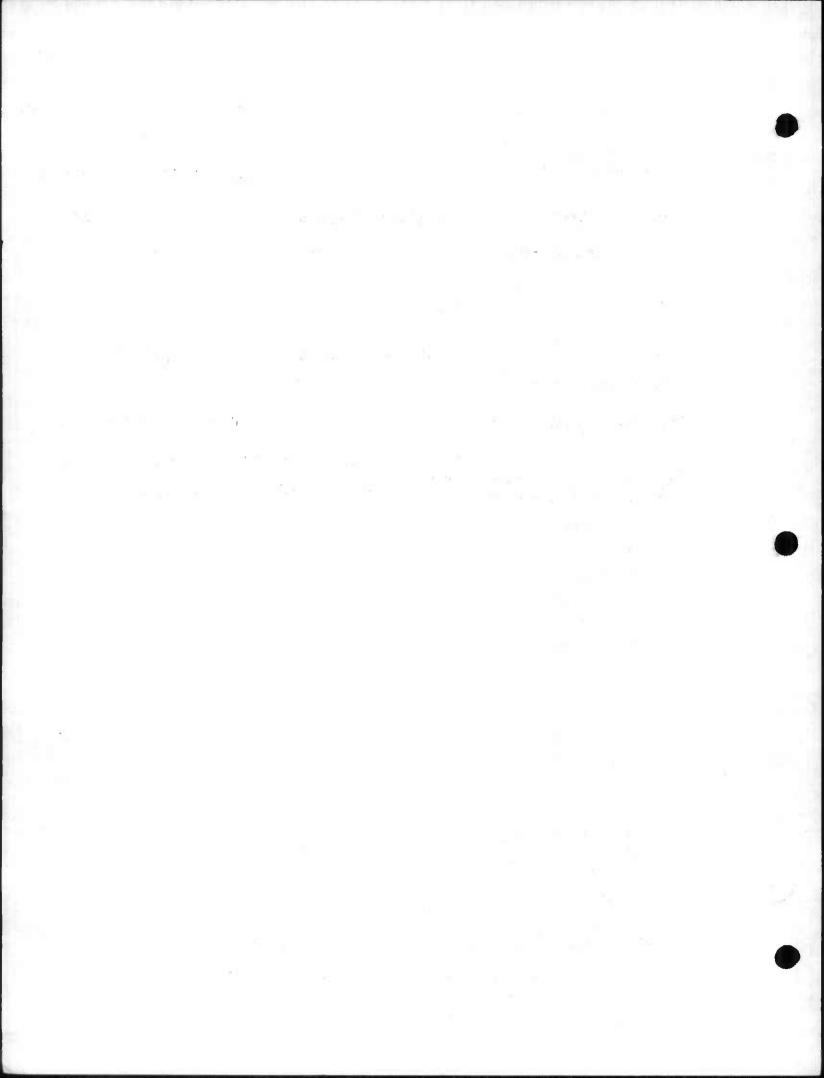
SRIDHAR. ATLURI, 3001 S. HANDVER ST, BALTIMPRE SRIDHAR ATLUPY, 31. Date filed (Month, Day, Year) 32. Registrar's Signature State

Saidson-Randell

DHMH 16 Ray 6/95

Registrar

JUN 1 8 1996



State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death De **Physician** Roland Morganelli 1996 7 AM 13 June /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Anne Arundel Annapolis 7 Chelsea Court **Hunt Meadows** If Under 1 Year If Under 24 Hrs.
Months Deys Hours Min. 5. Sociei Security Number 7. Age (In yrs. last birthdey) 8. Dete of Birth (Month, Day, Yea Jul 9 1 9. Birthplace (State or Foreign Country)
N.Y. **Funeral** 055 07 0797 12M 2□ F 87 Yrs Director 1908 Usual Residence of Decedent the Maryland 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f ahow traumatic avant, the Medical Examiner must be notified at Md Anne Arundel Annapolis 1 Yes X No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? with 1 21403 USA 7 Chelsea Ct., Hunt Meadows e filed within 72 hours after death val Hygiene. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, 11. Meritei Stetus Bieck, White, etc. 1 Tyes 2 □ No If Yes, Give Yeer or Detes: WWII 1 Never Merried 2 Merried Saltimore, Maryland 21215-0020 Specify: White 1 ☐ Yes 2 No Specify: þ 3 Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working iife. DO NOT use retired) 16b. Kind of Business/Industry Eiementery/Secondery (0-12) College (1-4or 5+) Parole Officer N.Y. State 12 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) 12 should be fill h and Mental H is marked oth Be Vincenza Miele Nicola Morganelli 2 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)
1230 Youngs Farm Rd., Annapolis, Md 21401 19e. Informent's Neme/Reletionship (Type, Print) pemit. Pages 1 and 2 st Department of Health and Important: If item 27 is n any injury or other traun Thomas Morganelli 20b. Plece of Disposition (Neme of cemetery, cremetory or other piace) 6/17/9620c. Location - City or Town, Stete Crownsville Md 20e. Method of Disposition X□ Buriel 2 □ Cremetion 3 □ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Md Veterans Cemetery 21. Signeture of Funere Service Ocensee 22. Name end Address of Fecility Hardesty Funeral Home, P.A., 12 Ridgely Ave Annapolis, Maryland 21401 23a. Pent1. Enter the disease, or cerns licetions that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory arrest, shock, or heart feiture. List only one ceuse on each line. Approximete Intervel Between Onset and Death Physician /Medical Immediate Cause (Finei disease or condition resulting in death) MYSCARDIAL INPARLITION SUSPECTED 1 Le xero Examiner Due to (or es e consequence of): and-Sequentielly list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or es a consequence of): physician a s the burlan Box 68760. ž Physician/Medical Due to (or es e consequence of): 2 gribnetta 990 P.O. ed by the a Pert il. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Wes en eutopsy performed? page 2 ate has 1 ☐ Yes 2 No 1 □ Yes 2 □ No 25. Wes cese referred to medical examiner? Be 28. Place of Death (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 No 2 # funeral 27. Manner of Deeth 28a. Dete of tnjury (Month, Dey Year) 28b. Time of Injury 28c. Injury et Work? 28d. Describe how Injury occurred Certification: After 1 Neturei 2 Accident 5 Pending investigation if or Attendin after death. I Director: Alf 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 24 hours a Funeral D 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

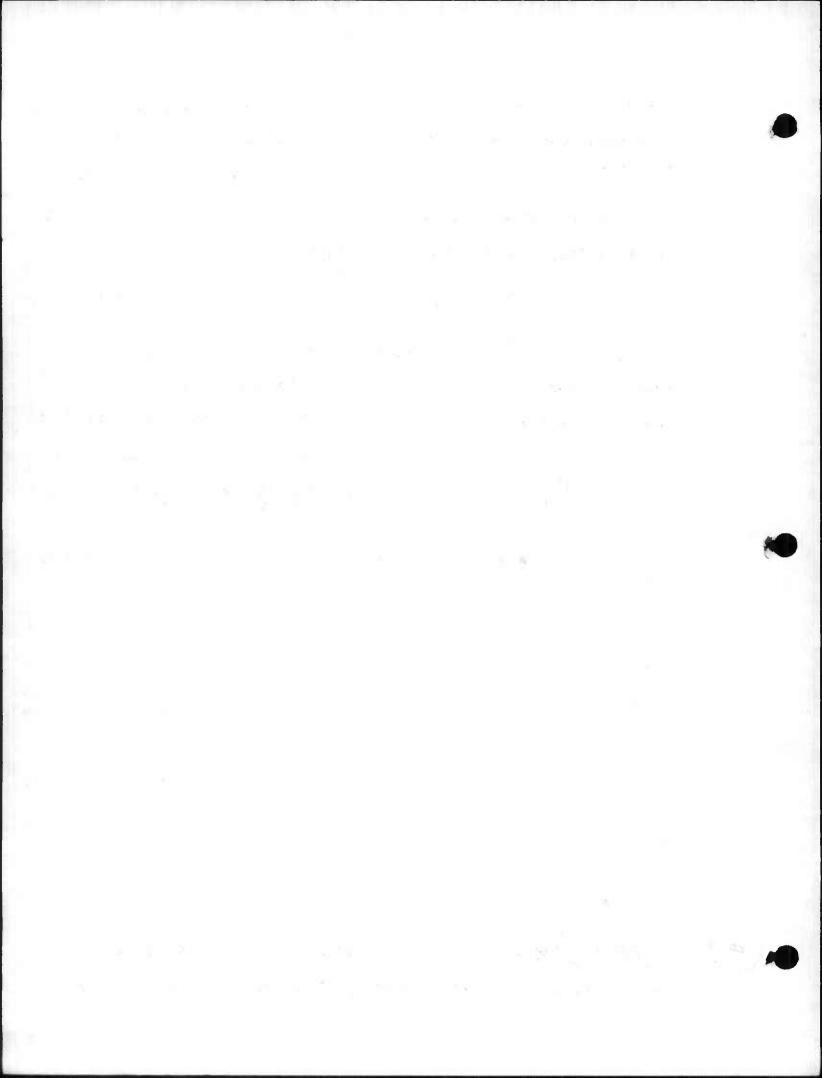
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. edical 29e. Certifier (Check only one) 29c. License number 29b. Signeture end title of certifier, 29d. Date signed (Month, Day, Year) TO 130768 6-13-56 30. Neme end eddress of person who completed ceuse of death (Item 23e) (Type, Print) 2003 teapical Alvy, the Auregoics, les 21401

Registrar

State

31. Dete filed (Month, Bax, Year)

Jockson



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Year **Physician** 1 Bay JUNE McCALL ANN 1996 TRACEY 12:40am /Medical 4b. City, Town, or Location of Deeth 4e. Facility Name (If not Institution, give street end number) 4c. County of Deeth **Examiner** Chesapeake Health Care Arnold Anne Arundel If Under 1 Yeer | If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) May 11, 1966 7. Age (In yrs. last birthdey) Birthplace (State or Foreign Country) **Funeral** 1 □ M 2 K F Months Deys Hours New York 220-04-2385 30 Yrs. **Director** Usual Residence of Decedent with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at 1 Yes 2 No Director Anne Arundel Severn 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? ò Nems 23a 8153 Sante Fe Drive 21144 USA Funeral nit. Pages 1 and 2 should be filed within 72 hours after death a efforment of Heelih and Mental Hygiene. ortant: if Hem 27 Is marked other than "natural", or Nema 23. Injury or other traumatic event, the Medical Experime main 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indien, Bieck, White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 ☐ Never Merried 2 ☐ Merried Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: þ Specify: Black 3 ☐ Widowed 4 ☐ Divorcad Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Own Home Elementary/Secondary (0-12) College (1-4or 5+) Homemaker 12 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Lulu Mildred Wellington Herman Oscar McCall 19a. Informant'a Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 452 Old Quarterfield Rd. Glen Burnie, MD 21061 Lulu McCall Bunch - Mother Baltimore, 20b. Place of Disposition (Name of cemetery, cremetory or other piece) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Department of Important: If any Injury or once. 6/19/96 Baltimore, MD Metro Crematory 21. Signature of Funeral Service 22. Neme end Address of Fecility HARDESTY FUNERAL HOME P.A 851 ANNAPOLIS RD GAMBRILLS MD 21054 23a. Part1. Enter the disease, or commissations that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** mmmo deference /Medical immediate Cause (Final disease or condition resulting in death) Examiner Due to (or as a consequence of) Examiner that the death certificate be axecuted Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last pue Due to (or as a consequence of): P.O. Box 68760 attending physician Physician/Medical Due to (or as a consequenca of) Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? nigned by t 1 Yes 2 No 3 Probably 4 Unknown of Vital Records, þ The law requires 24b. Were autopsy findings avelleble prior to Completed 24e. Was an autopsy completion of cause of death? 1 Yes 2 LNO 1 ☐ Yes 2 ☐ No centific 25. Was case referred to medical Be 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 1 ☐ inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this . 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Natural 5 Pending 1 Yes 2 No investigation 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end plece, end due to the cause(s) end manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete end plece, and due to the cause(a) and manner steted. 29a. Certifier Medical To the Within 2 To the 29b. Signature and title of certifier 29c. Liçense number 29d. Dete signed (Month, Day, Year) Doctor 21684

State Registrar 31. Date filed (Month, Day, Year) JUN 1 8 1996

C. V. CYRIAE. M.D, 1600 CRAIN HOY \$ 106, GLENBURNIE, MO 21061. 22. Registrer Signature

30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

physician and the burial-transit USB or Attending Physician: funeral after death. Director: Aft

P.0.

Division of Vital Records,

1. Decedent's Name (First, Middle, Last) 2. Deta of Death 3. Time of Death **Physician** 1996 JOSEPH C. MARIELLA JUNE 11:16 AM /Medical 4e. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner 4102 Chardel Rd. Apt. 2G Baltimore County Baltimore If Undar 24 Hrs. Hours Min. If Undar 1 Yaar 5. Social Security Number 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Day, Year) Birthplaca (State or Foreign Country) **Funeral** 1∏M 2□F Days 212-36-2295 58 Yrs. Director May 21, 1938 Maryland Usual Rasidance of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If fear 27 is marked other than "natural", or items 23a or 23a-f ahow any Injury or other traumatic event, the Medical Examines must be notified at 10a, State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes KNO Maryland Baltimore Baltimore County Directo 10e. Street end Number 10a. Citizen of Whet Country? 10f. Zip Code 21236 4102 Chardel Rd. Apt. 2G USA Funeral 12. Was Decedant Evar in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indian, Black, White, atc. 1 ☐ Naver Married 2 ☐ Married 1 ☐ Yes 2√ No If Yes, Giva Yaar or Dates: 1 ☐ Yes 2☐No Specify: þ 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) MX No.4 Electronics Own Business 12th grade 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Michael Charles Mariella Josephine D'Angelo 19a. Informent's Name/Relationship (Type, Print) 19b. Melling Address (Streat end Number or Rural Route Number, City or Town, State, Zip Code) Margaret Mariella 4102 Chardel Rd. Apt. 2G Baltimore, Md. 21236 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burlai 2√2 Crametion 3 ☐ Ramoval from State 4 ☐ Donetion 5 ☐ Othar (Specify) Metro Crematory Inc. 6-15-96 Baltimore, Maryland 21. Signature of Funeral Sarvice Licenses 22. Name and Address of Facility Lassahn Funeral Home Leather 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. Approximate Interval Between Onset and Death Immediata Ceusa (Final disease or condition resulting In death) Acute Myocans in Infaretion Due to (or as a consequence of): Left Vow trucular Dysfundow 1993 Sequentially tist conditions, if any, laading to immediate ceusa. Enter Underlying Cause (Disease or injury that initiated events rasulting in deeth) Last Chronic Conges tive Heart Failure
Dua to (or as a consequence of): Physician/Medicai RENAL FAILURE Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Winknown eptension + CARPIONIEgaly þ 24a. Wes an autopsy performed? 24b. Were autopsy findings available prior to completion of ceuse of death? Completed Opesity + Hyperglycemin Dependent Ups Cular Disease

25. Was case refarred to medical axaminer?

1 Yas 2000 Hospital: 1 Yes 2 No 8 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 1 Inpatient 2 ER/Outpatient 3 DOA 6 ☐Other (Specify) 27. Manner of Deeth 28d. Describe how Injury occurred 28a. Date of injury (Month, Day Year) 28b. Tima of Certification: 28c. tnjury af Work? 1 DNatural 5 Pending investigation 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be determined 3 Sulcida 28f. Location (Street end Number or Rural Routa Number, City or Town, Stete) 28a. Place of Injury - At homa, farm, street, factory, office bullding, etc. (Spacify) 4 Homicide 1 Cartifying Physician; To the best of my knowledge, death occurred at the time, dete and place, and dua to tha causa(s) and manner as stated. 29a. Certifier Medical (Check only one) Medical Examinar: On the basis of examinetion and/or invastigation, in my opinion, death occurred at the time, dete and place, and due to the causa(s) and manner stated. 29b. Signeture and title of cartifier 29d. Data signed (Month, Day, Year) 30. Name and eddrass of person who completed cause of death (item 23a) (Type, Print) PPERMID 222 Wold Spring LANE BALLE MIR 21210

32. Registrar's Signature

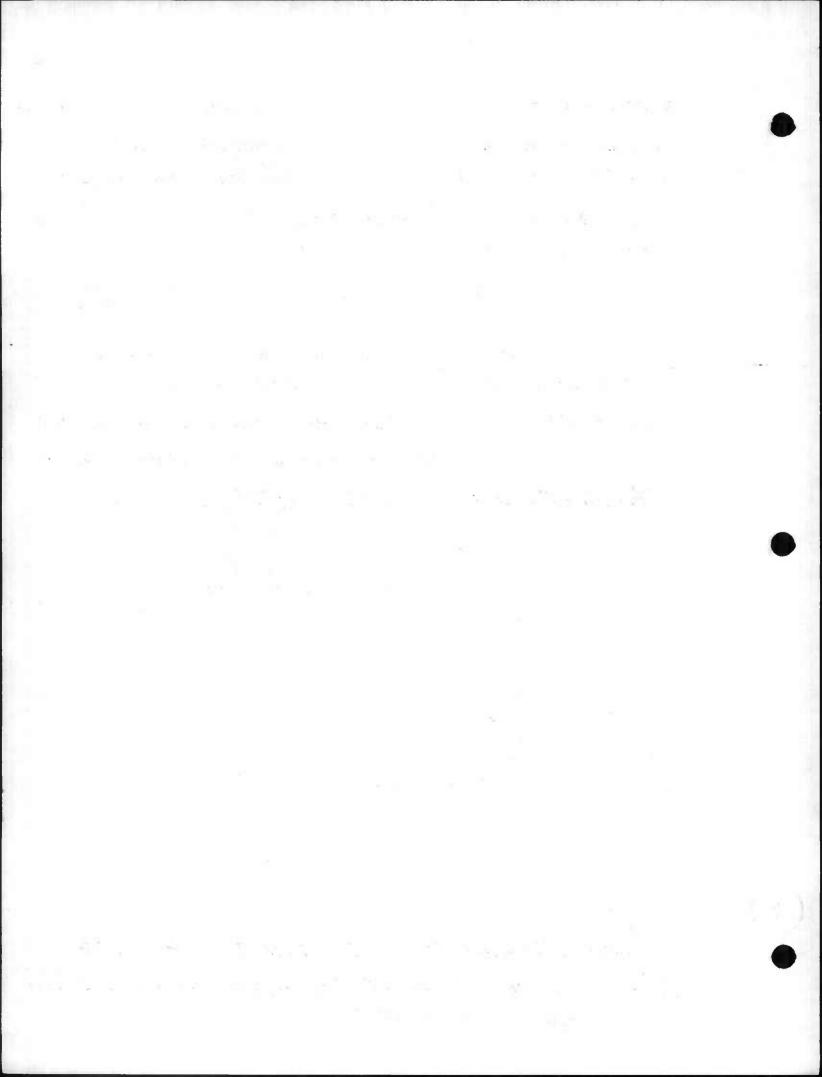
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JUN 1 8 1996

**DHMH 16 Rev 6/95** 

State

Registrar



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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Birthplace (State or Foreign Country)

10d. Inside City Limits 1 Yes 2 No

unknown

3. Time of Death

9:30 PM

	Physician
6.	/Medical
7	Examiner

1. Decedent's Name (First, Middle, Last) 2. Date of Death MARCH 299 NELSON JR. WILLIE 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death BALTIMORE UNIVERSITY HOSPITAL 7. Age (In yrs. last birthday) If Under 1 Yeer If Under 24 Hrs. 5. Social Security Number 8. Date of Birth (Month, Dey, Year) **Funeral** Days Hours 1⊠M 2□F Yrs Director 60 Jan 1, 1935 unknown Usual Residence of Decedent filed within 72 hours after death with the Maryland r 28a-f show 10a. State 10b. Count 10c. City, Town or Location Director Maryland n/a Baltimore 10g. Citizen of Whet Country? 10e. Street and Number 10f. Zip Code permit. Pages 1 and 2 should be filed within 72 hours after death with I Department of Health and Mental Hygiene.
Important: If item 27 is marked other than "natural", or itema 23a or any injury or other traumatic event, the Medical Examinar must be in page. 1609 Appleton Street 21217 Funeral 12. Was Decedent Ever,in U,S. Armed Forces?UN2NOWN 1 ☐ Yes, 2 ☐ No If Yes, Give Year or Dates: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Meritei Steturunknown 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) Eiementary/Secondary (0-12) College (1-4or 5+) unknown unknown unknown 17. Father's Name (First, Middle, Last) unknown unknown 2 19a. Informant's Name/Relationship (Type, Print) unknown unknown 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other placa) 1 ☐ Buriel 2 ☐ Cremation 3 ☐ Removal from Stete 4 □ Donation 5 Ø Other (Specifix) State rem Ronald wade, Dir. 0 Baltimore, Maryland 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or hear failure. List only one cause on each line. Physician Immediate Cause (Final disease or condition resulting in death) /Medical Arteriosclerotic Cardiovascular Disease Examiner Due to (or es a consequence of) Examiner physician and s the burial-transit requires that the death certificate be executed Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in deeth) Lest Due to (or es e consequença of): Physician/Medical Due to (or es a consequence of) USB as signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records. by 24a. Was an autopsy performed? Completed peed page 2 has certificate Attending Physician: funeral director. 25. Was case referred to medical Be 28. Piece of Death (Check only one) examiner? 10 1 ☐ Inpatient 2 ☑ ER/Outpatient 3 ☐ DOA After this 28a. Dete of Injury (Month, Day Year) 27. Manner of Deeth 28b. Time of 28c. Injury at Work? Certification: e Hospital or Atten-24 hours after death. 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Sulcide 6 Could not be 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 ☐ Homleide 29a. Certifier Medical completely To the vithin 2 29b. Signatur and title of certifier 29c. License number O.C.M.E.

U.S.A. 14. Raca - American Indian, Bleck, White, etc. Black 18b. Kind of Business/Industry unknown 18. Mother's Name (First, Middle, Maiden Surname) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20c. Location - City or Town, State 22, Nome and Address of Fecility State Anatomy Board-655 W. Baltimore Street 21201-1559 Approximate Intervel Between Onset end Death 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Onknown 24b. Were autopsy findings evailable prior to completion of cause of death? 1 Yes 2□ No 1 Yes 2 No Other: 4 Nursing Home 5 Residenca 8 Other (Specify) 28d. Describe how injury occurred Location (Street and Number or Rural Route Number, City or Town, State) 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medicat Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and placa, and due to the cause(a) and manner stated. 29d. Dete signed (Month, Dey, Year) APRIL 18, 1996 30. Name/and add eas of person who completed cause of death (Item 23a) (Type, Print) DIXON M.D. 111 Penn Street, Baltimore, Maryland 21201 31. Date filed (Month, Day, Year)

State Registrar

JUN 18 1996



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 | 7930

				Certifica	ate of Death	F	Reg. No.		
Dhyei	.:	1. Decedent's Name (First, Middle, Las	st)			2. Date of Dea	ath Day	3. T	ime of Death
Physic /Med		Eleanor	a V. Neuge	bauer		_			2:07 F
Exam		4a. Facility Neme (If not Institution, give	e street and number)		4b. City, Town, o	r Location of Death	4c. County	of Death	
	_	Maryland Manor			Glen Bu			Arunde	1
Funera		5. Social Security Number 6. S	T ++ -(T22-	Month	der 1 Yeer If Under 24 Hr		h v, Year)	9. Birthplace (: Country)	Stete or Foreign
Directo	r	217-03-7000	92 92	Yrs.		Oct 3		Maryl	-
and w		Usuai Residence of Decedent  10a. State 10b. County	10c. C	City, Town or Location	· · · · · · · · · · · · · · · · · · ·			10d In	side City Limits
Aaryd	0	Md. City							Yes 2 No
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within 72 hours after death with the Maryland jiena. Then "natural", or items 23s or 28s-f show to Medical Examinet must be notined at	by Funeral	1 ☐ Never Merried 2 ☐ Married 3 X Widowed 4 ☐ Divorced	Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates:	If Yes, s	cedent of Hispanic Origin? (pecify Cuban, Mexican, Pue	rto Rican, etc.)		ck, White, etc. y: White	
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J Eff	Be	17. Father's Name (First, Middle, Last)		_	18. Mother's Na	ame (First, Middle,	Meiden Suman	ne)	
should be nd Mental marked o	10	John J. Blu			Lau	ra Eato	n		
d 2 should the and Mer 7 Is marke traumatic		19a. Informant's Name/Relationship (7	Type, Prindaughte	19b. Malling Addre	ess (Street end Number or F	Rurel Route Numbe	r. City or Town,	Stete, Zip Code	
ここのと		Pauline Neugeba	uer in-law	226 Wan	de Rd. Riv	eria Be	ach, M	id. 211	22
2 2 2 2		20e. Method of Disposition  1 Deurial 2 Cremation 3 4 Donetton 5 Other (Specify	Removal from State	Place of Disposition (f cemetery, crematory of edar Hill	r other place)	Dete 6/20/96		City or Town, St.	
permit. Pag Department Important: If any injury o		21. Signature of Funeral Service Licen	1 Janlo		and Address of Fecility  E. Fort Av	McCully e. Balt			
Physician		23a. Pert1. Enter the disease, or companies shock, or heart fellure. List only	plications that caused the de one cause on each line.	ath. Do not enter the m	ode of dying, such as cardi	ac or respiratory ar	rest,	Interv	oximate ral Between t end Death
/Medical		Immediate Cause (Final disease or condition	Bespiratory Due to	Feilure for	in Bilateral	Pnewm	omi	30	veeks
Examiner		resulting in death)	Due to	(or as a consequence of	of):				
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and trans	Examiner	Sequentially list conditions,	Due to	(or as a consequence of	of):				
law requires that the daath certificata be assocuted as been signed by the attending physician and 2 should be datached for use as the burial-transit	1	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	Chronic A	trital Fuh	nillation			1	eruc.
ficata be a physician is tha buria	Medical	that initiated events resulting in death) Last	Due to	(or as a consequence o	f):				7
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aath cert attendin for usa	an		0					1	
tha a	Physician	Pert II. Other significant conditions co	ontributing to death but not re	sulting in the underlying	g cause given in Part I.	23b. Did t	obecco use co	ntributs to the c	euse of death?
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requir been si should	Completed	Hy PO Thur	vidism			24a. Was i	an autopsy med?	24b. Were suf	prior to on of causa
e law	du							of death?	on Causa
The la ate ha	S					1 🗆 Y	es 2010	1 ☐ Yes	2 No
Physician: The law requires the this certificate has been signeral director, page 2 should be to	Be	25. Wes case referred to medical examiner?			26. Place of De	eath (Check only o	ne)		
hysic this ce al dire	10	1 ☐ Yes 2 ᡚ No	Hospital: 1 ☐ Inpatient 2	□ ER/Outpetient 3□	DOA Other: 4 Nursing	Home 5 Resid	enca 6 🗆 Oth	ner (Specify)	
		27. Menner of Deeth 1 ☑ Netural 5 ☑ Pending	28a. Dete of Injury (Month, Dey Year)	28b. Time of Injury	28c. Injury et Work?	28d. Describe h	ow Injury occur	red	
thending death. ector: Aher by the fune	atic	2 Accident investigation		М	1 ☐ Yes 2 ☐ No				
is afford and a self of the common of the co	Certification:	3 Sulcide 6 Could not be determined	28e. Place of Injury - At building, etc. (Spec	home, farm, street, fact sify)	ory, office	28f. Location (S City or Tow		per or Rural Rout	e Number,
A 5 550	edical	29e. Certifier (Check only one)	ysician: To the best of my kr liner: On the basis of exeminand menner steted.	nowledge, death occurre nation and/or investigeti	ed et the time, dete and plac on, in my opinion, deeth occ	ca, and due to the courred at the time, of	cause(s) and madate and place,	anner as stated. and dua to the co	ause(s)
How Hos			1	29c. License number	1	29d. Date signe	d (Month, Day, Y	'ear)	
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To the Hou withings ho To the Puge competery!		29b. Signature and title of certifler  Ruheut Dau  30. Name and address of person who of Ruheut Daut	) -	em 23a) (Type, Print)	D39660		4/18		

State of Maryland / Depart

2. Data of Death

ment of Health and Mer	ntal Hygiene	96	7	9	3	
ficate of Death	Reg. No.	50				

3. Time of Death

2:00AM

1 Yes XX No

Approximate Intarval Betwean Onsat and Death

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Budge Wood u

29d. Data signed (Month, Day, Year)

JUNE 14, 1996

**Physician** /Medical Examiner 1. Decedant's Nama (First, Middla, Last)

**Funeral** Director 28a-f show the 6

the Medical Examiniser must be notified at 238 Hems ò "natural". I Hygiene. marked other end 2 should be filealth and Mentel H m 27 Is marked off permit. Peges 1 and 2 s Department of Health ar Important: If item 27 Is any Injury or other trau once.

Baltimore, Maryland 21215-0020

**Physician** /Medical Examiner

certificate be executed pue Box 68760. the attending | been signed by the should be detech Records. The law page 2 this After or Attending I blrector: Af of in by the fu

P.O.

of Vital

Division

JUNE 14, ROBERT **OGAN** 1996 4a. Fecility Nama (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Death ANNE ARUNDEL MEDICAL CENTER ANNAPOLIS ANNE ARUNDEL If Under 1 Year | If Under 24 Hrs. 8. Data of Birth (Month, Day, Yaar) 5 Social Security Number 6 Sav 7. Aga (In yrs. last birthday) Birthplaca (State or Foraign Country) 1 M 2□ F Days 165 58 2672 19 Yrs. Sept 17 1976 Pa. Usual Rasidance of Dacedant 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits Anne Arundel Md Edgewater Director 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 3433 South River Terrace 21037 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 14. Race - Amarican Indian, Black, White, etc. Was Decedant of Hispenic Orlgin? (Specify Yes or No-If Yas, specify Cuben, Maxican, Puarto Rican, atc.) 1 Navar Married 2 Married 1 ☐ Yas 2 ☑ No If Yas, Give Yaar or Datas: Specify: White 1 ☐ Yas 2 ☑ No Specify: g 3 ☐ Widowad 4 ☐ Divorcad Completed 15. Dacedant's Education (Spacify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry Elemantary/Secondary (0-12) College (1-4or 5+) Education Student 12 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maiden Surnama)
Rachel J. Redcay James R. Ogan 19b. Malling Address (Street and Number or Rural Routa Number, City of Lown, Stata Zip Code) 3433 South River Terrace, Edgewater. 19a. Informant's Name/Relationship (Type, Print) Rachel Ogan 21037 20a. Mathod of Disposition 20b. Placa of Disposition (Nama of cematary, cramatory or other placa) 20c. Location - City or Town, Stete 6/18/96 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from Stata Davidsonville, Md Lakemont Cemetery 4 ☐ Donation 5 ☐ Other (Spacify) 21. Signature of Furnital Service License 22. Name end Addrass of Facility Hardesty Funeral Home. P.A., 12 Ridgely 23a. Part1. Entar the diseasa, or comblications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory errest, ahock, or heart failure. List only one cause on each line. Immediate Causa (Final disaasa or condition rasulting in daath) Due to (or as a consequence of): Examiner Sequantially list conditions, if eny, leeding to Immadiata causa. Enter Undarlying Causa (Disease or Injury that initiated avents rasulting in daath) Last Dua to (or as a consequance of): Physician/Medical Dua to (or as a consequance of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contributa to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 40 Unknown þ Completed 24b. Wara autopsy findings available prior to complation of cause of daath? 24a. Was an autopsy performed? Be 25. Was casa referred to medical 28. Place of Death (Check only ona) axaminer? 1X Yes 2 No Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpetlent 3 ☐ DOA Othar: 4 Nursing Homa 5 Residence 6 Othar (Specify) 2 27. Manner of Death Date of Injury (Month, Day Year) 28b. Tima of 28d, Dascribe how Injury occurred St. awer in such vehicle we 28c. Injury at Work? 5 Panding Invastigation 1 Natural 6/4/96 1 🗌 Yas bolx 20 Accidant boadwa 6 Could not be detarmined 3 Suicida Location (Straet and Number of Rural Route Number City or Town, Stata) Plece of Injury - At home, farm, straat, factory, office building, atc. (Specify) 4 Homicida

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1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mennar stated.

29c. Licansa number

O.C.M.E.

State Registrar

Medical

31. Data filed (Month, Day, Year)
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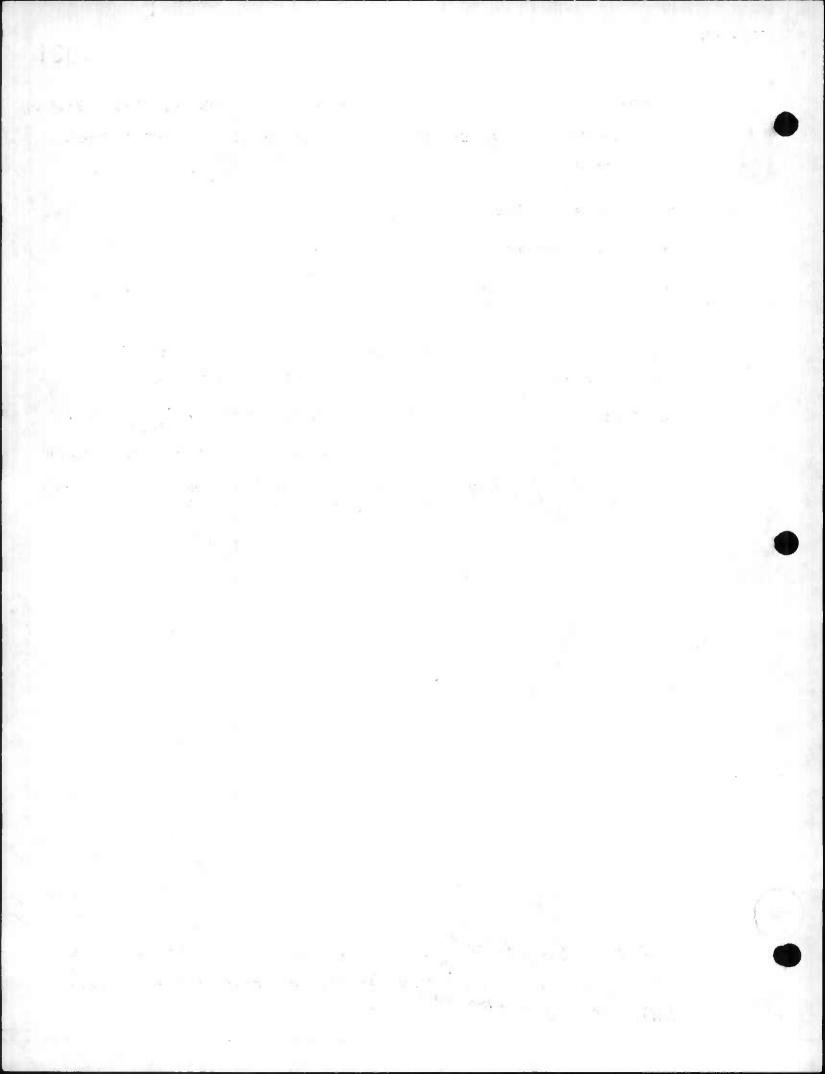
30. Name and address of person who complated cause of daeth (Item 23a) (Type, Print)

Funerel

29a. Certifian

(Check only one)

29b. Signatura and titla of certifial

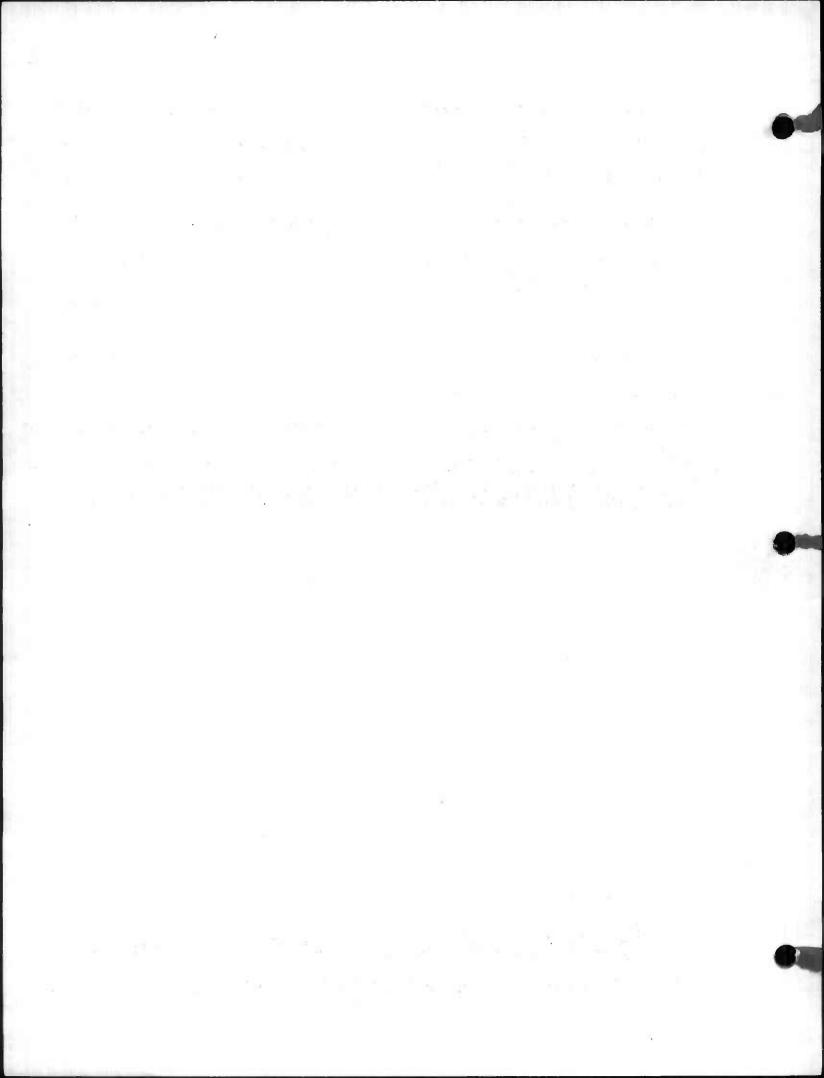


State of Maryland / Department of Health and Mental Hygiene

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	Funeral Director		5. Social Sacurity Number 6. S  219 - 05-0845  Usuai Rasidance of Decedant	8x 7. A( X) M 2□ F	ga (In yrs. last b	Yrs. If Und Month	dar 1 Yaar II Undar 24 s Days Hours	Min. (Month, D	rth ay, Year) 20, 1920	9. Birthple Countr MA	RYLAND
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Vision	death.	atio	1 Netural 5 Panding 2 Accidant invastigation	(Month, Da	y Year)	Injury M	Work? 1 ☐ Yes 2 ☐ No		-		
Division or Attanding	after death. Director: After	Certification:	3 Suicida 6 Could not be datarmined	28a. Placa of In	ury - At homa, f c. (Specify)	arm, straat, facto	ory, office	28f. Location	(Streat and Numb wn, Stata)	er or Rural	Routa Number,
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Hospi	within 24 hours after de To the Funeral Directo completely filled in by the	edicai	(Check only 2 Medical Exam	sician: To the best	of my knowledg	a, death occurre	d at tha tima, data and pon, in my opinion, daath	piece, and dua to the	cause(s) and ma	innar as sta	ted.
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DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Deta of Death 3. Time of Death **Physician** JM979 E /Medical 4a. Facility Nema (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner HOSPITAL BALTIMORE V31

If Undar 24 Hrs. 8. Date of Birth
(Month, Dey, Year)
OCT. 27, 1914 GENERAL BALTIMORE 5. Sociel Sacurity Number 9. Birthplaca (State or Foreign Country) if Under 1 Yaer Months Days 6. Sax 7. Aga (In yrs. lest birthday) **Funeral** 1 M 2 KF 220-24-6479 Director Yrs MARYLAND Usuel Residence of Decedent 72 hours after death with the Maryland 10a, Stete 10b. Count 10c. City, Town or Location permit. Paper 1 and 2 should be filed within 72 hours after death with the Manyla Department of Health and Mental Hygiene. Important if Item 27 is marked other than "natural", or items 23s or 28s-f show may injury or other freumatic event, the Medical Examiner must be notified at once. 10d. inside City Limits 1 Yas 2□ No BALTIMORE Directo MARVLAND 10e. Street and Number 10g. Citizen of What Country? FRANKLIN 124 W, STREGT U.S.A., 14. Race - American Indian, Bleck, White, atc. Funeral 12. Wes Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 Ø No If Yes, Give Yeer or Datas: 13. Wes Decedent of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Mexican, Puarto Rican, etc.) 1 Nevar Marriad 2 Married Baltimore, Maryland 21215-0020 1□ Yes 2No þ Specify: BLACK 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) 10+HGRADE TEACHERS BALTO, CITY PUBLIC SCHOOLS 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middla, Meiden Sumema HARVEY WILLIAMS 19e. Informent's Neme Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4706 THREE RD. PIKESVILLE, MD. 21208
Date 20c. Location - City or Town, State OAKS MASON-WHITE 20e. Method of Disposition

1 A Buriai 2 Cremation 3 Removal from Stete ARBUTUS CEMETERY 6-13-96 ARBUTUS, MD. 4⊟Donation 5 ☐ Other (Specify) 22. Nama and Address of Facility

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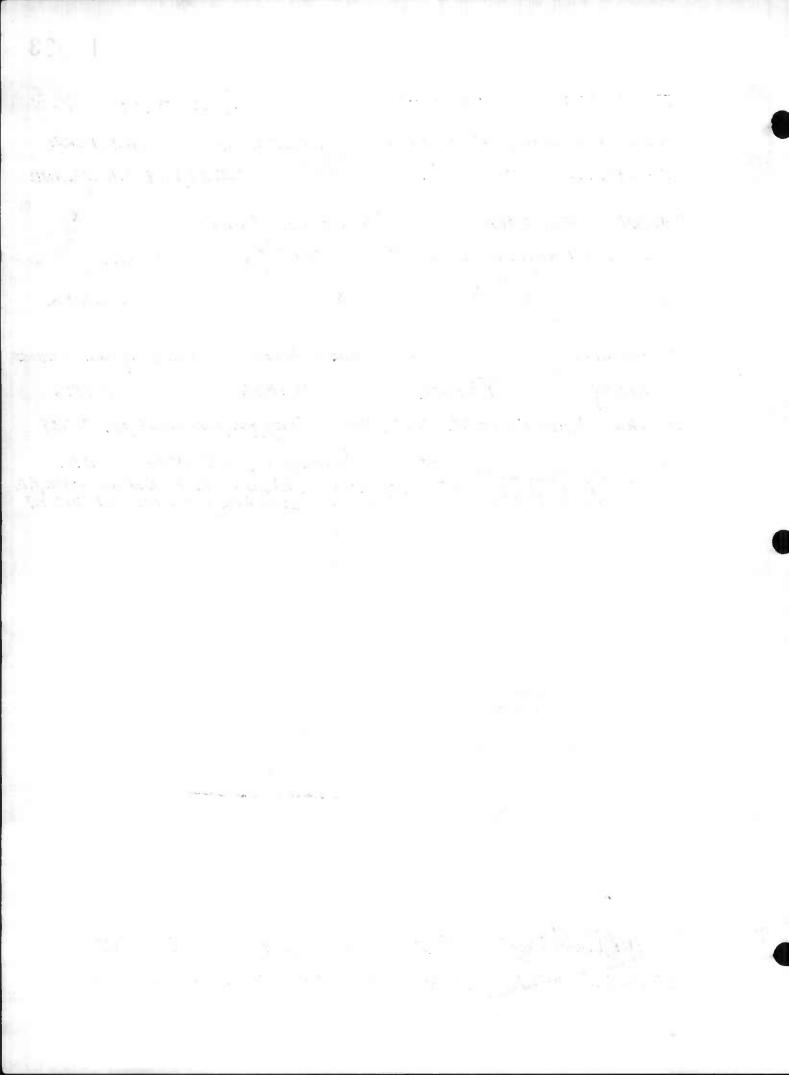
38. Nama and Address of Facility

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38. Na Act Funded S Physician ISHAEMIC TIS /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Due to (or es a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last P. S Due to (or es e consequence of) physician a s the burtal Box 68760. Due to (or es a consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying causa given in Pert I. Division of Vital Records, P.O. 23b. Did tobacco use contributs to the cause of death? CHRONIC 1 Yes 2 No 3 Probably 4 Unknown à FAILURE 24e. Wes an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? Completed 1 Tes 1 ☐ Yas 2 ☐ No i or Attending Physician: after death. Director: After this certifica Be 25. Was casa referred to medical exeminer? 26. Place of Deeth (Check only one) 1 Yes 2 No Hospital: Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Certification: To 27. Menner of Death 28a. Dete of Injury (Month, Day Year) 28b. Time of Injury 28d. Describe how injury occurred 28c. Injury at Work? 5 Pending invastigetion 1 Yes 2 No 2 Accident 8 Could not be determined 3 Suicida 28e. Place of injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide hours Funneral Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and place, end due to the cause(s) and manner as steted.

| Medical Examiner: On the best of examinetion and/or investigation, in my opinion, deeth occurred et the time, dete end piece, and due to the cause(s) end menner steted. 29e. Certifier Medical 29b. Signature a 29c. License number 29d. Deta signed (Mghth, Day, Year) 96 leted cause of deeth (item 23a) (Type, Print) Maryland General MOURAVSKAIA M.D. 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture State This Tavidson-Rondell JUN 18 1996 Registrar

DHMH 16 Rev 6/95



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Month 998 aaa une 4b. City, Town, or Location of Death 4a. Facility Nama (If not Institution, giva street and number 4c. County of Death HOSPICE JOSEPH RITCHIE Soltimore If Undar 24 Hrs. Hours Min. (M Bultimore 5. Social Security Number 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Birthpiaca (State or Foreign Country) Montha Days Hours 1□M 2×F 218-42-8390 64 Yrs. AUG 29, 1931 SOUTH CAROLINA Usual Rasidance of Dacedant 10b. County 10c. City, Town or Location 10d, Inside City Limita BALTIMORE 120 Yas 2□ No BALTIMORE MARVLAND 10e. Street and Number 100. Citizen of What Country? AVENUE NROSE USA. 12. Was Dacedant Evar in U.S. Armed Forces? 1 ☐ Yas 2 2 No If Yas, Giva Yaar or Datas: 14. Race - Amarican Indian, Black, Whita, atc. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status 1 ☐ Navar Married 2 Married Specify: BLACK 1 ☐ Yaa 2 No 3 ☐ Widowed 4 ☐ Divorced 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elemantary/Secondary (0-12) Collega (1-4or 5+) FACTORY WORKER PHARMACEUTICAL 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) JOHN STEWART MAVERS MARIAH 19a. Informant'a Name/Raiationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 201 PARK DRIVE, PIKES VILLE, MD. 21208 Data 20c. Location - City or Town, Stata HARLES 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition 00 Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 6-19-96 FLORENCE CO. S. C. CEMETERY 4 ☐ Donation 5 ☐ Othar (Specify) 22. Nama and Addrass of Facility WN JR. FUNERAL HOME, P. A. JOSEPH H. BROWN JR. FUNERAL HOME, P. A. 2140 N. FULTON AVE., BALTIMORE, MD. 21217 21. Signature of Funeral Service Licensee 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Immediate Causa (Final disaasa or condition rasulting in death) Memoria Dua to (or as a consequence of): vero Dua to (or as a consequenca of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

**Physician** /Medical Examiner

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Division of Vital Records,

Important: If It any Injury or o once.

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ir than "natural", or items 23s or 26s-fi The Medical Examiner must be notified

Pages 1 and 2 should be filed within 72 hours after death a neart of Health and Mental Hyglene.
Int: If Item 27 is marked outber than "naturel," or Items 23a int: If Item 27 is rearned outber than "naturel," or other traumatic event, the featurel Exercise many or other traumatic event, the featurel Exercise man

Baltimore, Maryland 21215-0020

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Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Cause (Disease or Injury that Initiated evants rasuiting in death) Last

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invastigation

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1 Yas 2 No

27. Mannar of Death

2 Accidant

3 Suicida

4 Homicida

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24b. Wara autopsy findings available prior to completion of causa of daath? 24a. Was an autopsy performed? 1 Yaa 20 No 1 ☐ Yas 2 ☐ No 28. Piaca of Death (Check only ona) Other: 4 Nursing Homa 5 Rasidance S Othar (Specify) 1 Inpatiant 2 ER/Outpatient 3 DOA TEXPICE 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28d. Dascribe how Injury occurred 28b. Tima of 1 Yaa 2 No 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, street, factory, office building, alc. (Specify)

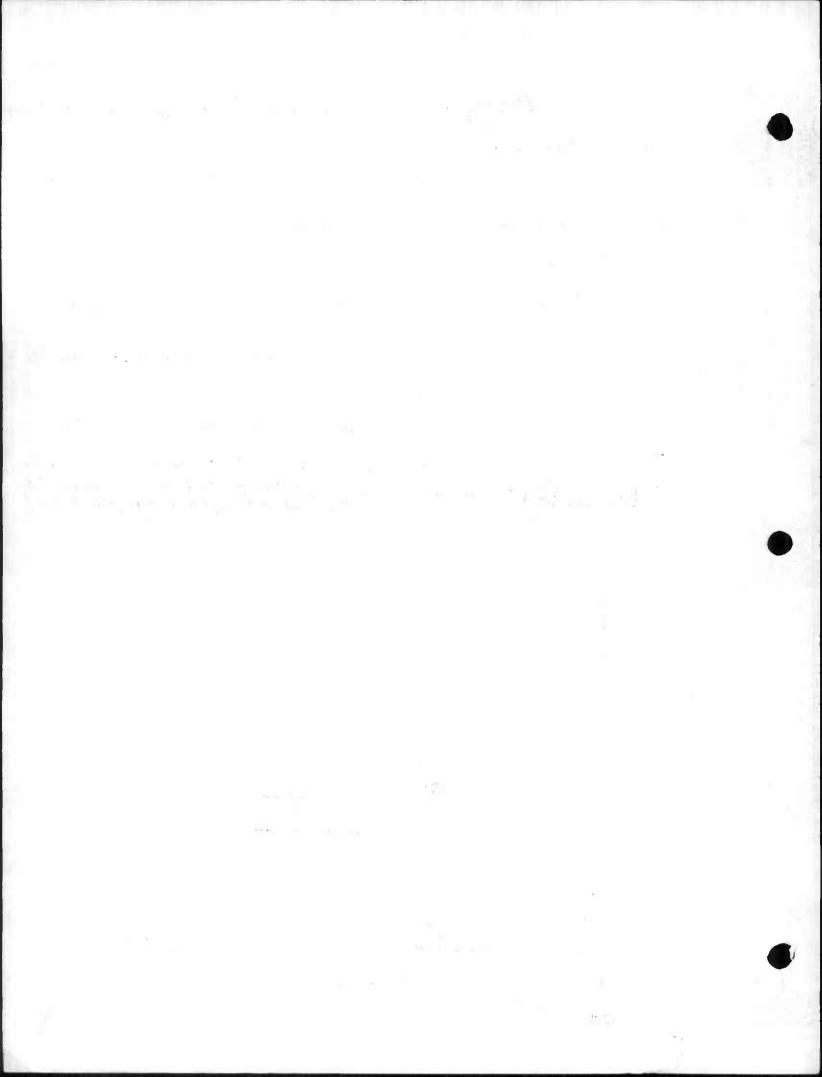
29a. Cartifiar (Check only one)			at of my knowledga, daath occurred at tha tima, data and piace, and dua to of axamination and/or invastigation, in my opinion, daath occurred at tha ti stated.	
29b. Signatura ar	nd titia of certifier	^	29c, Licansa number	29d, Data signed (Month, Day, Year)

31. Data filed (Month, Day, Year) State

S. Harrison MD MD

reon who completed causa of death (Item 23a) (Type, Print)
Ley HDS P14 828 N. Eutaw St Balko MD. 21201

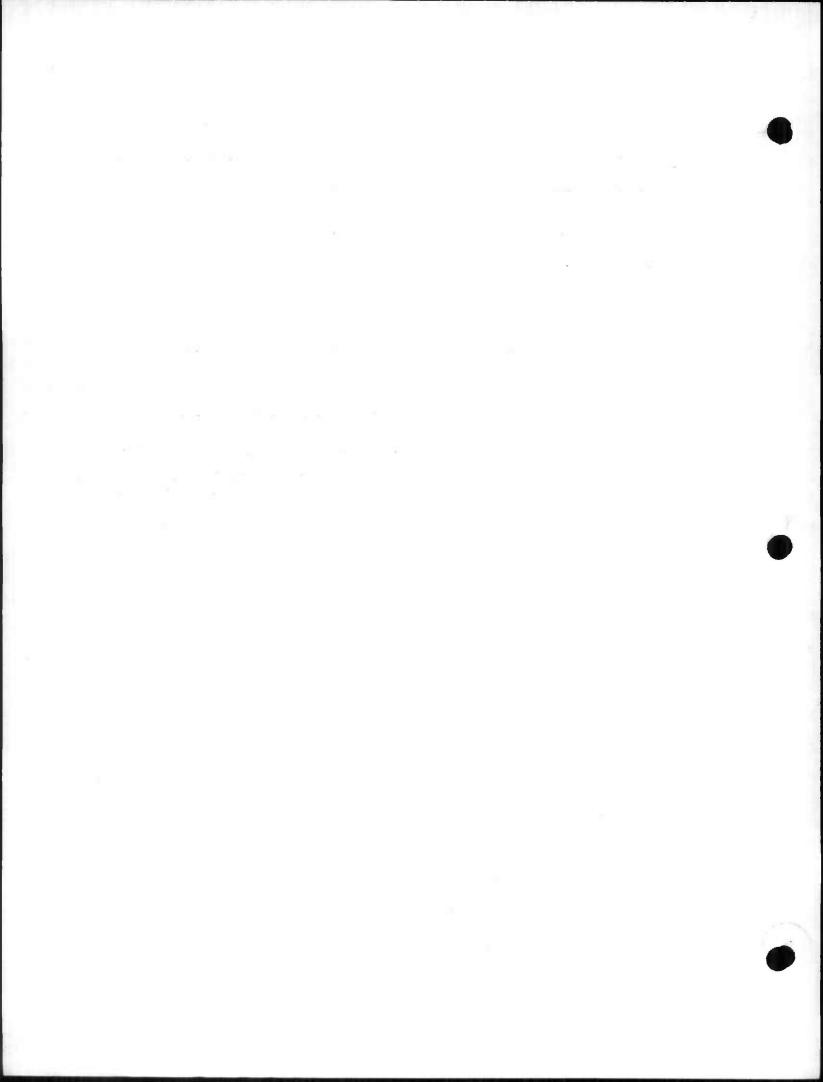
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A	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for u	2	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
osp	INE	華	IMPORTANT:
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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	2	20	Ξ

	FOR STATE REGISTRAR	STATE OF MA			MENT OF I		MENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Elizabeth	В.		Pu	ckett		JUHE 17	1996		11ME OF DEATH 2:45 A M
	4. SOCIAL SECURITY NUMBER  220-46-3979  9a. FACILITY NAME (If not institution, give s	1 🗆 M 2 💢 F	i. AGE (In yrs. last 96	YRS.	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) Oct. 24 1	899 9c, COUNT	Mary	
TOR	Sinia Hospit				Balti		EATH	9c. COUNT	N/A	1
DIRECTOR	10e. STATE 10b. COUNT MD . N/				TOWN OR LOCA				- 1	1. INSIDE CITY LIMITS? X YES 2 \( \text{NO}\)
FUNERAL	100. STREET AND NUMBER 2223 Crest Rd.					11. ZIP CODE		10g. CITIZE	N OF WHA	COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 _ IF YES, GIVE WAR	YES 2 N		if yes, a		NIC ORIGIN? (Specify Yea in, Puarto Rican, atc.) y:	or No- 14	I. RACE — Black, W Specify:	American Indian, hita, atc. White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+) +3	(Giv	e kind of wo Do NOT use	sual occupative done during material.)	ost of working	166. KIND OF BUS	iness/indus		
BE COM	17. FATHER'S NAME (First, Middle, Lest) Augustus		Br	yant		18. MOTHER'S NA Ruth	ME (First, Middle, Maiden	Surname)	В	urry
TO B	190. INFORMANT'S NAME (Type/Print) Augustus Puckett	/ Son	196	MAILING A	DDRESS (Street Crest I	and Number or Rural Rd. Balti	Route Number, City or Town	, State, Zip C 21209	ode)	CH
	20a. METHOD OF DISPOSITION 1 (XBurial 2   Cremation 3   Ren 4   Donation 5   Other (Specify)	noval from State			disposition (A			kesvi		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22. NAME /		owson Fune: ork Rd. To		-	
CERTIFICATION	23. PART I. Enter the diseases, or shock, or hast failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, isading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Car Car Car Car Car Car Car Car Car Car	s on sach line.	UENCE OF	ary	anes	,			Approximate Interval Between Onset and Death  2 krs.
MEDICAL	PART II. Other algnificant condition						PERFOR	MED2	AW CO OF	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION DF CAUSE DEATH?  YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:	26. PLAC	E OF DEATH	OTHER:	)			1	
BY PHYS	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF III (Month, Day	NJURY , Year)	28b. TIME INJU	OF 28c. IN W	JURY AT ORK? YES 2 NO	6 ☐ Other (Specify)  28d. DESCRIBE HOW II			
ED	3 Suicide 8 Could not be 4 Homicide detarmined	26a. PLACE OF building, at	INJURY — At hor lc. (Specify)	me, tarm, st	reet, factory, off	ca	281. LOCATION (Street a City or Town, State)	and Number of	r Aurai Rout	Number,
COMPLET	one) 2 MEDICAL EXAMIN	ER: On the basis of axa					s to the cause(a) and men s time, data and place, an			nd menner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CONTIFIE	olf, ME	)			1) 30 9		29d. DATE	SIGNED (M	onth, pay, Year)
i i	30. NAME AND ADDRESS OF PERSON W	nk Rd.	Cent	her	11//e	MA				
15	31. DATE FILED (Month, Day, Year) 31. 18 1996	32. DEGISTAR	X S NOTHER	9	,					





Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death Month **Physician** POWERS DOROTHY A JUNE 1996 13 /Medical 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Baltimore MEDBRIDGE Bultimore if Under 1 Year if Under 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** 1 M 2 F 92 Yrs. 212-28-4484 Director July 15, 1903 Maryland Usual Rasidance of Decedan the Merylend 10a. Steta 10b County 10c, City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or itema 23s or 28a-f show treumstic event, the Medical Examiner must be notified at PARKVIlle Baltimore 1 Yas 2 No Director MD 10e, Street and Number 10f. Zip Coda 10g. Citizen of What Country? 3313 21234 Kd. ACTON USA Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☑ No if Yas, Giva Yaar or Datas: 11. Maritai Status Was Decedant of Hispanic Origin? (Spacify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American indian, Biack, Whita, atc. 72 hours efter 1 ☐ Navar Married 2 ☐ Married 1 Yas 2 No Specify: Baltimore, Maryland 21215-0020 Specify: WHITE À 3 Widowad 4 □ Divorcad Completed 16a. Decedant's Usuai Occupation 15. Decedant's Education 16b. Kind of Business/Industry (Giva kind of work dona during most of working lifa. DO NOT usa ratired) (Specify only highast greda complated) permit. Peges 1 and 2 should be filed within Department of Heelih and Mentel Hygiens important: if them 27 is marked other than "neny Injury or other treumatic account. Elemantary/Secondary (0-12) Coilega (1-4or 5+) Clothing Seamstress 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maiden Sumama) Be Schmidt HOEFLER 1059/10 MAX 19a. informsnt's Name/Raiationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Hobert Powers 3313 ACTE Balto, Md. 21234 20b. Piaca of Disposition (Nama of comatary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata June 17 1 Burial 2 Cramation 3 Ramoval from Stata PARKWOOD 4 ☐ Donation 5 ☐ Othar (Spacify) PARHVIlle, Md 1996 21. Signature of Funarai Sarvice Lice 22. Nama and Addrass of Facility 8800 Harford Rd 23a. Psrt1. Exter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause or each line. MY 21234 Approximsta Intervsi Batween Onsat and Death Physician /Medical immediata Cause (Final 10days neumorala. disaasa or condition rasulting in daath) **Examiner** Dua to (or as s consequence of): Examiner Cerebro Vascular accident MS burlel-transit be executed Sequantially list conditions, if any, ias ding to immadiata cause. Entar Undarlying Cause (Diseasa or injury that initiated evants rasulting in death) Last and Insulu Dependent Diabelis Melhlis physician s the burlel Records, P.O. Box 68760. Physician/Medical The law requires that the death certificate Dua to (or as a consequence of) 80 for use as ed by the ed Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown signed b ð 24b. Ware autopsy findings available prior to complation of cause of dasth? Completed 24a. Was an sutopsy performed? peed page 2 certificate hes 1 Yas 2 No 1 Yas 2 No Division of Vital Hospital or Attending Physician:
 24 hours effer death.
 Funeral Director: After this certificately filled in by the funeral director; 25. Was casa rafarrad to medical Be 26. Place of Deeth (Check only ona) Othar: 4 Nursing Homa 5 ☐ Rasidance 6 ☐ Othar (Specify) To 1 Yes 2 No 1 Inpatiant 2 ER/Outpatient 3 DOA 27. Manner of Death 28a. Data of injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred Certification: 5 Pending invastigation 1 Natural 1 Yas 2 No 2 Accidant 8 Could not be datarminad 3 ☐ Sulcida Location (Street and Number or Rural Route Number, City or Town, State) 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Spacify) To the Hospitan on within 24 hours effer To the Funeral Directors (Illed in 4 Homicide 1 Certifying Physicism: To tha best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. Medical 29a, Cartifian 2 Medical Examiner: On the basis of axamination and/or investigetion, in my opinion, death occurred at the time, date and place, and dua to the cause(s) and manner stated. 29b. Signature and title of pertities 29c. Licensa number 29d. Data signed (Month, Day, Year) Leury Attendry Shipsician

State Registrar 31. Data filed (Month, Day, Year) JUN 18 1996

Dr. S. SRINIVAS



122652

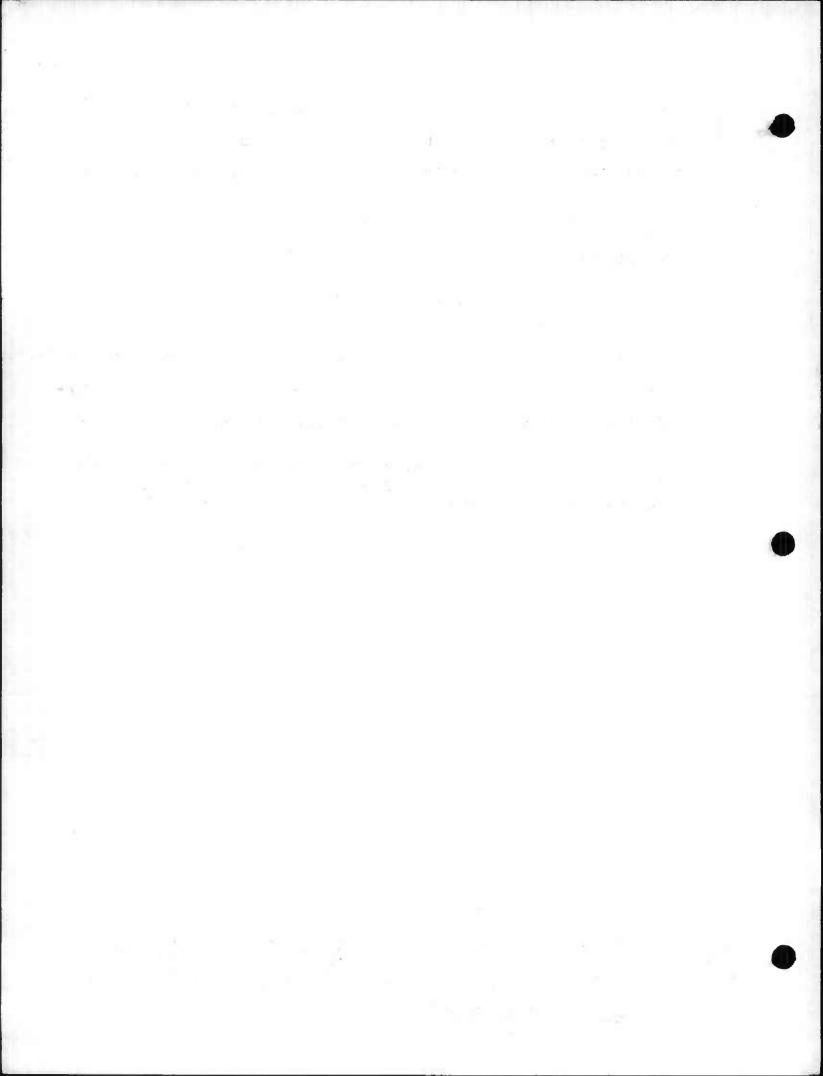
30. Name and addrass of person who completed cause of deeth (Itam 23a) (Type, Print)

Dr. S. SRINIVAS 5601 LOCHRAVEN BLVD BALTIMORE MD 21239

6/14/96.

State of Maryland / Department of Health and Mental Hygiene 96 17937

				Ce	ertificate of	Death	Re	9 D	11931
Dhurlel		1. Decedent'a Neme (First, Middle, Las	1)				2. Dete of Deet Month		3. Time of Death
Physicia /Medic		Augustus	V	•		Putty	June		
Examin		4a. Facility Name (If not Institution, giva				4b. City, Town, or	Location of Death	4c. County of	
		4001 Clarks Lar					1timore		n/a
Funeral Director		214-20-0748	7. Aga (I	n yrs. last birthday 64 Yrs.	Months Days		8. Deta of Birth (Month, Dey, May 10	Year) 9.	Birthpiece (Stata or Foreign Country) MD
pu .		Usual Rasidance of Decedent  10e. Stete 10b. County	144	Oc. City, Town or I	pastion				40.4 1. 14. 00. 11.
sth with the Marylar 23s or 25s-f show	tor	MD n/a	"		ltimore				10d. Insida City Limits
r 28	Director	10e. Street and Number			10f. Zip Code		10	g. Citizan of Whe	ot Country?
th wil		4001 Clarks Lar	ne apt. 20	09	2	1215		USA	l l
urs efter der	by Funeral	11. Merital Status  **Theorem Married 2 Merried 3 Widowed 4 Divorced	12. Wes Decedant Eva Armed Forces? X12(Yas 2 No It Yea, Give Year or Datea: W		Wes Decedant of If Yes, apecify Cut 1 ☐ Yea 2 ☐ No		pecify Yas or No- to Ricen, etc.)		American Indian, Whita, etc. Black
72 ho	Completed	15. Decedent's Edi (Specify only highast grad	ucation	16a. Dec	edent's Usual Occu	pation	deina	16b. Kind of Busin	ess/Induatry
- 3	p d	Elementery/Secondary (0-12)	College (1-4or 5+)	life.	a kind of work done DO NOT use retire	ed)	Ning		
	ပ္ပ	10th			Laborer			Americ	an Smelter
al H	Be	17. Father's Neme (First, Middle, Last)				18. Mother's Ner	ne (First, Middle, A	fe <i>iden Sum</i> eme)	
	၉	David Putty					Jones		
~ ~ ~		19e. Informant's Neme/Reletionship (T			ling Address (Stree				
a sale			nomas		5 W. No	rth Ave			21207
8 2 2 0		20a. Method of Disposition 1 ☑ Furial 2 ☐ Cremetion 3 ☐ I		20b. Place of Disp cemetery, cri	position (Neme of emetory or other pla	ece)	Data	20c. Location - Cit	y or Town, Stete
Parmen ant:		4 ☐ Donetion 5 ☐ Other (Specify	)	Garris	on Fore	st VA	6/18/96	Owing	s Mills, M
permit. Page Department of Important: If eny Injury or once.		21. Signature of Funerei Sarvice Licens	≈ Ma	to		· Morto urens S		s Funer	al Home 21217
Physician /Medical <sup>*</sup> Examiner	ner	Immediate Cause (Finel disease or condition resulting In death)	Probable	Myoco e to (oMas a conse		South			Onaet and Deeth
	Medical Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events rasulting In deeth) Last	c	e to (or es a conse					
E 00	n/Me		d						
death d for	cla	Part II. Other significant conditions co	ntributing to death but n	ot reculting In the	underhilna ceuse a	iven in Part i	23h Did to	haceo usa contri	bute to the cause of death
that the ed by th detache	y Physician/	Tath. Oddi agrinoan conduons co	introducing to doubt to but in	or resulting in the	undariying causa g	ventin Petti.			□ Probably 4 □ Unknow
aw requ	Completed by						24a. Wes as perform		4b. Were autopsy findings svallable prior to completion of causa of death?
The ata h	9						1 □ Ya	s 20 No	1 ☐ Yes 2 ☐ No
	Be	25. Wes case referred to medical examiner?					ath (Check only on	9)	
this o	2	10 100	Hospitel: 1 Inpetient	2 ☐ ER/Outpetie	BIN 3LI DUA		lome Reside		Specify)
ding P. After t	on:	27. Menner of Death  Salaturel 5 Pending	28a, Dete of Injury (Month, Dey Ye	28b. Time Injury	Wo		28d. Describe ho	w Injury occurred	
To the Mospital or Attending Phywithin 24 hours after death. To the Funeral Director: After this completaly filled in by the funeral	Certification:	Ž Accident Invastigetion 3 ☐ Suicide 6 ☐ Could not be 4 ☐ Homicide determined	28e. Plece of Injury building, etc. (5	- At home, ferm, a Specify)		Yes 2 No	28f. Location (Sti City or Town		or Rural Routa Number,
To the Hospital within 24 hours of To the Funeral of completely filled	edicai (	29e. Certifier (Check only one) Certifying Phy 2 Medical Exami	sician; To the best of m ner: On the besis of exe end mannar stated	aminetion end/or la	th occurred et the tinvestigetion, in my	ima, dete and place opinion, deeth occu	, and due to the ca irred at the time, de	usa(s) snd manne ite end plece, and	er ss ateted. I due to the cause(s)
			()		29c. Licen	se number	25	d. Date algned (A	Inath Day Vees)
To the Comp	Σ	29b. Signetura and title of certifier						_	nonin, Dey, rear)
To the To the comple		29b. Signetura and title of certifier	1 Zuca	)	T	1413	32	6/16/6	PL
To the comp		1 Sught	ompleted cause of death	(Item 23a) (Tune	Print)	0413	32	6/16/9	26
To the within within comp		29b. Signetura and title of certifier  30. Neme and eddress of person who ce	ompleted cause of deeth	(Item 23a) (Type	D, Print)	0413.	32 non 1	6/16/9 D 2	26



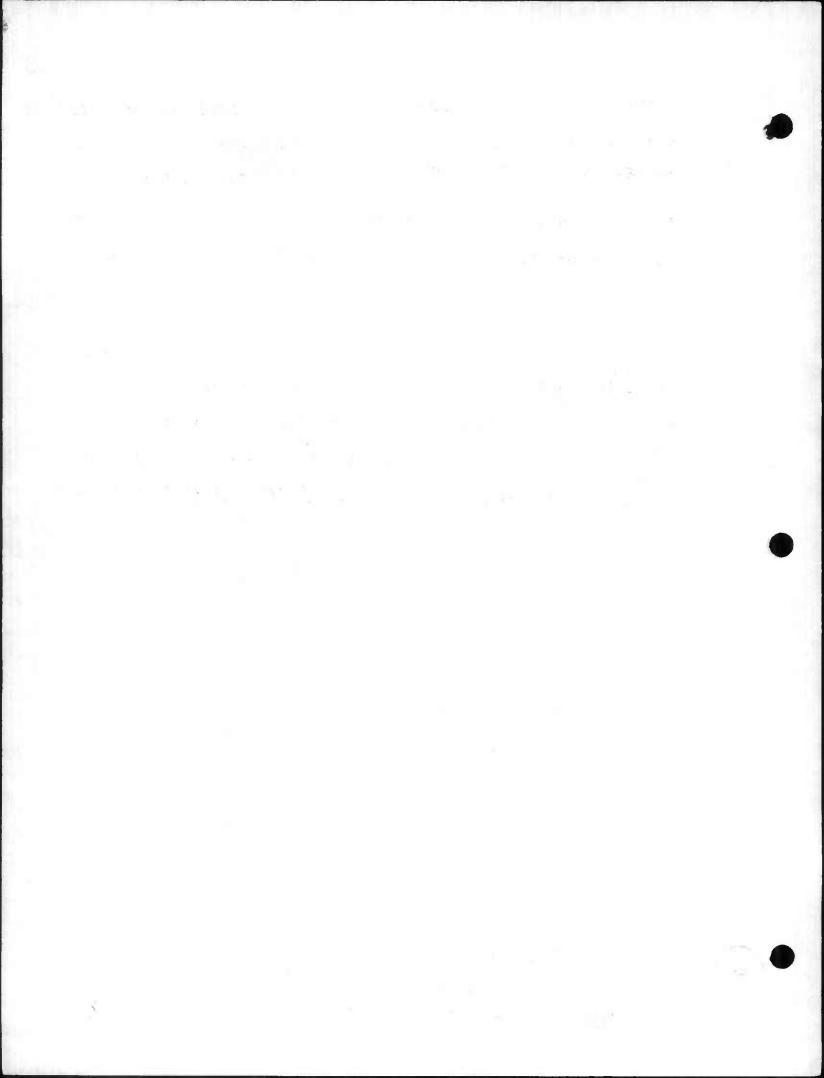
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** HELEN PERRY JUNE /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Stella Maris at Mercy Baltimore n/a Hours Min. 8. Dete of Birth (Month, Day, Year) Birthpiece (State or Foreign Country) 5. Sociel Security Number 7. Age (In yrs. lest birthday) If Under 1 Yeer **Funeral** Deys Months 1 M SENE 81 Yrs. 154-05-2174 Director Feb. 23, 1915 VA Usuel Residence of Decedent with the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Ineide City Limits 28a-f show r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at THEY'es 2 No Directo MD n/a Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? pemil. Peges 1 and 2 should be filed within 72 hours after death v
Department of Health and Mental Hygiene.
Important: If item 27 is marked other than "natural", or items 23a any injury or other treumatic event, the Medical Experience 2008. 1434 N. Mount St. 21217 USA Funeral 11. Meritel Stetus 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. Rece - American Indien, Bleck, While, etc. 1 ☐ Yes 2 ☒ Øŏ If Yes, Give Year or Detes: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: þ Specify: Black 3 ☑ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Pressing Clothing Factory 5th 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Be Cornelius Taylor Mary Justice 2 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Beulah Hawkins/daughter 1727 N. Smallwood St. Balto., MD 20b. Plece of Disposition (Name of cemetery, cremetory or other piece) 20a. Method of Disposition 20c. Location - City or Town, State Dete 1 Daurial 2 ☐ Cremetion 3 ☐ Removel from Stete Arbutus Mem. Pk. 6-22-96 Balto., 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funerei Service Licensee 22. Name end Address of Fecility James A. Morton & Sons Funeral Home Mar low 1701 Laurens St. BAlto., MD 21217 234. Part I there the disease, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock or heart feilure. List only one ceuse on each line. Approximete Interval Betw Physician Immediate Cause (Final disease or condition resulting in deeth) /Medical Ovarian Unknower Metastatio Cancar Examiner Due to (or es e consequence of): Examiner The lew requires that the deeth certificate be executed physician end the burial-transit Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last Due to (or es e consequence of): Records. P.O. Box 68760. Physician/Medical Due to (or es a consequence of): 88 for use as Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. ed by the detached 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown bengis be de by been si 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes an autopsy performed? Completed s certificate hes b 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physician: 26. Place of Deeth (Check only one) STELLA MARIS AT MERCY director. Be 25. Wes cese referred to medical exeminer? Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4  $\square$  Nursing Home 5  $\square$  Residence 6X Other (Specify) HOSPICE1 Yes 25 No Certification: To this funerai 27. Menner of Deeth 28a. Dete of Injury (Month, Day Year) 28d. Describe how Injury occurred 28b. Time of 28c. Injury et Work? 5 Pending Investigation 1 Naturel death. 1 Yes 2 No 2 Accident efter deatl 6 Could not be 3 Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) in by 4 Homicide Funeral Di hours Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29e. Certifier To the Hosp within 24 ho To the Fune completely f (Check only one) 29b. Signeture end title of certifler 29c. License number 29d. Date signed (Month, Dey, Year) 040480 June 1996 18celain 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 58/0 100 13×140. FERNANDO FERRO MO 21206 Julia Davidson-Handal 31. Date filed (Month, Dey, Year) State

DHMH 16 Rev 6/95

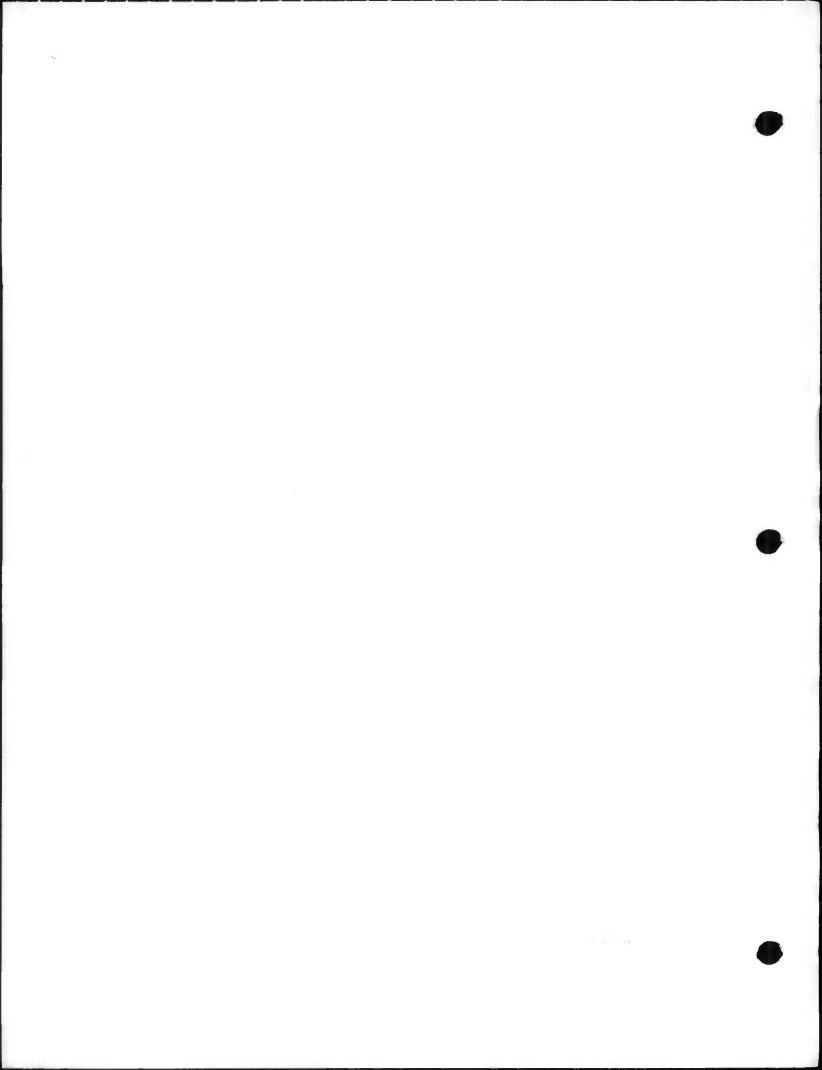
Registrar



DIVISION OF VITAL RECORDS, P.O. BOX 68760 BALTIMORE, MARYLAND 21215-0020	# MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the most and the second within the secon	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ITANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	H	里里	PORT

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG	NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	0 /		_		2. DATE OF DEA			3. TIME OF DEATH
	Lucinda	ayton				MONTH	15 1	996	8.25 P .
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.	last hirthday) II	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT			IPLACE (State or Foreign
	213-14-1357	1 M 2 DF ST		NTHE DAYS	HOURS MIN.	(Month, Day, Ye	ar)	Countr	γ)
						03-02			chesta C, MO
~	9a. FACILITY NAME (If not institution, give street	at and number)	9		R LOCATION OF D			INTY OF D	
Ö	The Summit K	Vursing Home		Catenso	16 mo	21228	1 13	Raltin	na
5	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		1						
DIRECTOR	M a la R	15	10c. CITY, 1	OWN OR LOCAT	ION				10d. INSIDE CITY LIMITS?
	Mary land Dali	+more	Ca	tonsi	ulle				1 NES 2 NO
¥	10e. STREET AND NUMBER	^		101.	ZIP CODE		10g. CIT	IZEN OF Y	VHAT COUNTRY?
FUNERAL	127 Wesley	y Avenue			21228	3	1 (	115	A
5	11. MARITAL STATUS	IR. WAS DECEDENT EVER IN U.S.		13. WAS DECI	ENDENT OF HISPA	NIC ORIGIN? (Speci	fy Yes or No-	14. RACE	- American Indian,
	1 Never Married 2 Married	FORCES? 1 YES 2	THO	If yes, spe	city Cubent Mexico	an, Puerto Rican, etc	C.)	Black Speci	c, White, etc.
B	3 Widowed 4 Divorced			1 1 123	a garo apecii	· · ·		Speci	"Black
	15. DECEDENT'S EDUCAT	TION 16a.	DECEDENT'S US			16b, KIND O	F BUSINESS/IN	DUSTRY	0.0.0
<b>5</b>	(Specify only highest grade col	College (1-4 or 5+)	(Give kind of world life. Do NOT use n	done during mos stired.)	t of working	111			
립	740	College (1-4 of 5 4)	House	ew!	Pe_	Su	n fa	m:	1.7
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		11000	1		ME (First, Middle, M.		. ( ) ) [	1 4
	1.1	PKins			10. MOTHER S RA	CME (First, Middle, Mi	erden Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)	1911)	Color Verla Color Verla		1166	15 40	ung		1
2	K S. VAS S S S C	amour	196. MAILING AD	ORESS (Street ar	nd Number or Rural	Route Number, City of	0		21613
	namerine C	unper	125		mont	- Hueni	le Car	nbri	dae, mo
	20a. METHOD OF DISPOSITION 1 D Burlal 2 Cremation 3 Remove	al from State complexy	CE AND DATE OF C	HSPOSITION (Nar	ne of		c. LOCATION —	City or To	wn, Stata
	4 Donation 6 Other (Specify)	Mt.	Pleaso	int le	metery	6/21 4	Salei	m, n	nuryland
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE		22. NAME AN	D ADDRESS OF FA	ineral	Home		
	June 2000 C	disi							
	23. PART i Enter the diseases, or con	- Clasticas that account the	de este de est	1210 M	usning	sten of	Cam	Drid	re, mo 21613
ı	anock, or heart fallure. Lie	st only one cause on each I	Ina.	enter the mod	le of dying, aut	th as cardiac or :	reapiratory ar	reat,	Approximate Interval Between
	IMMEDIATE CAUSE (Final	0	-	particular	E	A . /			Onset and Death
	disease or condition resulting in death)	(0	ngest	ine 1	heart	faile	me		3 months
		DUE TO (OR AS A COM	SEQUENCE OF):			J			
Z	Consendable Heaven Male								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CON	SEQUENCE OF):						
2	CAUSE (Disease or injury								
E I	that initiated events	DUE TO (OR AS A CON	SEQUENCE OF):						
E	resulting in death) LAST								
	DART II OM II- MI								
DICAL	PART II. Other algolificant conditions of	contributing to death but no	ot resulting in t		cause given in		S AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
8	Typuturin		Ja	CVA		1 D YI	ES 2 1 NO		COMPLETION OF CAUSE OF DEATH?
WE	Mysoth	upoidism							1 TYES 2 NO
=	DID TOBACCO USE CONTRIE	BUTE TO CAUSE OF DE	EATH YES	Пиоп	UNCERTAIL	NIA			12 14 19
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		LACE OF DEATH (			74			
28		IOSPITAL:    Inpatient 2   ER/Outpatient	2 004 8	THER:	-03	10.00			
ξ	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME O			6 Other (Specify,			
	1 Natural 5 Pending	(Month, Day, Year)	INJUR	WOR	NC?	200. DESCRIBE H	OW INJURY OC	COHED	
B	2 Accident Investigation	200 DI ACE OF IN HIRV			ES 2 NO				
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY — At building, atc. (Specify)	nome, tarm, stre	it, factory, office		28f. LOCATION (Si City or Town,	treet and Numbe State)	r or Rural R	loute Number,
E									
립	29a. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my knowledge,	death occurred a	t the time, date a	and place, and due	to the cause(a) and	manner as sta	ted.	
COMPLET	one) 2 MEDICAL EXAMINER:	On the basis of examination and/	or investigation, i	n my opinion, de	ath occured at the	time, data and place	a, and dua to ti	he cause(a)	and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	1 ^		T	29c. LICENSE NUI				
BE	Millone	1-1 MA			D-11. C	2.521	29d. DAT	E SIGNED	(Month, Day, Year) 17, 1996
2	/ 1/1 / VNC - C	170 W			シーサー	0 01	10	MAC	17111
F 1	1000	DANGE ETED CAUSE OF OF THE	TEN OF C	-					
F	1000	DMPLETED CAUSE OF DEATH (I	TEM 27) (Type, Pri	TYEN	ue S	WITE 3	02		
Ĭ	30. NAME AND ADDRESS OF PERSON WHO CO	DMPLETED CAUSE OF DEATH (I	TEM 27) (Type, PHI	") THEN	WE S BAUTIM	WITE 3 PRE, M	02	229	
F	30. NAME AND ADDRESS OF PERSON WHO O	DMPLETED CAUSE OF DEATH (I	TEM 27) (Type, Pri	TYEN	WE S BAUTIM	WITE 3 PRE, M	02	229	

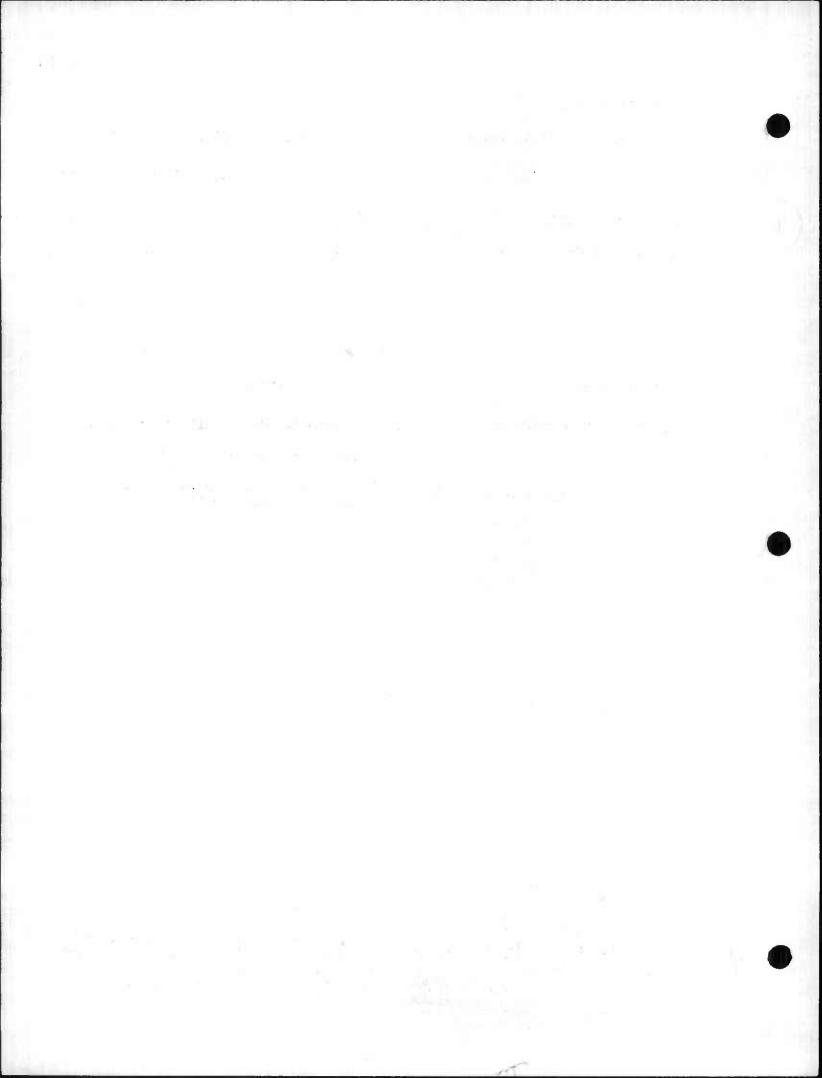


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an co me	Certification:	3 ☐ Suicide 4 ☐ Homicide	6 Could not be determined	28e. Place of inj building, et	ury - At hor	me, farm, stre	et, factory	, office		28f. Location City or T	(Street own, Sta	and Numb	er or Rurai	/ Route Number,
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State of Maryland / Department of Health and Mental Hygiene O

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xaminer		4a. Facility Nama (If not institution, give 104 North Belno					4b. City, Town, or Baltimo:			ty of Death City	
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- L		1. Decedant's Nam	na (First, Middla, L	ast)					2. Dete of Death	7	V	3. Time of Death
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Examin		Action to the state of the state of		iva street end number) WOOd Avenue				4b. City, Town, or Baltim		4c. County		
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y 28	irec	10e. Street and Nur	mber				10f. Zip Cod	de	10	g. Citizan of	Whet Cour	ntry?
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or frema	/ Funeral Director	11. Marital Status	riad 2□ Married	12. Wes Decedant Armed Forcas?	12. Wes Decedant Evar In U,S. Armed Forcas? 1 ☐ Yas 2 ☑ No			of Hispenic Origin? (S Cuban, Maxican, Puan No Specify:	pecity Yes or No- to Rican, etc.)		ce - Americ ck, White,	atc.
ural',	d by	3 💢 Widowed			Yes 2X			эрөсп	. WI	nite		
permit. Pages 1 and 2 should be filed within 72 hours after death with the Manyland Department of Health and Mentell Physiene.  Timportant: If fear 27 is marked other than *erturelf, or frems 23e or 28e-f show any injury or other traumatic event, the Medical Examinet must be notified at once.	Completed	(Space	15. Decedant's E cify only highest g ondary (0-12)	Education rada complated) College (1-4or	5+)	(Giva k life. D	O NOT usa ra	ona during most of wo tired)	rking	6b. Kind of B		
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withor 24 hours effer death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be deteched for use as the burial-transit To the hospital or Attending Physician: The law requires that the death certificate be executed.

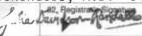
Division of Vital Records, P.O. Box 68760,

Baltimore, Maryland 21215-0020

> 30. Nama and addrass of person who complated causa of daath (Itam 23a) (Type, Print) M.D.

Dr. Kevin G. Schendell, 9101 Franklin Square Drive Baltimore, Maryland 31. Data filad (Month, Day, Year)
JUN 18 1996

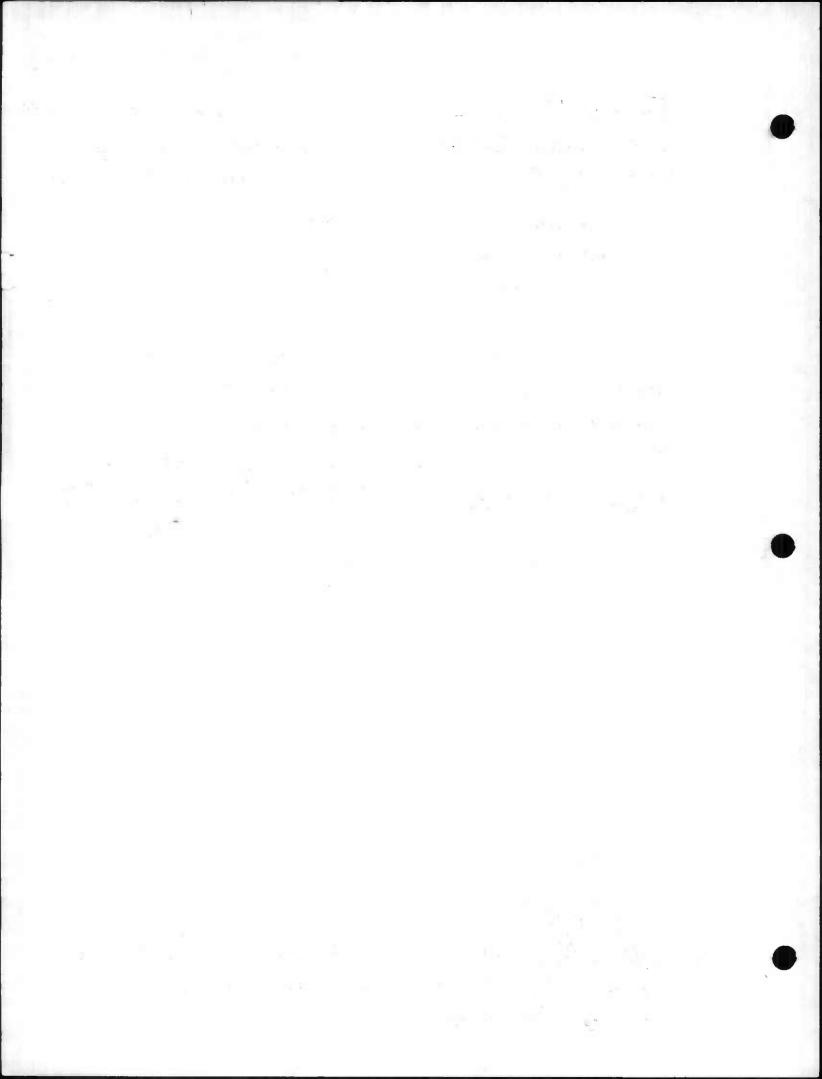
State Registrar



State of Maryland / Department of Health and Mental Hygiene Q C

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					(	Certificate of	Death		Reg. No.	U	17945
	Burnet		1. Decedent's Name (First, Middle)	est)				2. Dete of De	eth	Vaca	3. Time of Deeth
	Physic /Medi		THOMAS W. KG	SMS.	r.			Month	(7 g	Year 6	073884
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	Director		44-04-0001	MM 2□ F	58 Y	s. Months Bayo	17.00.10		6,1937	Cour	NC
	pur	]	Usual Residence of Decedent  10a. State 10b. County	10	c. City, Town	or Location					Od tools On the
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	eep .	Inei	11. Meritei Stefus	12. Wes Decedent Eve Armed Forces?	r in U,S.	13. Was Decedent of I If Yes, specify Cub	Hispenic Origin? (Sp	pecify Yes or No	14. Rac	e - Americ ck, White,	can Indien,
21215-0020	72 hours after natural', or its	by	1 ☐ Never Merried 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	1 ☐¥es 2 ☐ No If Yes, Give Yeer or Detes:		1 ☐ Yes 2 ₹ No		Triodit, 610.7	Specify		Black
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21	od withing on the man	Con		lyr		Shift	Manager		Photo	Fir	nisher
nd	al al al	Be	17. Father's Name (First, Middle, Last	)			18. Mother's Nam	e (First, Middle,	Maiden Suman	10)	
<u>X</u>	Ment Ment arked	10	Thomas W. Ro	gers, Sr.			Laur	a Shel	ton		
Maryland	oemit. Pages 1 and 2 should be filled in Department of Health and Mental hygist Important: If Itam 27 is marked other in my Injury or other traumatic event, ance.	ľ	19a. informant'a Name/Raiationship	Type, Print)	19b. N	Mailing Addrass (Street	and Number or Rui	ral Route Numbe	er, City or Town,	State, Zip	Code)
2	and saith		Loleeta C. Ro	gers/wife	94	47 Sohap	Lane Co	lumbia	, MD 2	1045	5
Baltimore,	t of Har		20a. Method of Disposition		20b. Place of C cametery,	Disposition (Name of cremetory or other pla	ce)	Date	20c. Location -	City or To	wn, State
<u>E</u>	Pages nent of I nnt: If its ury or or		4 □ Donetion 5 □ Other (Speci		Garri	son Fores	st VA	21/94	Owings	Mil	lls, MD
alt	Demit. Pa Departmer Important: any Injury ance.		21. Sign dure of Funerei Service Lice	nsee		22. Neme end Addre	ess of Facility	1	- E		II a a
m	88 E 8 8		K Jenes O	W. To		James A.					Home
			23a. Part1. Enter the disease, or com shock, or heert failure. List only	plications that caused the	deeth. Do no					2, 1	Approximete
	Physician		shock, or heart failure. List only	one cause on each line.	//						Interval Between Onset end Death
	/Medical		Immediate Cause (Finai	CNIE	4	1.7 6 1	4.44				1/ 20.
3	Examiner		disease or condition resulting in death)	a. COO	THE CAR	out 1 His	CHE				4 Depa
3		ē		Duc	e to (or as a co	nsequenca or):					
	rifficate be assecuted ng physician and as the burial-transit	Examiner	Convention list and disease	b. ————————————————————————————————————	o to (or as a co	neaguenos of):					
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68760,	erificata be axecuted ing physician and as the burial-transit	cal	that initiated events	C	fo (or as e cor	annuary off:				-	
9	ificat a physical	Medical	resulting In death) Last	Due	TO (OI as a COI	isequence or).					
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	death or he attend ed for us	Physician/	Part II. Other eignificant conditions of	postalbustian to donate bust as	od	and the same of the case	us to Book	ook Did	abassa	- Authorite Av	
o.	2 55	hys	X						10		the cause of death?
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of Vital Records,	een sign	D D	0			SE FAILUR		24e. Wes	an autopsy	24b. W	ere autopsy findings
8	2 4 5	lete	MUPHOUSE	Upsular	DISAG	SE			rmed?	CO	ailable prior fo mpiation of cause
æ	has pe 2 a	Completed							A		death?
a	Cate h							101	es 2000	10	Yes 2 40
₹	ician: The law certificate has rector, page 2	Be	25. Was case referred to medical examiner?	Hospital:		100	28. Placa of Deal	th (Check only o	ne)		
6	Physical distriction of the control	2	1 Yes 2000 27. Manner of Death	1 L Inpatient	2 ER/Outp	atient PEDOA	4 Li Muising Inc	ome 5 Resid			y)
5		Certification:	1 Sefatural 5 ☐ Pending	28a. Date of injury (Month, Day Ye	er) 280. Till	Iry / Wo	rk? Yes 2 □ No	260. Describe i	iow injury occur	ea	
S	or Attending after death. Director: After in by the fund	loa	3 ☐ Suicide 6 ☐ Could not b	1000	A15	V	Tes 2 10	20f Leasting //	100	ne ne Oue	I Bauta Mumb na
Division	after dest Director: 3 in by the	E I	4 ☐ Homicide determined	building, etc. (S	pecify)	, street, factory, office		City or Tow	n, State)	er or mura	I Route Number,
-			29s Cartifier (December on the	Actor Tomologica	IVVI			N			
	To the Hospital or within 24 hours after To the Funeral Director completely filled in	edical	Cartifiar (Check only 2 Medical Exer	vicion: To the best of m	imination and/o	ream occurred at the til or investigation, in my o	ma, date and place, opinion, death occur	red et the time,	cause(s) and ma date and piace,	nner as st and due fo	the cause(s)
	Within 2 To the comple	Med	29b. Signature and title of centifier	end manner sfeted		29c. Licens	se number	1.0	29d Dete signe	d (Month	Day Yearl
	F # F 8		X/)	7 7		X	11/1/00	1	Dete signer	- (month,	ouj, rodij
	1	1	January.	~ MI)			43402		INE (	19	46
1	XIO	1	30. Name and address of peledn who	completed cause of death	12-		A .	0	N D	122	9
V)		1	LAWRINCE )	HW MY		WILLOWS	AVE	BOT N	IV Z	(0)	1
	Sta		31. Date filed (Morth, Day, Year)	32. Registrar's	Signature						
	· Registi	ar	JUN 1 8 1996 A	was part son-	autorine.	2					



96-3314-005 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. B.K.S ITEMS: 23 PART I. State of Maryland / Department of Health and Mental Hygiene MEO FILM G-737 7/19/96 t.t Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** Year NORA REEDER JUNE 16, 1996 1520 PM /Medical 46. Fecility Neme (If not institution, give street and number)
10904 HUNTCLIFF DRIVE APT.#1 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner GARRISON BALTIMORE 5. Sociel Security Number If Under 1 Year If Under 24 Hrs. 6. Sex 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Day, Year) **Funeral**  Birthplece (State or Foreign Country) 1 □ M 28 F Months Deys Hours 218-05-9543 Yrs. Director 86 Feb. 26, 1910 Maryland Usuai Residence of Decedent the Marylend show 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits an "natural", or items 23s or 28s-f show Medical Examiner must be notified at Director MD N/A BALTIMORE Yes 2 □ No 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 3005 WALBROOK AVENUE 21216 USA death . Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 XNo Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. Rece - American Indian, Bleck, White, etc. 11. Marital Stetus filed within 72 hours efter 1 Never Married 2 Married 21215-0020 Yes Give 1 ☐ Yes 2 X No Specify: by Specify: 3 XWidowed 4 ☐ Divorced Black Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Hygiane. other than Elementary/Secondary (0-12) College (1-4or 5+) In Home Housewife 12th Baltimore, Maryland 17. Fether's Neme (First, Middle, Lest) Be 18. Mother's Name (First, Middle, Meiden Sumeme) .. Pages 1 and 2 should be fit tment of Health and Mental H tant: If Item 27 is marked out jury or other traumatic ever Alexander Locks Daisey Mardson 2 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Geraldine Farrow 123 W. 29th St., Baltimore, MD 21218 20a. Method of Disposition 20b. Place of Disposition (Name of cametery, cremetory or other place) 20c. Location - City or Town, Stete 1 Burlel 2 ☐ Cremation 3 ☐ Removel from State permit. Page Depertment of Important: If any Injury or Arbutus Memorial Park 6/20 Arbutus, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signetule o Funeral Service Licensee 22. Name end Address of Fecility
LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE, BALTO. 21207 ad the death. Do not enter the mode of dying, such as cardiac or respiretory errest, Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediete Cause (Finel HYPERTENSIVE CARDIOVASCULAR DISEASE diseese or condition resulting in deeth) Examiner Due to (or es e consequença of) Examiner The law requires that the daath certificate be executed bunel-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting In deeth) Lest Due to (or es e consequence of) Box 68760 Physician/Medical the Due to (or es e consequence of) USB as P.0. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ 8 24b. Were eutopsy findings aveilable prior to completion of cause of death? page 2 should Completed 24e. Wes en eutopsy performed? peen certificata has Yes 2 No Yes 2□ No Division of Vital 25. Wes case referred to medical exeminer? Be 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 → Yes 2 □ No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this s after death.

I Director: After this od in by the funaral d 27. Menner of Death 1 Waturel Certification: 28e. Dete of Injury (Month, Day Year) 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred Attending 5 Pending investigation 1 Tes 2 No 2 Accident 6 Could not be determined 3 Sulcide 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide 6 the Hospital o edical 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end plece, end due to the ceuse(s) end menner as stated.

2 Hedical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end placa, end due to the cause(s) and manner steted. 29a. Certifier tely (Check only one)

29c. License number

O.C.M.E

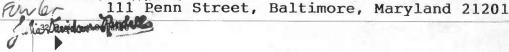
29d. Date signed (Month, Dey, Year)

JUNE 17, 1996

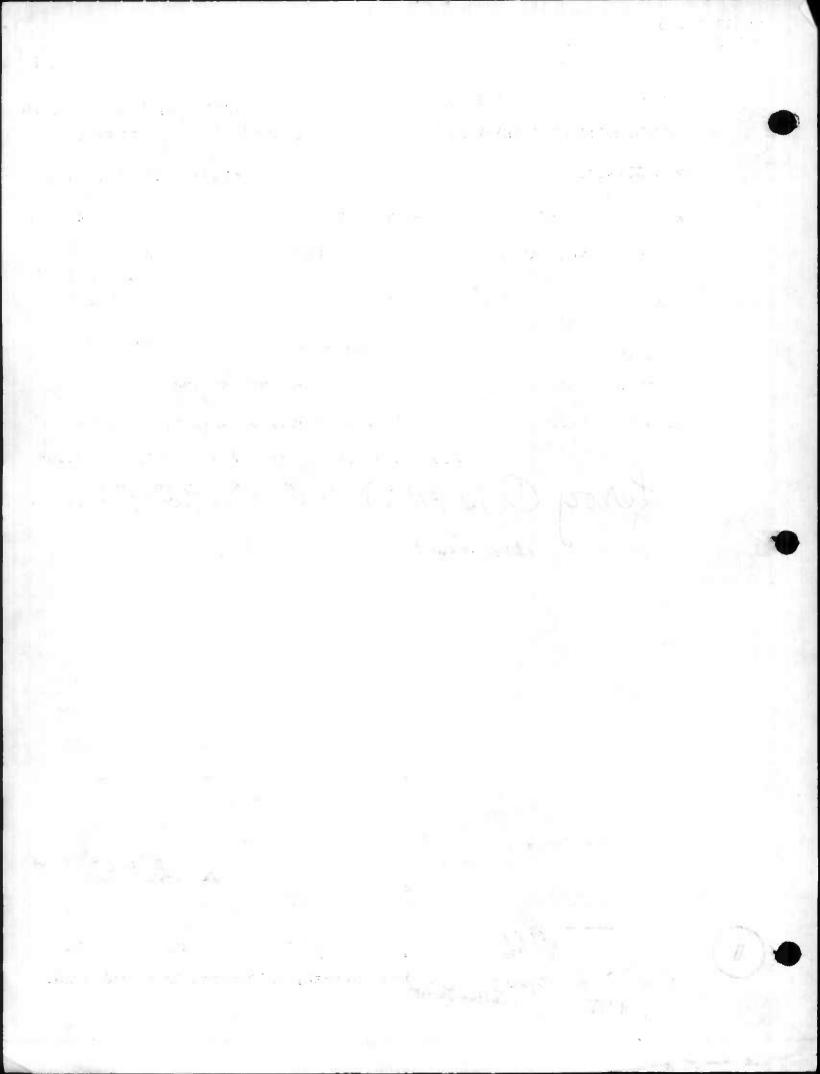
State Registrar

VOWIU 31. Dete filed (Month, Day Yeer)

29b. Signeture end title of partifier



30. Name end address of person who completed cause of deeth (Item 23a) (Type, Print)



2262 021 06

Disease Type or Drint in Blook Indelible Ink Legible.

	e Type of Frint in Black indelible ink. Assure All Copies Al
96-114 ITEMS: 23 PART I, 27, 28a-f	-f. State of Maryland / Department of Health and Mental Hygie
PER MEO FILM G-737 7/26/ 96	I.I Contificate of Dooth

MEO FILM G-737 7/26/ 96 T	tate of Maryland / Department of Health and I • T  Certificate of Death	Mental Hygiene 96	17
1. Decedent's Name (First, Middle, Last)		2. Date of Deeth	3. T

RELLAS

Months

Days

21131

Physician
/Medical
Examiner

4a. Facility Neme (If not institution, give street and number) POTOMAC RIVER & CABIN JOHN CREEK

JOHN

JUNE 4b. City. Town, or Location of Death 3. Time of Death

4:35P.M.

**Funeral** Director

the Medical Examiner must be notified

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important: If item 27 is any injury or other traums once.

**Physician** /Medical

Examiner

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The law requires that the death certificate be executed

P.O. Box 68760,

Records,

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Division

or Attending Physician:

Hospital 24 hours

Peges 1 end 2 should be nent of Health end Mental

Director

Funeral

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Completed

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2

Examiner

Physician/Medical

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Be Completed

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Certification:

Medical

the Maryland

death

filed within 72 hours efter

Baltimore, Maryland 21215-0020

5. Social Security Number 219-90-4995

ARIS

6 Sex 7. Age (In yrs. last birthday) M 2 F Yrs. 34

Bethesda If Under 1 Year If Under 24 Hrs.

4c. County of Death Hontgomery MONTOMERY

Usual Residence of Decedent

10b County Baltimore 10c. City, Town or Location

8. Date of Birth (Month, Day, Hours 1-22-1962

Month

 Birthplace (State or Foreign Country) Maryland

10a State 28a-f show

Maryland

Phoenix

10g. Citizen of What Country?

U.S.A.

Day 13

10e. Street and Number 12847

Stone 11. Marital Status 1X Never Married 2 Married

12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2∑ No if Yes, Give Year or Dates:

Road

 Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2 ☐ No Specify

Black, White, etc.

3 ☐ Widowed 4 ☐ Divorced

15. Decedent's Education (Specify only highest grade completed)

Eagle

16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)

10f. Zip Code

Elementary/Secondary (0-12)

College (1-4or 5+)

Freelance Audio Visual Tech.

Communication's

17. Father's Name (First, Middle, Last)

John Pericles Rellas

Masters Fay

19a. Informant's Name/Relationship (Type, Print)

John P. Rellas 20a. Method of Disposition

XX Burlal 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify)

20b. Place of Disposition (Name of cemetery, crematory or other place) Greek Orthodox Cemetery

6-20-96 Woodlawn, Maryland

21. Signature of Funeral Service Licensee

23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

1050 York Road, Towson, Md. 21204

immediate Ceuse (Final diseese or condition resulting in death)

MULTIPLE INJURIES

Due to (or as a consequence of):

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last

Due to (or as a consequence of):

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 4 Unknown

24b. Were autopsy findings available prior to completion of cause of death?

26. Plece of Death (Check only one)

1 ☑ Yes 2 ☐ No 27. Manner of Deeth 1 ☐ Naturai 2 Accident

3 Suicide

4 T Homicide

25. Was case referred to medical

5 Pending investigation Could not be determined

Hospitel: 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) FOUND 6-13-96

28b. Time of FOUNDY AT PM 4:35

28c. injury at Work? 1 Yes XX No 28d. Describe how injury occurred

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

FOUND IN WATER

28f. Location (Street and Number of Flural Bouta Number CABIN MONTGOMERY COUNTY, MD. JOHN CREEK

29a, Certifier

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examinar: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signature and title of certifier

29c. License number

luo

O.C.M.E.

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

(HE ODURE

31. Date flied (Month, Day, Year)
JUN 18 1996

4/1 32 PRegistrar's Signature wa Javidson

State Registrar

**DHMH 16 Rev 6/95** 

1996

10d. inside City Limits

1 ☐ Yes 2 ☐ No

14. Race - American Indian,

White

Specify:

16b. Kind of Business/Industry

18. Mother's Name (First, Middle, Maiden Sumame)

19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)

Stone Eagle Road, Phoenix, Maryland 21131 Date

20c. Location - City or Town, State

22. Name and Address of Facility Ruck Towson Funeral Home, Inc.

Approximate interval Between Onset and Death

Due to (or es a consequence of)

1 ☐ Yes 2 ☐ No 3 ☐ Probably

24e. Wes an eutopsy performed?

Yes 2 No

Other: 4 Nursing Home 5 Residence 6 X Other (Specify) RIVER

UNKNOWN

29d. Date signed (Month, Day, Year)

JUNE 14,1996

111 Penn Street, Baltimore, Maryland 21201

SECTION AND SECTION AND SECTION ASSESSMENT

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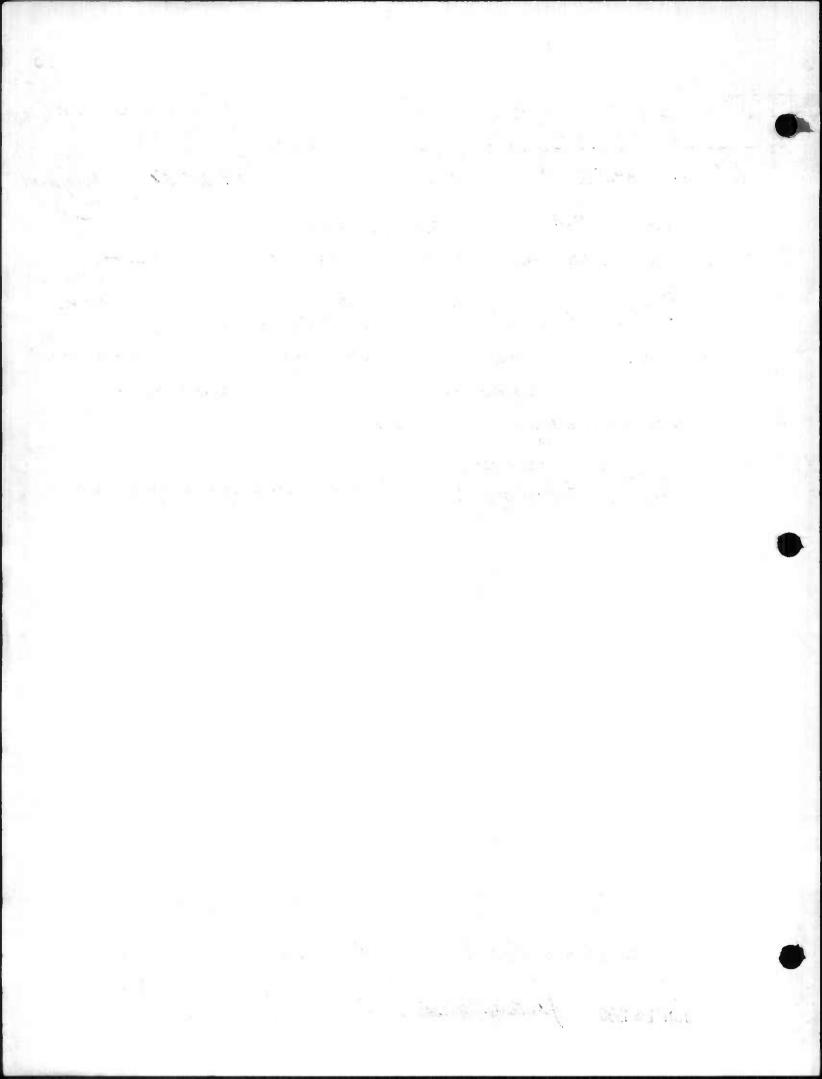
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State of Maryland / Department of Health and Mental Hygiene 96

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neral ector	-		Sax 7. Aga (In )	yrs. last birthde	y) If Under 1 Ye Months Day	ar If Undar 24 H		rth ay, Year)	9. Birthplaca (State or Foreign Country)  Mary kwo
	_	Usual Rasidanca of Decedent		' /				,00	
Examiner must be notified at the Funeral Director	- 1	MD 10b. County	<b>7</b>	. City, Town or I	Location	re.			10d. Insida City Limits 1€ Tes 2□ No
Director		10e. Street and Number			10f. Zip Code			10g. Citizan of	What Country?
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f, the Medical Example Completed by Fi		1 Nevar Married 2 Married 3 Widowed 4 Divorced	1 ☐ Yas 2 No If Yes, Give Yaar or Datas:		1 □ Yas 2 □			Specif	
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the Medical	2	Elemantary/Secondery (0-12)	Coilega (1-4or 5+)					,	
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To Be Co	5	17. Fethar's Nama (First, Middle, Las				18. Mothar's N	lama (First, Middle		
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traumatic		19a. Informant's Name/Ralationship				et and Number or	Rural Routa Numb	oer, City or Town,	, Stata, Zip Code)
other		Willie Robertson 20a. Mathod of Disposition			iknown position (Nama of		Data	20a Leasting	- City or Town, Stata
	1	1 ☐ Burial 2 ☐ Cramation 3 4 ☐ Donation 5 ☐ Other (Spec	☐Removel from Steta	cematary, cr	rematory or othar p	olace)	Data	200. Location	City of Town, Stata
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certificate

or Attending Physician: funeral director, this

Be

1⊠Yes 2□ No

5 Pending

Investigetion

27. Menner of Death

1 Neturei

2 Accident

3 Sulcide

29e. Certifier

4 Nomicide

(Check only one) 29b. Signature and

2

Hospital To the Hosp within 24 ho To the Fune completely f

Certification: 24 hours after death. filled in by Medical

State Registrar

8 Could not be determined

28a. Dete of injury (Month, Dev Year)

6.5.96

STREET

28b. Time of Injury

1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA

28e. Plece of Injury - At home, ferm, street, factory, offica building, etc. (Specify)

315

28c. Injury at Work?

281. Location (Street end Number or Plural Poule Number, City or Town, State)

1200 Chylina Cart, But Bulto

Sta

28d. Describe how Injury occurred

1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the cause(s) end manner as steted.

2 Medical Examinar: On the best of examination end/or investigation, in my opinion, deeth occurred at the time, date end piece, and due to the cause(s) end menner stated. 29c. License number 29d. Dete signed (Month, Day, Year)

O.C.M.E.

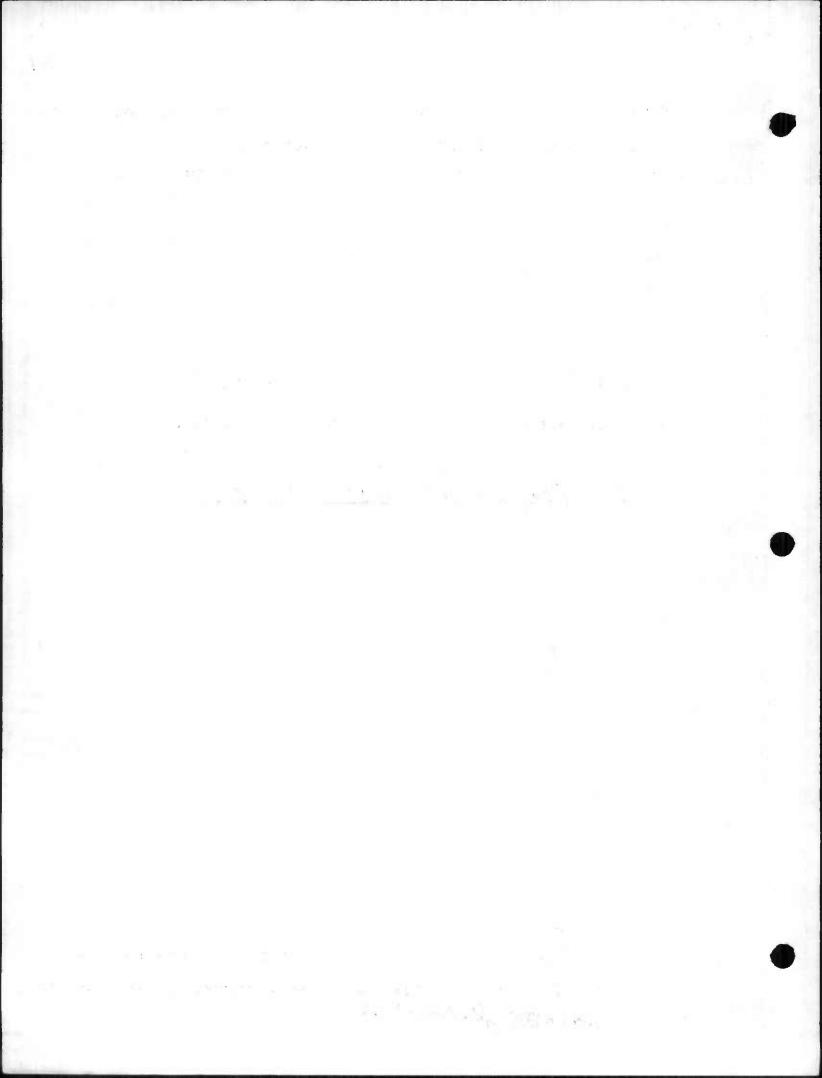
1 ☐ Yes 2 🔼 🖺 o

JUNE 06, 1996

30. Name and addre paragraphic completed cause of deeth (item 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

31. Dete filed (Month, Dey, Year) 32 Registrar's Signeture
Discover Rardall JUN 1 8 1996



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. ITEM: 4c, PER F'.H. F'ILM G-736 State of Maryland / Department of Health and Mental Hygiene 6/18/96 t.t Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death Month Dey Yee Physician SAMUEL 0235 RITTERMAN JUNE 13 1996 /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner SINAI HOSPITAL BALTIMORE BALTIMORE OF BALTIMORE If Under 24 Hrs. 7. Age (In yrs. last birthday) If Under 1 Year 8. Date of Birth (Month, Day, Y 11/21/05 5. Sociel Security Number 9. Birthplace (State or Foreign **Funeral** Months Days Hours 1 √ M 2 □ F 216-01-5275 90 Director BALTIMORE, MD Usual Residence of Decedent with the Meryland 10a. Stete 10b. County 10c. City, Town or Location r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 10d. Inside City Limits Director 1 TYes 2 □ No MD N/A BALTIMORE 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 3900 N. CHARLES ST. - APT. 710 21218 USA Funeral death 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Meritel Stetus 14. Rece - American Indian. Bleck, White, etc. filed within 72 hours after 1 Never Married 2 Married 1 Yes 2 No If Yes, Give 1 ☐ Yes 2 X No Specify: Specify: WHITE þ WWII XXWidowed 4 Divorced Yeer or Detes: 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry al Hygiene. College (1-4or 5+) Elementery/Secondery (0-12) RETAILER HECHT COMPANY 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Pages 1 and 2 should be filment of Heelth and Mental Hant: If Item 27 is marked out NATHAN RITTERMAN SARAH SHAPIRO 19e. informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) ARTHUR FLEISCHER, SR. - STEPSON 6317 IVYMOUNT ROAD BALTIMORE, MD 21209 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition Date 20c. Location - City or Town, State Buriel 2 Cremetion 3 Removal (trom Stete permit. Page Department of important: If any injury or once. BALTIMORE HEBREW 6/14/96 BALTIMORE, MD 21. Signit 22. Name end Address of Facility SOL LEVINSON & BROS., INC. 8900 REISTERSTOWN ROAD PIKESVILLE, MD 21208 ications thet caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, no our each line. 23a. Part1. Enter the diseese of shock, or heart feilure. Approximete Interval Between Onset and Deeth **Physician** immediate Cause (Finel disease or condition resulting in death) /Medical 8 hours Hypotension Examiner Due to (or as a consequence of): Examiner ANEMIA 2 weeks physician and s the burial-transit Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Couse (Diseese or Injury that initiated events resulting in death) Last Due to (or es a consequenca of): the death certificate be execu LAPAROSCOPIC CHOLECYSTECTOMY Physician/Medical Due to (or es e consequence of): for use as 2 weeks PNEUMONIA Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. ed by the e 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably Unknown PARKINSONS DESE, CVA, CHOLEUTHIASIS, PVD, þ 24b. Wera autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed peed REACTIVE LEUKOCYTOSIS, ESOPHAGITIS certificate 25. Wes case referred to medical examiner? Be 26. Placa of Deeth (Check only one) Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No this funeral Certification: 27. Menner of Deeth 28e. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? After 1 Netural 5 Pending investigation 1 Yes 2 No 2 ☐ Accident

Records, P.O. Box 68760. Division of Vital death. e Hospital or Attendi 24 hours efter death. e Funeral Director: A pletely filled in by the fr

altimore, Maryland 21215-0020

28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify)

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

29a. Certifler (Check only one)

3 Suicide

4 Homicide

Text Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the cause(s) end manner es stated.

| Madical Examiner: On the best of examination end/or investigetion, in my opinion, deeth occurred at the time, dete and piece, end due to the cause(s) and manner steted.

29b. Signature and tibe of certifier

6 Could not be

29c. License number AS2402321 RS 9948 29d. Date signed (Month, Day, Year)

JUNE 13, 1996

RONALD J. STEIN

2401 W. Belvedere Ave 8 1996 Sala State of Reveal

MI Impleted cause of deeth (Item 23a) (Type, Print)

Baltimore, MD 21215

Stat : Registrar

Medical

as of person who.

To the Hosp within 24 ho To the Fune completely f

ALIT IN THE REPORT OF THE PROPERTY OF THE RESERVE OF THE PROPERTY OF THE PROPE and the processing data of the state transfer of the first little state. province of the first of the second Visit to the state of the state All Crawel Williams

ELEANOR deG 31. DATE FILED (MONTH, Day Your) JUN 18 1996

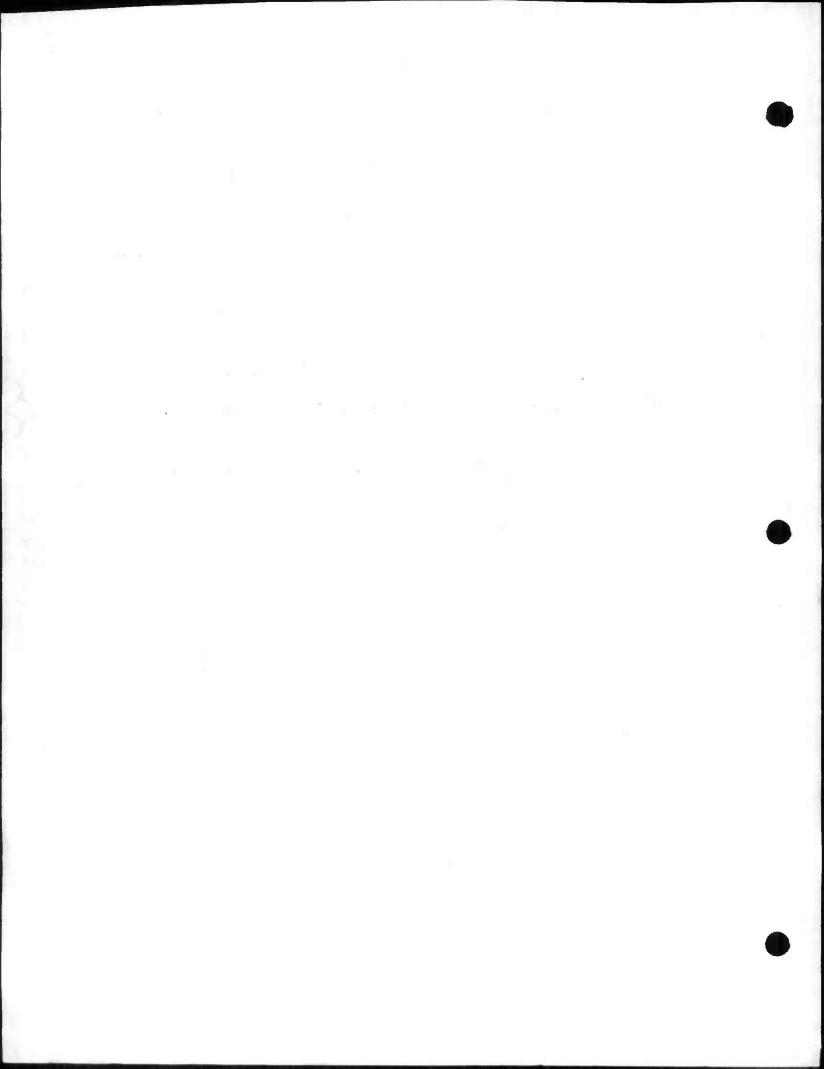
ending physician.	as the buriat-transit permit. Pages 1, 2, 3 should	
within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use no, or removal.	e medical examiner must be notified at once.
AN: The law requires that the death certificate be executed within 24	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, he with 72 hours after death with the State Deot, of Health and Mental Hydiene prior to burial, cremation, or removal.	ted, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL OR ATTENDING PHYSICIAN:	THE FUNERAL DIRECTOR: After this certificate filed within 72 hours after death with the Si	IMPORTANT: If item 28 is marked, or it

									9	6	7949	
	1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPAR	RTMEN	OF H	EALTH AND I	MENTA	L HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH		3	TIME OF DEATN	
- 1	Thomas Wilton Ross Juni								3, 10	TEAR 1	0:33 1	2 M
									8. BIRTHPL	ACE (State or Foreign	- 4	
	0 1 t 2 / C C 1 7 XX N 2 D 5 MONTHS DAYS HOURS MIN. (Month, Day, Year) Country)										ryland	
	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATN  9c. COUNTY OF DEATN										-	_
TOR	Union Memorial Hospital Baltimore City N/A											
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d.										Dd. INSIDE CITY	
										11	YES 2 NO	
¥	10e. STREET AND NUMBER				101	ZIP CODE					AT COUNTRY?	
9	1022 West 38t1	n Street				21211				U.S.A		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	S. ARMED		If yes, spe	ENDENT OF NISPAN noity Cuban, Maxica 2 NO Specify	n, Puerto		or No-	Specify:	American Indian, White, atc.	H
60	15. DECEDENT'S EDUC	1957 - 1963									viiite	
<u> </u>	(Specify only highest grade of		a. DECEDENT'S (Give kind of life, Do NOT u	work done	during mo	N st of working	168	KIND OF BUS	SINESS/IND	DUSTRY		
<b>"</b>	Elementary/Secondary (0-12)	College (1-4 or 5+)	Firef	,	or		מ	alto C	dev 1	Fino I	2004	
COMPLET	12		TILET	rgiit	er					trie i	Jept.	
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA			Surname)			
BE	Harold J. Ros	SS				Doris						2
5	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRES	S (Street a	nd Number or Rural	Route Num	ber, City or Tow	n, State, Zip	Code)		
	Sandra White (da	ughter)	1022	Wes	t 38	th Stree	t, B	altimo	re, l	Md 212	211	
	20a. METHOD OF DISPOSITION 1 Durial 2 X Cremetion 3 Remo	val from State 20b. PL cemeter	ACE AND DATE	OF DISPO	SITION /Na	me of	1	E 20c. LO				
	4 Donation 5 Other (Specify)		reen M			etery		5   Bal	timo	re, Ma	aryland	
		21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  A. Alan Seitz, Jr. Funeral Home										
	· a alar	- Seele VI	7			Roland A					1 21211	
	23. PART I. Enter the diseasee, or co	omplications that caused th	e death. Do								Approximate	
	ahock, or heert feliure. List only one cause on each lina.											
	IMMEDIATE CAUSE (Final disease or condition	2-12124-		A .C	nno	10					Onset and Di	nath
	resulting in death)	RESPIRAT	ORY	AU	1103	13					DA	4
			MSEQUENCE C	Mr):							12-11	0
S	Sequentially list conditions,	DUE TO (OR AS A CO	NESONS OF S								50 YR	>
B	If any, laading to immediate cause. Enter UNDERLYING	DOE TO (OH AS A CO	MSEQUENCE	Pr):								
2	CAUSE (Disease or Injury	DUE TO (OR AS A CO	NECOLENOE O	MED.			-				-	
CERTIFICATION	thet initiated events resulting in death) LAST	DOE TO (OH AS A CO	MSEODENCE (	rr j;								
员	d	•	-								1	
	PART ii. Other significent conditions	contributing to death but	not resulting	In the u	nderlyln	g ceuse given in	Part i.	24a. WAS AN		24b. W	ERE AUTOPSY FINOR	NGS
₹								PERFOR			VAILABLE PRIOR TO OMPLETION OF CAUS	SE
8								1 TES 2	PNO.		F DEATH?	
Σ	DID TOBACCO USE CONTR	IDLITE TO CALICE OF	DEATH V	EC 17	NO F	UNCERTAI				1	YES 2 NO	
A	25. WAS CASE REFERRED TO MEDICAL		PLACE OF DEA	ES M		JUNCERIAII	14 🗀					
2	EXAMINER?	HOSPITAL:		OTHE								
1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Realdence 8 Other (Specify)									offy)			
F	27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY WORK?						28d. DE	SCRIBE HOW I	OW INJURY OCCURED			
t Netural 5 Pending 2 Accident Investigation M 1 YES 2 NO												
8	3 Suicide 8 Could not be	28e. PLACE OF INJURY — building, atc. (Specify)	At home, farm,	street, fac	tory, offic	•		CATION (Street or Town, State)		r or Rural Rou	ite Number,	
H	4 Nomicide determined							,				
COMPLET	290. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowleds	ge, death occur	red at the	time, date	and place, end due	to the ce	use(a) and me	nner as ata	ted.		
M	onel	: On the basis of examination ar									nd manner ee state	d,
_	29b SIGNATURE AND TITLE OF CERTIFIER											
BE	9000114	Pocula MI	)			AT243		-10			fonth, Day, Year)	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF PEATH (TEM 27) (Tem 27)									AIVE I	3,1996		

deGUZMAN-BERUBE UNION MEMORIAL HOSPITAL, 201E. UNIV. PRWAY, BALTIMORE

DOV. (1987) 1 32. A GISTUAR'S SIMULAR

OUT ON MEMORIAL HOSPITAL, 201E. UNIV. PRWAY, BALTIMORE



ING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should not safer death with the State Deot, of Health and Mental Horiene prior to burial, cremation, or removal.	rked
YSICIAN: The law requires	s certificate has been signe th the State Deot. of Healti	d, or item 23 shows a
PITAL OR ATTENDING PH	TO_THE-FUNERAL DIRECTOR: After this be filed within 72 hours after death will	=
то тне но	TO THE FUN	IMPORTAN

ABALTIMORE, MARYLAND 21215-0020

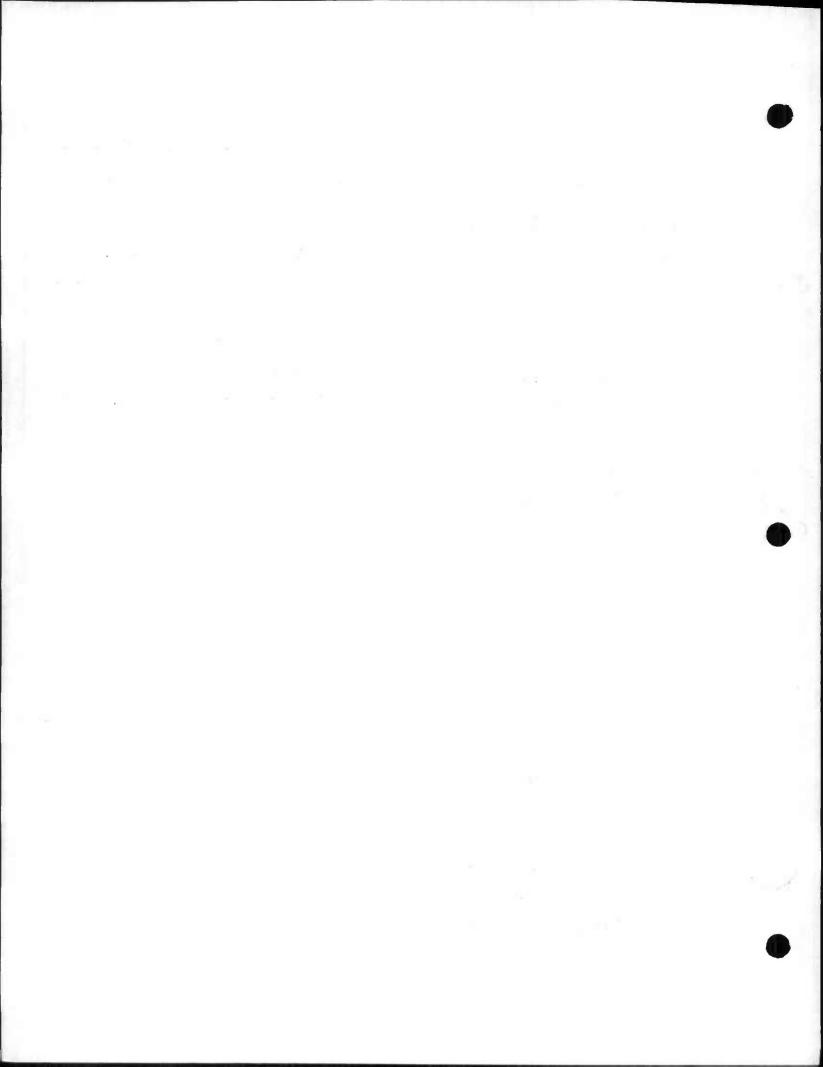
DIVISION OF VITAL RECORDS, P.O. BOX 6876

FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO.

_	REGISTRAN		CE	-niir	ICATI	UF	DEA	111		REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last) Frank Lawrence Rok						MONTH DAY YEAR				3. TIME OF DEATH  1:56 A. M			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birthday)		IE LIMPES	IF UNDER 1 YEAR IF UNDER 24 HRS.			7. DATE OF BIRTH			8. BIRTHPLACE (State or Foreign			
	212-30-6874	1 M 2 F	63	YRS.	MONTHS	DAYS	HOURS	MIN.	Sept	Day, Year)		Bal	to.,Md.	
_	9e. FACILITY NAME (If not institution, give a		9b. CITY	, TOWN	OR LOCATI	ON OF DE	EATN		9c. COUNTY OF DEATN					
DIRECTOR	St. Joseph Medical		Towson						Baltimore Co.					
Ä	10e. STATE 10b. COUNTY	*		10c. CIT	Y, TOWN	OR LOCAT	TION		-				10d. INSIDE CITY	
	Maryland Bal	. o.	Phoenix In Tip Cope							1 YES 2 X NO				
FUNERAL	12889 Fagles View		21131					10 -		tates				
5	11. MARITAL STATUS		T EVER IN U.S. AR					NIC ORIGIN	(Specify Yes	14. RACE	- American Indian, White, atc.			
ВҰ	1 Never Merried 2 Merried 3 Wildowed 4 Divorced		MAR OR DATES X						ican, atc.)		White			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Gi	ive kind of	USUAL O	CCUPATIO	DN ost of workli	ng	16b.	KIND OF BU	SINESS/INC	USTRY		
PLE	Elementary/Secondary (0-12)	College (1-4 or 5	4)	Chire	prac	ctor				Chiro	oract.	ic		
0	17. FATNER'S NAME (First, Middle, Last)						18. MOT	HER'S NA		iddle, Malden				
BE C	Albert Lawrence Ro	berts					Dor	othy	/ E.	Peisne	er			
5	190. INFORMANT'S NAME (Type/Print) Betty Jane (Nee Bos	som) Robe	erts 12	. MAILING 2889	Eagl	s (Street a	Ind Number View	Road	Route Numb	or City or Tow	n, State, Zip Mar	ylan	d 21131	
	20a. METHOD OF DISPOSITION 1 1 Burlet 2 Cremation 3 Rem	oval from State	20b. PLACE A	matory or o	ther plece)			Т	DATE		CATION —	City or To	wn, State	
	1 K Burlet 2 Cremetion 3 Removal from Stata   Cemetery, crematory or other place)   Cemetery   Ce									Maryland				
	* When >	7. Jai	~		Ru	ick '	Tows	on F	unera	1 Hom	•			
	23. PAST of the classic properties that caused the death. Do not enter the mode of dying, such as cardiac or reconstant extract.													
	shock, pr hasn failure.  IMMEDIATE CAUSE (Final disease or condition resulting in dash)	disease or condition										Interval Between		
_														
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury  CAUSE (Disease or Injury  C.   Director Mellitar  Due to (or as a consequence of):  Atheroclevier Cerrorvasular disease.													
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	c. DUE TO	OR AS A CONSEC	lewe	ue (	en	vec.	VUAL	LESC	Our	مارا			
Ē	that initiated eventa resulting in death) LAST	502 10	(OH AS A CONSEC	JOENCE O	rj.									
CEI		d												
EDICAL	PERFORMED? AM									WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
ME													1 - YES 2 - NO	
ä	DID TOBACCO USE CONT	RIBUTE TO CA					NU A	ERTAI	N 🔲 📗					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLAC	E OF DEA	TH (Check									
YS	1 YES 2 NO		ER/Outpatient 3		-			eldence	6 🗆 Other					
ВУ РН	1 Natural 5 Pending													
8	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) City or Town, State)								or Rural A	or Rural Route Number,			
	29e, CERTIFIER													
COMPLET	(Check only one) 2 MEDICAL EXAMINE												) and manner ee stated.	
296. SIGNATURE AND TITLE OF CERTIFIER  Source Bours MD  296. LICENSE NUMBER  296. LICENSE NUMBER  296. DATE SIGNEE  6/12/								E SIGNED	(Month, Day, Year)					
TO BE	James	ne 180			1158				71	71 > 61			17/96	
	30. NAME AND ADDRESS OF PERSON WH	S M.D.	SE OF DEATH (ITE	M 27) (Type	Print)	Rd	Cock	essul	The p	ed ac	030	,		
	31. DATE FILED (Month, Day 1996		ARYS SIGNA TO SAN	486						_				

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96-3237-510

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

				aryland /	Department of I			ene 9	6 1	7951
Physici /Medic		Decedant's Nama (First, Middla, La     DANIEL	FRANKLI	N	RANDO	LPH,III	2. Data of Death Month JUNE	Dey	Yaer 1 9 9 6	3. Tima of Death 10:45P.1
Examir		4a. Fecility Nama (If not institution, give	e street and numbar)			4b. City, Town, or L		4c. Count		TU:4JP.
Funeral Director		UNIT BLOCK S.F 5. Social Sacurity Number 6.5 156-32-6386	Sex 7. Ag	STREI e (In yrs. last b			RE 8. Data of Birth (Month, Day, Y			nce (Stata or Foreig
D .		Usual Rasidanca of Dacedant					111 20 1	243	MEM	Jersey_
ahow dat		10a. State 10b. County		10c. City, To	wn or Location				10	d. Inside City Limite
T T	cto	Maryland Baltim	ore	Rux	ton					1 ☐ Yas 2 ☐ N
3a or 2	al Director	10e. Street and Numbar 900 Navy Road			10f. Zip Code 21204		10g		What Countr	y?
THE S	Funeral	11. Maritel Status	12. Wes Dacadant I	Evar in U,S.			acify Yes or No-	U. S	ce - Amarica	n Indian.
7.2 rours enter death with tha maryland "naturel", or frems 23a or 28a-f show lotest Examiner must be notified at	by Fur	1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	Armad Forcas? 1 ☐ Yes 2 ☑ N If Yas, Giva Yaar or Datas:	lo	13. Was Decedant of I If Yas, specify Cub		Rican, atc.)		ick, Whita, at	
"naturel"	8	15. Decedant's Ed		166	Decedent's Usual Occur	nation	16	h Klad of B	usiness/Indu	
than "na	Completed	(Specify only highast gra Elamantary/Secondary (0-12)	Collaga (1-4or 5	+) I	a. Decedant's Usuel Occu (Give kind of work done life. DO NOT usa retire EXECUTIVE Vi	during most of work and)  Ce Presid				ank Cloth
70 -	Ö	17. Fathar's Name (First, Middla, Last)					e (First, Middla, Ma			ank Cloth
d a b	To Be	Daniel F. Ran	dolph, Jr.			11.5	ne S. Sw		,	
Haalth and Mer em 27 is marke		19a. Informant's Name/Ralationship ( Elizabeth M. Rand		1	b. Mailing Address (Straat	t and Number or Run	el Routa Number, C	ity or Town	, Stata, Zip C	Code)
Department of Haab Important: If item 2 any Injury or other Office.		20a. Mathod of Disposition  1 Burial 2 Cametion 3 4 Donation 5 Other (Specification 2)  21. Signeture of Funaral Service Licenters  Wallace	y) isee	camete Hill	of Disposition (Name of ery, cramatory or other plattop Service  22. Nama and Addra Ruck Towso	Corp. (ass of Facility on Funeral	6-14-96 1 Home, I	Towson		yland 21
hysician /Medical xaminer	50	23e. Part1. Entar the disaasa, or com shock, or haart failura. List only Immediate Causa (Final disaasa or condition rasulting in death)	olications that caused on a causa on aach lin	the daeth. Do	1050 York not antar the moda of dyi  Atherosclere consequence of):	ng, such és cardiac	or raspiretory arrasi	,	1	Approximeta ntarval Between Onset and Death
hysician and tha burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury	b	Dua to (or es a	consequance of):					
0	Medicai	Causa (Disease or Injury thet initiated events rasulting in deeth) Last	d	Dua to (or as a	consequence of):					
by the atter	Physician/M	Pert II. Other significant conditions of	ontributing to death bu	t not rasulting i	in tha undarlying cause giv	van in Part I.		cco use co		he cause of death
has been signing 2 should be	Completed by						24a. Was an a performe	d?	compof de	e autopsy findinga ebie prior to pletion of causa eath?
certificata hurector, paga		25. Was casa rafarred to medical				De Diagnot D	1/2 Yas	No	10	Yaa an No
	o Be	axeminer? 1 X Yas 2 No	Hospital: 1 ☐ Inpatiar	4 0 0 5010	ottostiont 20 DOA Ott		h (Check only one)			
h. Aftar this funeral d	ion: T	27. Mannar of Deeth 1 Matural 5 ☐ Pending	28a. Date of Injun (Month, Day		utpatient 3□ DOA □ Tima of Injury □ 28c. Injur	4 Unursing Ho	ma 5 Residand 28d. Daacribe how			KOADWAY

2 Accidant 3 Suicida

4 - Homicida

6 Could not be detarminad

28a. Placa of injury - At homa, farm, streat, factory, office building, atc. (Spacify)

28f. Location (Street and Number or Rural Route Number, City or Town, Stata)

29b. Signature end titla of certifiar

29a. Cartifiar

1 Certifying Physicien: To the best of my knowledge, death occurred at the time, date end place, and due to the ceusa(s) and menner es steted.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29c. License number 29d. Data signed (Month, Day, Year)

O.C.M.E.

JUNE 13,1996

30. Nama and eddrasa of person

JUN 18 1996

complated cause of daath (Itam 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

State Registrar

Medical Certifica

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State of Maryland / Department of Health and Mental Hygiene

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281. Location (Street and Number or Rural Routa Number, City or Town, Stata)

29d. Data signed (Month, Day, Year)

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Month **Physician** JOHN 0300 1996 /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner CHURCH HOME HOSPITAL BALTIMORE If Under 1 Year If Under 24 Hrs.

Months Days Hours Min. 5. Social Security Number 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, 8. Sax Birthplaca (Stata or Foreign Country) **Funeral** totM 2□ F Yrs. Director 215-32-2699 73 May 8,1923 Ukraine Usual Rasidance of Dacedant 10a. Stata 10b County 10c. City, Town or Location 10d. Inside City Limits 1X Yas 2 No Director Md. N/A Baltimore or Harns 23a or 25a-f traumetic event, the Medical Examiner must be notifi-10e. Street and Number 10f. Zlp Code 10g. Citizan of What Country? 623 S. Robinson Street 21224U.S.A. Funeral 12. Was Decedent Evar In U.S. Armed Forcas? 1 ☐ Yas 2 No If Yas, Giva Yaar or Datas: Was Decedent of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. 1 Navar Married 2 X Married Baltimore, Maryland 21215-0020 Specify: White 1 Yas 2 No ģ 3 ☐ Widowed 4 ☐ Divorced "natural". Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use ratired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Papes 1 and 2 should be filed within Department of Health and Merial Flyglene. Important; if them 27 is marked other than "nery injury or other treasments." Elemantary/Secondary (0-12) Collega (1-4or 5+) Color Blender Amer. Standard 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Sumama) Be Ilya Rad Anna Gula 19a. informant's Name/Raiationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Luba Rad/Wife 623 S. Robinson Street, Baltimore, Md. 20b. Place of Disposition (Nama of camatary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - Cify or Town, Stata 1 Buriai 2 □ Cramation 3 □ Ramovai from Stata 4 ☐ Donation 5 ☐ Othar (Specify) St. Michael Ukrainian Cem. 6/10 Baltimore, Md. 21. Signature of Funeral Service Licensee 22. Nama and Addrass of Facility 1901 Eastern Avenue 21231 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Interval Between Onset and Death **Physician** /Medical immediata Causa (Finai disaasa or condition rasulting in daath) month Examiner Examiner physician and s the burial-transit Sequantially list conditions, if any, leading to immadiata causa. Entar Undarlying Causa (Disaase or Injury that Initiated evants rasulting in death) Last Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760 Physician/Medical Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contributs to the cause of death? signed by t Cardiac Arny Virnia 1 Yss 20 No 3 Probably 4 Unknown þ 24b. Wara autopsy findings available prior to complation of cause of death? 24a. Was an autopsy performed? Completed 1 Yes 2 No 1 ☐ Yas 2 ☐ No To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, p. 25. Was casa rafarred to medical axaminar? Be 26. Placa of Death (Check only ona) Hospitai: 1 Inpatiant 2 ER/Outpatient 3 DOA Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 Yas 2 No Certification: To 28a. Data of Injury (Month, Day Year) 27. Manner of Death 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? 5 Panding invastigation 1 Natural 1 Yas 2 No 2 Accident

28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify)

And - Execialist

15 Cartifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the causa(s) and manner as stated.
2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated.

29c. Licansa number D40356

100 H. Blogsway, Baltinone, Mary land 2/13/

State Registrar

Medical

8 Could not be datarmined

De avand he

NAVARRO

30. Nama and address of person who complated causa of death (flam 23a) (Type, Print)

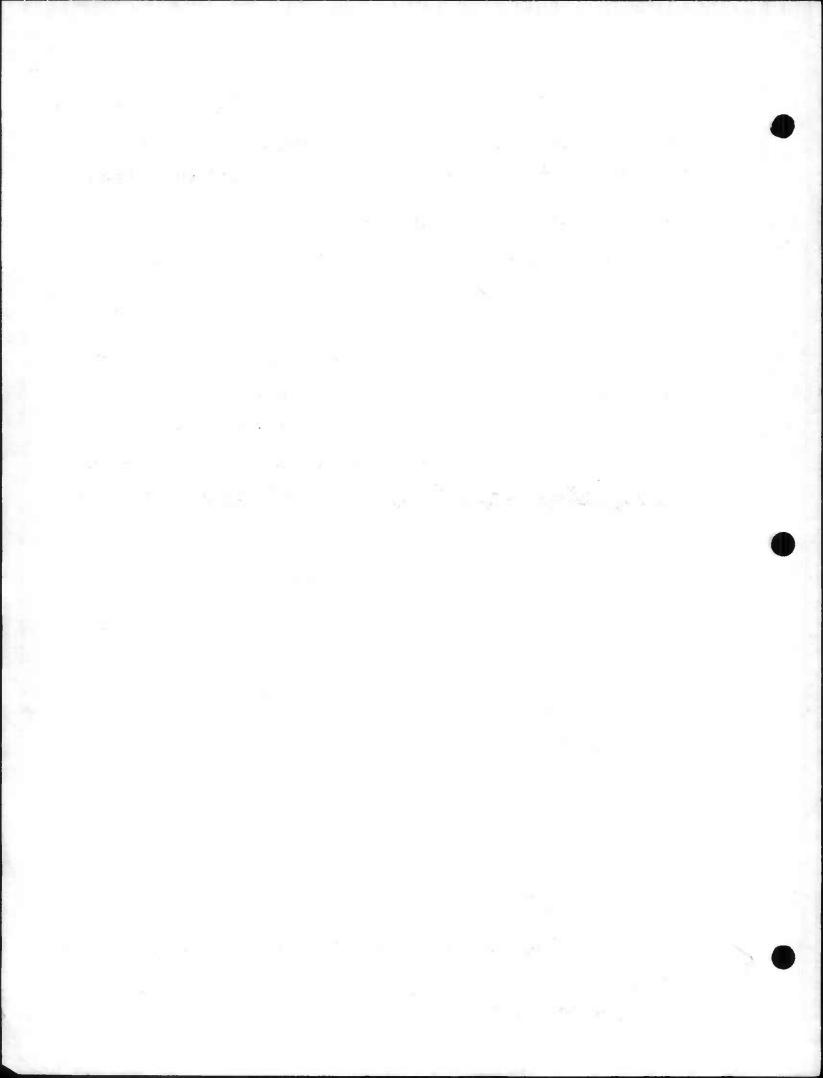
3 ☐ Sulcide

29a. Cartifier

4 Homlcide

29b. Signatura and titia of certifiar

31. Data filed (Month, Day, 1996)

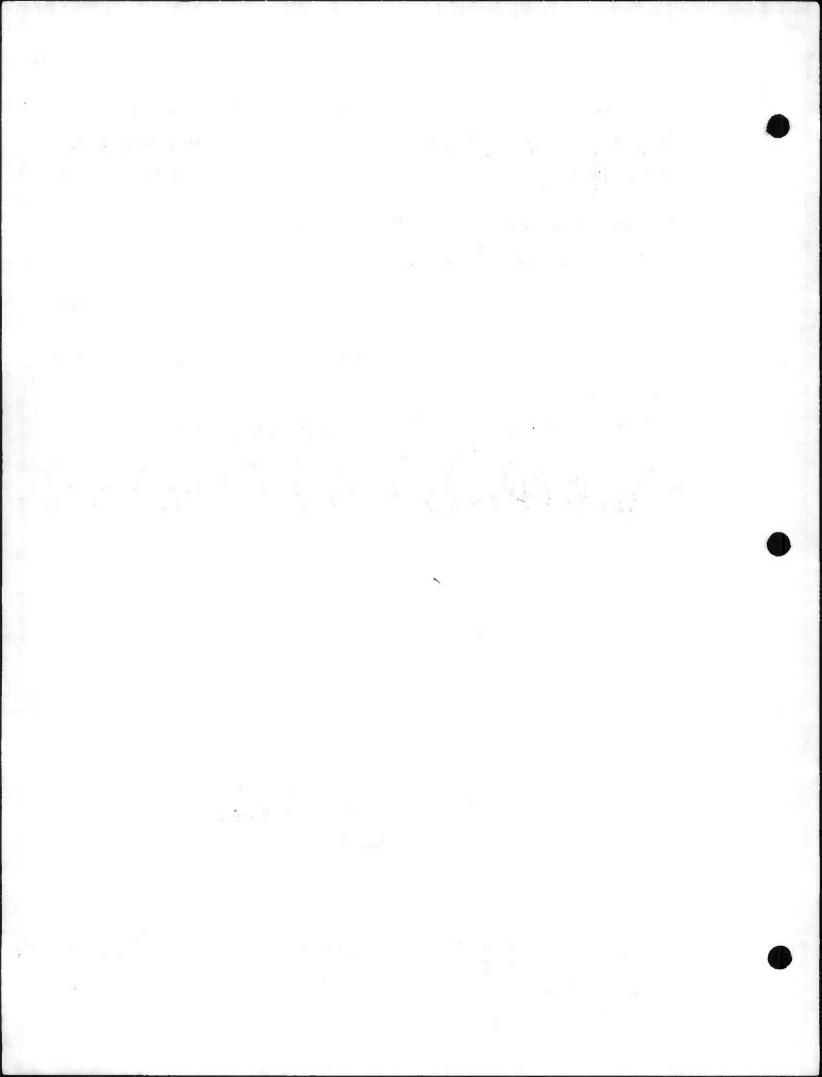


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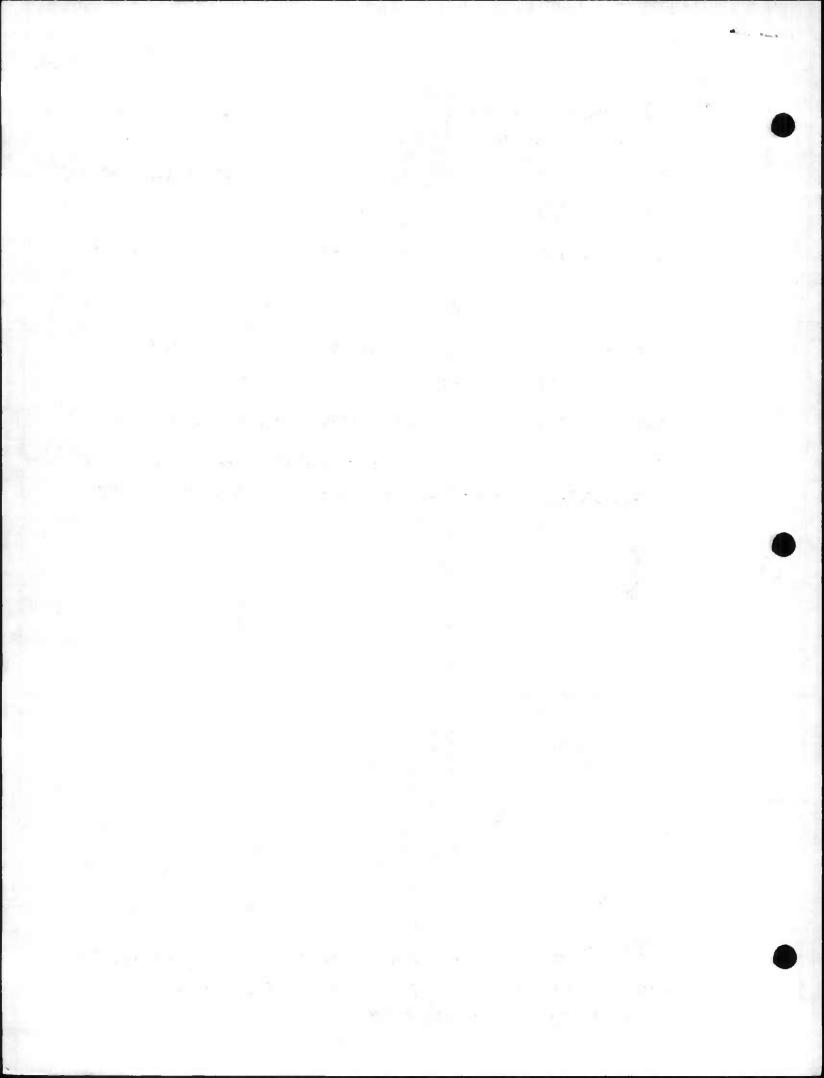
			State of	Maryland	Certificate of		20	17953
			1. Decedent's Neme (First, Middle, Last)		1 1	2. D	Reg. No.	3. Time of Deeth
	Physic /Medi		Ella HS	ing	letury		fonth Dey Y	8:05 AM
4	Examil Funeral Director	ner	4a. Facility Neme (If not institution, give street and num.  5. Social Security Number  6. Sex  147-16-  Usuel Residence of Desedent	Age (In yra. Ia)	/	Ab, City, Town, or Location  If Under 24 Hrs. 8. D  Hours Min. 8. D	Ve MID BA	Death  ALTIMORE  D. Birthplace (State or Foreign Country)  SUTH (unlique)
	/land		10a. Slete 10b. County	10c. City,	Town or Location		*	10d. Inside City Limits
	with the Maryland a or 28a-f ehow Lbe notified at	ctor	MARYLAND BALTIMORE		BALTIMO	RE CITY		1 Yes 2 □ No
	vith th	Director	10e. Street and Number	1	10f. Zip Code		10g. Citizen of Who	al Country?
	death v	Funeral		VENU		21229	USA	American Indien,
5-0020	or its	by	1 Never Married 2 Married 1 Yes 2  1 Widowed 4 Divorced Yesr or Del	ces? 2/0 No	If Yes, specify Cube	Ilspanic Origin? (Specify Non, Mexican, Puerto Rican Specify:		White, etc.  BLACK
	72 hours "neturel", edical Ex	Completed	15. Decedent's Education (Specify only highest grade completed)		16a. Decedent's Usuel Occup (Give kind of work done life. DO NOT use retired	ation during most of working	16b. Kind of Busin	
2121	within ene.	Jump	Elementery/Secondery (0-12) College (1-4)	4or 5+)	life. DO NOT use retired BAKE		BAVER	11 (100000.11)
	Hygid other	Be Co	17. Father's Neme (First, Middle, Last)		DAKE	18. Molher's Name (Firs	t, Middle, Maiden Sumame)	y COMPANY
Maryland	ges 1 and 2 should be filed within 72 hc tr of Health and Mentel Hygiene. If item 27 is marked other than "natur or other traumatic event, the Medical	ToB	ARTHUR	HANN	IAH	TING L	EE HAN	NAH
Mar	2 should and in me		19a. Informent's Name/Relationship (Type, Print)		19b. Malling Address (Street			
	s 1 and of Health item 27 other tr		ETTA GERALD  20a. Method of Disposition	20b. Ple	72 S. MORE of the control of the con	LY STREET,	BALTIMORE:	MO,
MO	Pages ent of nt: If it		1 Burial 2 Cremetion 3 Removel from Donetion 5 Other (Specify)	cen VEI				
Baltimore	permit. Page Department of Important: If any injury or		21. Signature of Funeral Softhee Licensee	900	22. Neme and Addre	ss of Facility	P FUNDAN	BURNIE, MD. HOME, P. A.
0	2055		A DATE MARCH	1	JOSEPH H	FULTON AV	E. BAITHER	- HOME, F. K.
Y	Physician		23a. PArt1. Enter the clinease. Le complications that caushook, or heart fallure. List only one cause on ea	used the death	Do not enter the mode of dyln	g, such as cardiec or res	piratory arrest,	Approximate Interval Between Onset and Death
	/Medical Examiner		Imm Hate Ceuse (Final disease or condition resulting in deeth)	Cere	Provuscula	r Acc	ivent	6 Juys
	24,000	Jer		Due to (or a	as a consequence of):	1 14		1
	cuted nd ransit	Examiner	Sequentially list conditions.	Due to (or	as a consequence of):			
90,	icata be executed physician and s tha burial-transit	I Ex	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury c	l				
68760,	physicata t	edical	that initieted events resulting in deeth) Last	Due to (or a	as a consequence of):			
Box (	death certific e attending pl ed for use as t		d					
	0 0 0	Physician/M	Pert II. Other significant conditions contributing to dea	th but not result	ing in the underlying cause giv	en in Part I.	23b. Did tobacco use contri	ibute to the cause of death?
P.0	# 50 m	Phy	Viahetes Melli	cut	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			□ Probably 4 ☑ Onknown
ds,	2 5.2	d by		•				24b. More outoney findings
Records,	- LI (I)	Completed					4e. Wes an autopsy performed?	24b. Were eutopsy findings availeble prior to completion of cause of death?
	Tha law rata has b page 2 s	omo					1□ Yes 2 No	1 ☐ Yes 2 ☐ No
of Vital	ysician: The s cartificata director, pag	Be C	25. Wes case referred to medical examiner?			26. Plece of Death (Che	- 100	
of 0	this at di	2	1 Yes 20 No Hospitel: 1 Ming		R/Outpatient 3□ DOA Oth	4 LI Nursing Home	5 ☐ Residence 6 ☐ Other	
	Ing Witter une	tlon		Dey Year)	8b. Time of 28c. Injury Work	y et 28d. E k? Yes 2 □ No	Describe how injury occurred	1
Division	il or Attending strar death. Director: After d in by the fune	Certification:	3□ Suiside 6□ Could not be	t Injury - At hom J, etc. (Specify)	ne, farm, street, fectory, office	28f. L	ocation (Street and Number ity or Town, State)	or Rural Route Number,
	To the Hospital of within 24 hours after the Control of the Funeral Discompletaly filled in	edical	29e. Certifier (Check only one)  15 Certifying Physician: To the base and menne	is of examination	edge, death occurred et the time on end/or investigetion, in my o	ne, date and plece, end di plnion, deeth occurred et	ue to the cause(s) and mennithe time, dete end plece, and	er es stated. d due to the cause(s)
	S S S	M	29b. Signeture and title of certifier	0	29c. License	e number	29d. Date signed ()	Month, Day, Yeary
	-		1 Tym	7	W33	0056	te i	ne /1/986
			30. Name end eddress of person who completed cause	of deeth (item 2	+	3/1	· MA	3())27
	Sta	te	31. Dete filed (Month, Dey, Year) 32. Reg	gistrer's Signetur	to NOS	Dallimen		2/2/7
	Registr				n-Randello			11.0

DHMH 16 Rav 6/95

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	an	1. Decedant's Nama (First, Middla, La	- 1	6 rj <del>Ce</del> n			2. Data of Da Month	Dey	Yaar	of Death
/Medic Examine	_	Jerome F.  4e. Fecility Name (If not institution, given the second secon				4b. City, Town, or Lo	June cation of Deat	h 4c. County	of Death	5 Am
		- 111-	HOSPITAL			BÁLTIMOR			a	
uneral rector			Sex 7. Aga (In	74 Yrs.	if Under 1 Yaar Months Deys	Hours Min.	8. Data of Bir (Month, Da MAR.	08,1922	9. Birthpiece (Sta MARYL ANI	te or Foreign
of show	tor	10a. Stata 10b. County	/a 100	c. City, Town or Loc BALTI	MÖRE					City Limits
3a or 28a at be not	al Direc	10e. Street and Number 1643 NORTHWIC	K ROAD	3.2	10f. Zip Coda — 217	28 21218	8	10g. Citizen of V UNITED	What Country?	S
If item 27 is marked other than "natural", or items 23a or 28a-f show or other traumatic event, the Medical Examiner must be notified at	Completed by Funeral Director	11. Maritei Stetus  1 Nevar Married 2 Married  3 Widowed 4 Divorced	12. Wes Decedant Evar Armed Forces? 1)(XYas 2 □ No If Yes, Giva Yaar or Datas: U	1f '	as Dacedant of H Yes, specify Cube	lispenic Origin? (Spe an, Maxican, Puerto I Specify:	ecify Yes or No Rican, atc.)		e - American indian ck, White, etc. v: BLACK	•
than "natur the Medical	ompleted	15. Decedant's E (Specify only highast grade) Elemantary/Secondary (0-12)	ducation ada completed) Collega (1-4or 5+)	16a. Decede (Giva kı lifa. Di	int's Usuel Occup ind of work dona ONOT usa retired ABORER	pation during most of workin d)	ng		usiness/industry SHIPTRADE	
varked other than natic event, tre M	To Be Co	17. Father's Nema (First, Middla, Last & N	ORGAN STEWA	ART		18. Mothar's Nama KATIE	(First, Middle, NOL AN	, Maiden Suman	na)	
or trauma		19a. Informent's Name/Ralationship (		19b. Meiling 212	Addrass (Street N. KENW	and Number or Aura OOD AVENU	JE, BAL	er, City or Town. TIMORE,	Stata, Zip Code) MD 21224	
important: If item 27 any injury or other tr once.		20a. Mathod of Disposition 1☐Buriai 2☐Cremetion 3☐ 4☐Donation 5☐Othar (Specil	Removel from Stata	Ob. Place of Disposicematary, creme	etory or other ple	∞) EMETERY	Data 6-19		City or Town, Stelle	
important: If any injury or once.		21. Signeture of Funerei Service Licer	nsee	22. WM .	Name end Addra C. MAR	ss of Facility CH FH110	01 E.	NORTH	AVENUE	
edical miner	Examiner	immediate Causa (Final disease or condition resulting in death)	b	to (or as a consequent to (or as a consequent)		farction			25Min.	tes
burlel-tra	<u>a</u>	if any, leading to immadiata causa. Entar Undarlying Cause (Diseasa or injury	C							
physicia s the bur	edical	Sequentially list conditions, if any, leading to immediata causa. Entar Underlying Cause (Diseasa or injury that initiated evants rasulting in daath) Lest	c	to (or as a conseque	ence of):					
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igned by the attending physicia be deteched for use es the bur	by Physician/Medical	rasulting in daath) Lest	d			van in Part I.	1 🗆 24a. Wes		3 Probably 4  24b. Were autop: evailable pricompletion	Unknowings or to
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ITEMS: 23 PART I, 27,28a-f, PER MEO FILM 6-736 6/19/96 tt
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

ITEM: 1. PER F'.H. FILM G4736

State of Maryland / Department of Health and Mental Hygiene

6/18/96 t.t

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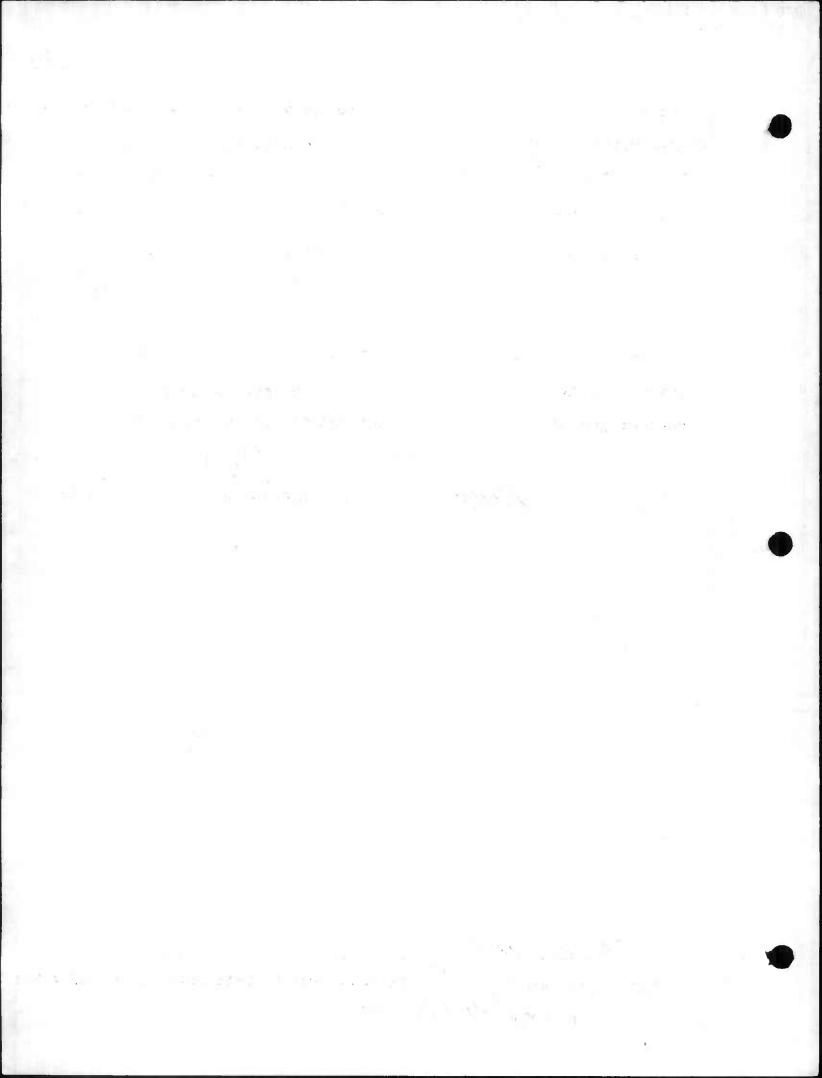
17955

6/	18/96 t.				Certificate of	Death	Re	ig. No.	17333
	Dhaniai		1. Decedent's Neme (First, Middle, La	st)			2. Dete of Deet Month		3. Time of Death
	Physici /Medi		ANDRE DE	IIT SCRIBNER	SERI	BNER	JUNE	8 199	
	Exami		4e. Facility Neme (If not Institution, giv	re street and number)		4b. City, Town, or	Location of Deeth	4c. County of D	
			276 HERRING CO	URT		BALTIM	IORE	N/	A
	Funeral		Sociel Security Number     6. S	Sex 7. Age (In yrs. Ia	Months Days	If Under 24 Hrs Hours Min		Year) 9.	Birthplece (State or Foreign Country)
ш	Director		061-58-9748	34	Yrs.		AUG 23,	1961	MD
	E		Usuel Residence of Decedent  10e. Stete 10b, County	10c City	Town or Location				10d. inside City Limits
	f sho	6	MD N/A		BALTO				1 N Yes 2 No
	with the Maryland a or 28a-f show Lbs notified at	Director	10e. Street end Number		10f. Zip Code		10	og. Citizen of What	Country?
	10 a 10 a 10 a 10 a 10 a 10 a 10 a 10 a					1231	1	USA	Country
	na 23	Funeral	276 HERRING CT	12. Wes Decedent Ever In U.S			Specify Yes or No-		merican Indlen.
_	her o	Fun	1 Never Merried 2 Merried	Armed Forces? 1 ☐ Yes 2 ☐ No	13. Wes Decedent of H If Yes, specify Cub	en, Mexican, Pue	rto Rican, etc.)	Bleck, W	/hite, etc.
050	hours after tursif, or its at Examine	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yeer or Detes:	1 ☐ Yes 💥 ☐ No	Specify:		Specify:	BLACK
Maryland 21215-0020	7.72 hours after death with the Marylar "naturet", or items 23s or 28s-f show solical Examiner must be notified at	ted	15. Decedent's E	ducation	16a. Decedent's Usuel Occur	ation		16b. Kind of Busine	ss/Industry
21	Med "	ple	(Specify only highest gra-	College (1-4or 5+)	(Give kind of work done life. DO NOT use retire	during most of wo d)	orking		
21	filed within 72 Hygiene. ther than "nat int, the Medica	Completed	11th	n/a	UNEMPLOYED			N/A	
Pu		Be (	17. Fether's Neme (First, Middle, Last,	)		18. Mother's Ne	eme (First, Middle, A	felden Sumeme)	
yla			JOHN SCRIBNER			DORE	THA EDMO	NDS	
lar	and and		19e. Informent's Neme/Relationship (	Type, Pnnt)	19b. Mailing Address (Street				e, Zip Code)
	and n 27 er tr		DORETHA SCRIBNI		722 WHARTON		ALTO, MD		
Ore	8 5 =		20e. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion 3 ☐		nee of Disposition (Name of metery, cremetory or other ple		JUNE	20c. Location - City	
Baltimore,	permit. Page Department of important: If any injury or once.		4 □ Donetion 5 □ Other (Specif	(y) <u>MT</u>	ZION CEM		18, 96 E	ALO, MD	
Sal	eparition in his in his in		21. Signature of Edheral Service Licer	1900	22. Neme end Addre				
ш	20 = a		Patricia	Betts	1129 N.	CAROLI	NE ST BA	LTO, MI	21213
			23a. Pert1. Enter the disease, or com shock, or heert feilure. List only	pilcetions that caused the deeth. one cause on each line.	Do not enter the mode of dyle	ng, such es cardie	oc or respiratory arre	est,	Approximete Interval Between
	Physician								Onset and Death
	/Medical Examiner		Immediate Cause (Final disease or condition resulting In death)	COCAINE AND NAR	COTIC INTOXICATIO	N			
		-	resulting in death)	Due to (or	es a consequence of):				
	ped list	Examiner		b. ————					
	certificate be executed iding physician end use as the burial-transit	xar	Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying	Due to (or	as e consequence of):				
68760,	sician buri		Cause. Enter Underlying Cause (Diseese or Injury thet Initiated events	C					i e
687	ficate physicate is the	품		Due to for	es e consequence of):				
XO	centi oding	4	resulting in death) Last	Due to (01 -	os o consequence or,				
m		n/Medical	resulting in death) Last	d	os e consequence orj.				
	death certifica a attending pl d for use as t		L	d		on in Part I	23h Did to	hacco usa contrib	inte to the reuse of death?
O.	y the		Pert II. Other significant conditions of	d		en in Part I.			ute to the cause of death?
P.0	that the cled by the detached	Physician/	L	d		en in Part I.			ute to the cause of death?  ] Probably 42 Unknown
P.0	es that the c gned by the be detached	by Physician/	L	d		ren in Part I.	1 ☐ Ye	n autopsy 24	Probably 4 Unknown
P.0	requires that the c been signed by the should be detached	by Physician/	L	d		ren in Part I.	1 🗆 Ye	n autopsy 24	Probably 4 Unknown
Records, P.O	e lew requires that the c has been signed by the ge 2 should be detached	by Physician/	L	d		ren in Part I.	1 □ Yo	n autopsy 24	Probably 4 Unknown  b. Were eutopsy findings available prior to completion of cause of death?
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State Registrar

THEUDORE 31. Dete filed (Month, Dey, Year)

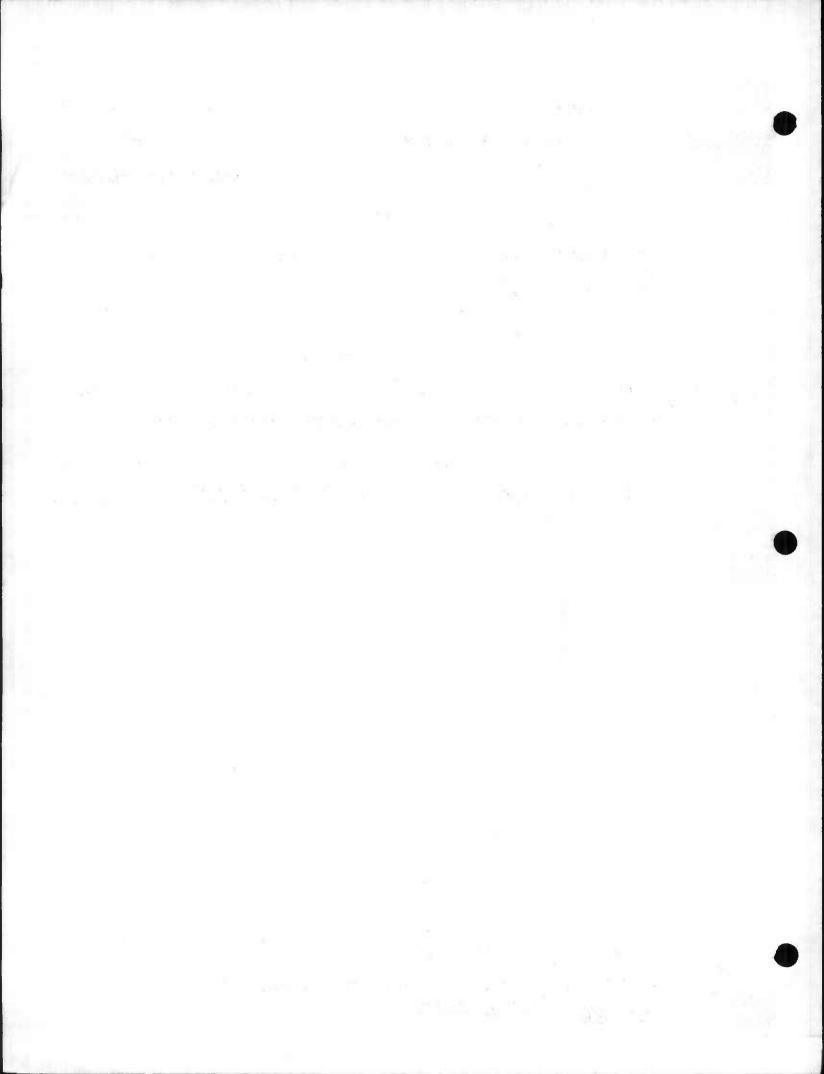
DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96 | 7956

						Cer	tificate of	Death		Reg. No.		17500
	Division		1. Decedent's Nema (First, Middle, Li	ast)	- 1				2. Data of Da	ath	Vee	3. Time of Death
- 18	Physic /Medi		MORTON	LOUIS		S	HEARER		JUNE	13 1	1996	12:24 PM
	Exami		4e. Facility Nama (If not institution, gi	va street and numbe	r)			4b. City, Town,	or Location of Deeth	4c. Count	y of Deeth	
			MEMORIAL HOS		r easi	NO		EASTON		TALE	3OT	
	Funeral Director			Sax 7. / 1 □X M 2 □ F	Aga (In yrs. Ias 71	Yrs.	Months Dey		in. (Month, De	h y, Year) 20,1924	Cour	pleca (Stata or Foreign ntry) YLAND
	ylend		10a. Stete 10b. County		10c. City,	Town or Loc	eation				1	10d. Insida City Limits
	r 28a-f s	Director	MARYLAND TALB 10e. Street end Number	OT		EA	STON 10f. Zip Code		T	10g. Citizan of	What Cou	1 XYas 2 No
	h with	al D	27931 OAKLANDS	CIRCLE				21601		USA	4	
20	within 72 hours after death with the Maryland ane. than "naturat", or Items 23a or 28a-f show he Medical Examinat must be notified at	by Funeral	11. Merital Status  1 □ Nevar Married 2 ☒ Merried	12. Was Deceder Armed Forces 1 Types 2 L If Yes, Give	? ] No	If	Ves Decedent of Yes, specify Cu	ben, Maxican, Pu	(Specify Yes or No- arto Rican, etc.)	14. Re	ce - Americ ck, White,	can Indian, etc.
21215-0020	n 72 hours "netural",		3 Widowed 4 Divorced	Year or Datas	WWII				1		WH	ITE
15	in 72	Completed	15. Decedent's E (Specify only highast gr	ade completed)		(Give I	ent's Usuel Occi kind of work don O NOT use retir	a during most of v	vorking	16b. Kind of Businass/Industry		
212	filed withir Hygiene. ther then	E O	Elementery/Secondery (0-12)	College (1-4o	(5+)		RETAI			JEWELRY STORE		
	be filed tal Hygid d other	BeC	17. Fether'e Nema (First, Middle, Las				TATE OF		lema (First, Middla,	JEWELRY STORE iddla, Maiden Sumema)		
/lar	should be filed of Mental Hygi marked other imatic event, I	ToE	ABRAHAM			SHEAR	ER		HILDA		KL	INE
, Maryland	C1 60 00 60		19a. Informant's Name/Reletionship MRS. EUNICE SH						Rural Routa Number LE EASTON			Code)
Saltimore,	8 = 5		20e. Method of Disposition 1		e cen	netery, crem	ition (Name of etory or other pi		Date 6-16-96	20c. Location		
Balti	permit. Pa Departmer important: any injury once.		21. Signature of Funerel Sarvice Lice	nsee Dur	neo	22.	Nama and Add SOL LEV	ress of Fecility INSON &	BROS., INC			
r	_		23a. Part1. Entar the disease, or com	plications thet caus	ed the deeth.				WN ROAD F		LE, I	MD 21208 Approximeta
	Physician /Medical		shock, or haart feilure. List only  Immediate Causa (Final diseasa or condition	One cause on each	elina.	20 171 1	160	Qual	./			Interval Between Onset and Death
V	Examiner		resulting In deeth)	a	Due to (or a	s a consequ	uence of):	Co o w		1		- cus
_	P #	iner		, ASH	DIN	Wh	Cor	may 6	ulem	disassi	,	15 41
0,	ceta be executed physician end s the burial-trensit	Examiner	Sequentially list conditions, if eny, leeding to immedieta cause. Enter Undarlying Cause (Disease or injury that is interested events.	0.	Due to (or a	s e consequ	uence of):		)			1-1
x 68760,	E 9 8	Medical	that initiated events resulting in death) Lest	d	Dua to (or a	s a consequ	ence of):	· _				
Box	seath ce attendi	ician	Pod II. Other significant conditions	and the time to death		1- 4	4.4.4	hards Badd	con Pid		1	
P.0	res that the devigned by the a	/ Physician/	Pert II. Other significant conditions of	as cula	_ Du	rig in the un	W. K	low Wer		Yes 2 No		o the cause of death? bably 4□ Unknown
of Vital Records,	v requires been sign should be	leted by	DENd Stage	Rend	Dise	are	(	IR food		an autopsy med?	av co	are autopsy findings railable prior to empletion of cause
al Re	The ate h	Completed	(3) Disheder M	ellih					101	as 200 No	1	death? □ Yas 2□ No
Zi.	iclan: The certificate rector, peg	Be	25. Was case refarred to medical examiner?	Hospitel:			_ 0	ther	eeth (Check only o			
	Attending Physician: r death. ector: After this certific by the funeral director,	on: To	1 Yas 2 No  27. Menner of Deeth 1 Neturel 5 Pending	28a. Dete of In	ury 28	NOutpatient  Bb. Time of  Injury	3□ DOA 28c. Inj	4 LI Nursing	Homa 5 Resid			(Y
Siol	endin eath. or: Af the fu	catic	2 ☐ Accidant investigetio	n .		,,		Yas 2□No				
Division	무취하	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	286. Piece of II	njury - At home etc. (Specify)	e, ferm, atre	at, factory, office		28f. Location (5 City or Tox		ber or Rure	al Route Number,
	To the Hospital within 24 hours of To the Funeral I completely filled	edicai	29a. Certifier (Check only one)	ysician: To the bes niner: On the basis and manners	of examination	edga, deeth n end/or inve	occurred et the estigation, in my	time, date and pla opinion, death oc	ca, and due to the courred at the time,	cause(s) and m dete and piece,	anner as s end dua t	teled. o tha cause(s)
	To the vithin 2 To the comple	M	29b. Signature end title of certifier	111		\	(	ise number	_	29d. Data signe	d (Month,	Day, Year)
	-	1	· Willia	m MW	rod Co	+		8718		011	3/5	6
	(0		30. Neme and addrass of person who WILLIAM H. V					EN CULVAT	MD 2160	1		
	Sta	te	31. Dete filad (Month, Day, Year)	P. Pegis	tren Sign III	DUVIL.	N N ETAO	LASTUN	, ניוט 2100	Т		
	Registr	_	JUN 1 8 1996 A	review warming	-Navlant	=						

DHMH 16 Rev 6/95

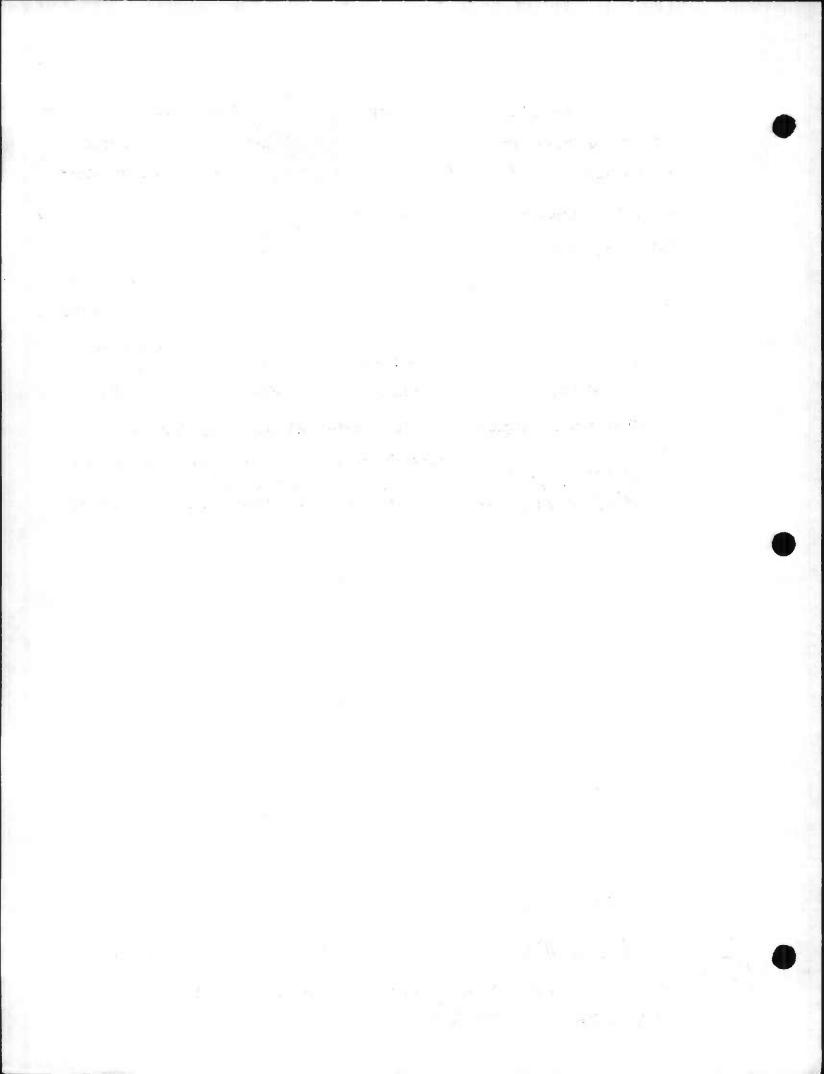


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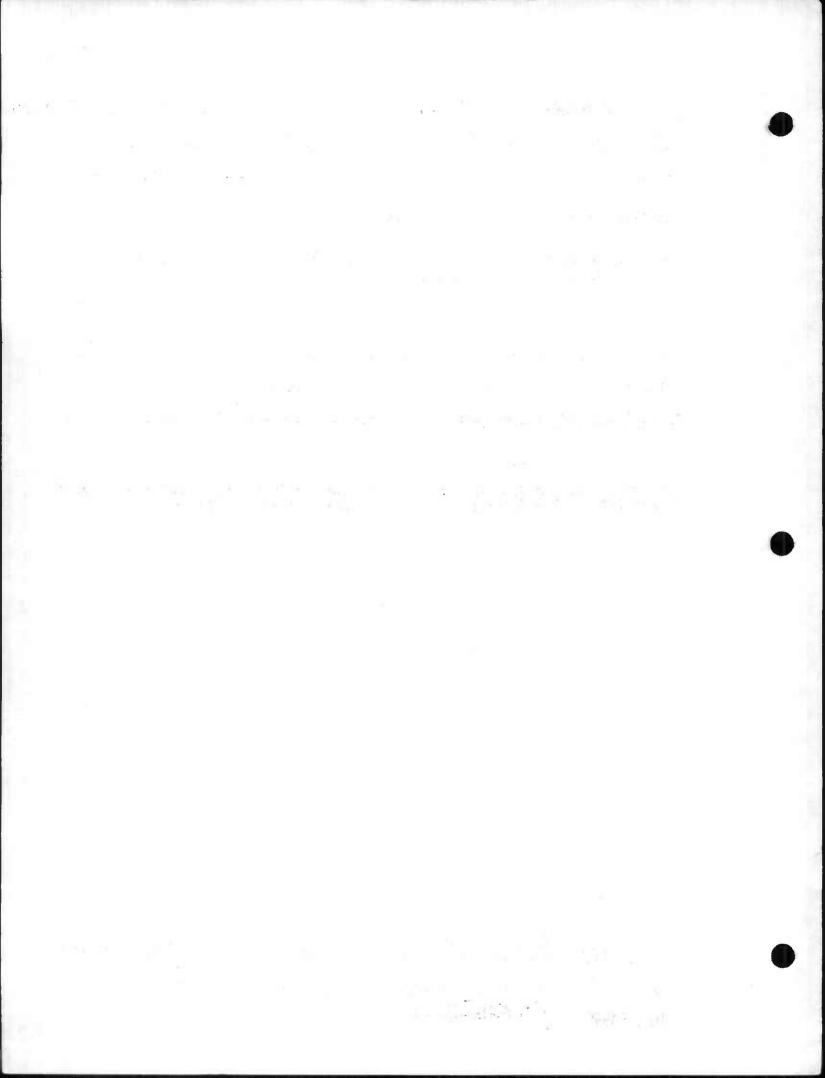
						Cen	tificate of	f Death	Reg	g. No.	0 1	1001	
Г	Physic	ian	1. Decedant'a Name (First, Middla, L.	est)					2. Data of Death Month	Day	Yaar 3	3. Time of Death	
	/Medi			ele M.		St	ugar		June 12	2,1996		6:55am	
	Exami	ner	4a. Facility Nama (If not institution, gi					4b. City, Town, or Lo		4c. County			
			Pikesville Nurs		4		if Under 1 Yae	Pikesv			altimo		
	Funeral Director			Sax 7. Age 1  M 2	a (In yrs. last bi 68	Yrs.	Months Deys	r If Under 24 Hrs. s Hours Min.	8. Dete of Birth (Month, Day, ) June 2	7,1927	9. Birthplace Country) Mary.	e (Steta or Foreign land	
	Maryland a-f show	ctor	Maryland Baltin	more	10c. City, Tow		ation timore					Inside City Limits 1 Yes 2 XNo	
	th with the 23a or 28 ast be no	al Director	10e. Street and Number 1362 Sudvale Road	đ			10f. Zip Coda	2120		g. Citizan of	What Country?	?	
Maryland 21215-0020	a within 72 hours after death with the Manyland jiene. I then "natural", or Items 23s or 28s-f show the Madical Examiner must be notified at	by Funeral	11. Maritei Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent I Armed Forcas? 1 Yes 2 1 Yas, Giva Yaar or Datas:			es Decedant of Yas, specify Cul □ Yas 2□No	Hispanic Origin? (Speban, Mexican, Puarto Specify:	ecify Yas or No- Rican, atc.)				
2-0	72 h	eted	15. Decedent's E (Specify only highest gr		16a	Deceda	ant's Usuai Occu	upetion	ina 16	6b. Kind of B	usiness/indust		
121	c . a	Completed	Elamantary/Secondary (0-12)	Collaga (1-4or 5	+)	life. D	O NOT usa ratin	a during most of work ed)	rig	Owr	Home		
7	e filed withing Hygiene. other than		10 17. Fathar's Nama (First, Middla, Las	7)		Hous	ewife	10 Methode Nome	Own Home				
an	0 2 0	Be C	Milton	,		Glas		Doris		ilderi Surrieri	_		
7	d 2 should b th end Mente 7 is marked traumatic or	2						et and Number or Rura		City or Town	Lerne		
Ma	d 2 in the strain		Ellen Sugar									ua,	
re,	it. Peges 1 e rtment of He rtant: if Item njury or othe		20a. Mathod of Disposition	Mathod of Disposition 20b. Pleoc come				Road Balt	altimore, MD 21208 Data 20c. Location - City			or Town, Stete	
Baltimore,			1 Burlal 2 □ Cramation 3 [ 4 □ Donation 5 □ Other (Speci	Tes Burial 2 Colamation 3 Chamboan Ion State					14-1996-	Palei	move	MD	
alti			21. Signature of Funeral Service Lice		1			rass of Fecility	14 1990-	Daiti	.more,	שוא	
m	Depe Impo		1/0/1	1		20	OO Poic	rass of Fecility Inson & Br	os., Inc	•			
	_		23a. Party. Enter the disease, or con shock, or heart failure. List only	ricetions that causad	tha daath. Do	not antai	r the mode of dy	terstown R	or respiratory arras	ımore,		208 proximeta	
	Physician /Medical Examiner	er	Immediate Cause (Final dispate of condition resulting in death)	· Pr	MMeM Dua to (or as a	9,						érvel Batween nsat and Death	
	icete be executed physician and s the buriel-transit	Examiner	S uantially list conditions,	b	Dua to (or as a	consequ	ence of):				<u> </u>		
60,	be exe Iclan a buriel-		S uantially list conditions, if any, leading to immadiata causa. Entar Undarlying Ceuse (Disaasa or Injury	C							į		
x 68760,	E 0 8	Medical	that initiated events rasulting in death) Last	d	Dua to (or as e	consequ	ance of):						
Box	death e etten ed for u	Physician/	Part II Other significant conditions	contribution to double bu	A not recutive to	m Ab m	de di de e concer	han la Band I	OOL DIAA-L				
P.0.	that the ded by the detacher	hys	Part II. Other significant conditions	contributing to death bu	it not rasulting ii	n tha und	senying cause g	IVAN IN PAR I.		accouaaco 2 □ No		e causa of death? Iv 4 □ Unknown	
	s tha	ру Р					·			20110	0_110000	, 40 olikilowii	
Division of Vital Records,	e law requires that the death ce has been signed by the ettendi ge 2 should be detached for use	Completed							24a. Was an performe		evallat	autopsy findings ble prior to etion of causa th?	
<u>~</u>	The ate h	Son							1 ☐ Yes	2 1 No	1 □ Ye	es 2 No	
/Ita	certificate rector, pag	Be	25. Was casa raferred to medical examinar?					26. Placa of Daath	(Check only one)				
5	Physic this c	ျှ	1 ☐ Yes 2 ☒ No		nt 2□ER/Ou	-	OLI DON		ma 5 Rasidan				
sion	Attending Physician: r death. sctor: After this certific by the funeral director,	2 Accident Invastigation M					Injury at Work? 28d. Describe how injury occurred 1 Yas 2 No						
N N	of or At effer Direct d in by	ertifi	4 Homicida datarmined		ry - At homa, fa . <i>(Specify)</i>	irm, stree	et, fectory, office		28f. Location (Stra City or Town,	at and Numt Stete)	oer or Rural Ro	outa Num <i>ber</i> ,	
	To the Hospital or Attending Ph. within 2-Hours elfect death.  To the Funeral Director: After this for the funeral feet of the funeral feet of the funeral feet of the funeral feet of the funeral feet of the funeral feet of the funeral feet of the funeral feet of the funeral feet of the funeral feet of the funeral feet of the funeral feet of the funeral feet of the	edical C	29a. Certifiar (Check only one)  1 Certifying Pt 2 Medical Exam	nysician: To the bast of ninar: On the basts of end mannar ste	axamination an	a, daath o	occurred at the testigetion, in my	tima, data and place, a opinion, death occurre	and dua to tha cau ed at tha tima, date	sa(s) and ma a and placa,	annar as stated and dua to the	d. I causa(s)	
	Withi Withi	M	29b. Signeture end titla of certifier	. 0			29c. Licen	nse number	290	d. Date signe	d (Month, Dey	, Year)	
			Kaymond 1	Mille in	D		DA	7683		6/17	2/86		
	1	1	30. Nema and address of person who	complated causa of de	eth (Itam 23a)	(Тура, Р				-/1	-		
	10	4	Dr. Raymond Mi	ler 7220 F	ark Hei	ights	s Ave. F	Baltimore.	MD 21208	3			
	Sta Registr		31. Data filed (Month, Day, Year)  JUN 1 8 1996	Julia Day door	r's Signature				- ELEV				
	1.091011		JUN TO 1330	/		-							

DHMH 16 Rev 6/95



		Certificate of Death	F	Reg. No.		
Physic		1. Decedent's Name (First, Middla, Last)  HARRY E. SHAN KS	2. Deta of Dee Month	Dey	Yeer 96	3. Time of Death 12:06 P.
/Medi Examir		4a. Fecility Nama (If not institution, give street and number)  4b. City, Town, or I	JUNE Location of Death			121061.
Funeral Director		5. Soctal Security Number 6. Sex 115-07-9818 10 M 20 F 74 11 Months Days Hours Min.	8. Dete of Birth (Month, Dey Nov. 25	, Year)	9. Birthpl Coun UNRY	lace (Stete or Foraign try) LOWN MD
anyland show	7	Usual Residence of Decedent  10a. Stete 10b. County 10c. City, Town or Location  Maryland n/a Baltimore			10	0d. Insida City Limits 1 ☑ Yes 2 ☐ No
28a-1	Director	10e. Street and Number 10f. Zip Code		10g. Citizan of V	What Coun	
th with				u.s.A		.,
n 72 hours after death with the Maryland "natural", or frems 23a or 28a-f show folical Examiner must be notified at	by Funeral	11. Marital Status UN 2NOWN  1 Never Merried 2 Married  12. Was Decedant Evar in U.S. Armed Forces? UN 2N 0WN  1 Sy'es 2 No 1/12/43  13. Was Decedent of Hispenic Origin? (Si If Yas, specify Cuben, Mexican, Puerting Yas of Specify:  14. Was Decedant Evar in U.S. If Yas, specify Cuben, Mexican, Puerting Yas of Datas: 0/22/43	pecify Yas or No- o Rican, etc.)	14. Rac Bled Specify	a - Amartock, White, e	etc.
- 1 35	Completed	15. Decedent's Education (Specify only highest grada completed)  Elementery/Secondery (0-12)  Unknown 12th  Unknown 1/2th  16a. Decedent's Usuel Occupation (Giva kind of work dona during most of work in the properties of the pro	king	Genera		tors
Hygied officer	Be Co	17. Fether's Nema (First, Middle, Last)  18. Mother's Nema	ne (First, Middle,	Meiden Sumen		
should be filed and Mental Hygi s marked other sumatic event, t	ToE		← Virgi	nia (Un	know	n)
		19a. Informent'a Neme/Reletionship (Type, Print)  Function Watson/Grand Daughter  19b. Mailing Address (Street end Number or Ru 1961 Goodluck Road Apt 6854 Beaverstone Roa	d. Faye	inham tteville	NC	20915 28314
Page nent o int: If iry or		20a. Method of Disposition  1 Buriel 2 Cramation 3 Removel from Stete 4 Donetton 5 Dother (Specify) State tem.  20b. Piece of Disposition (Name of cemetary, crematory or other piece)  Garrison Forest Vet. Cem		)	s Mil	ls, MD
permit. Pag Department Importent: It any Injury o		21. Signature of Funerel Sarvica Licensee  Ronald Syllade, Dir.  22. Name end Address of Facility Castate Anatomy Board Baltimore, Maryland	1-655 W.	Baltim	s 14 ore S	12 E.Presttet
Physician /Medical Examiner		23d. Pent 1. Enter the diseasa, or complications that caused the death. Do not enter the mode of dying, such as cardiac shock, or heart failure. List only one ceuse on each line.  Immediate Ceuse (Finel disease or condition resulting in death)  a. Septicemea	or raspiratory an	rest,		Approximate Interval Between Onset and Death
certificate be executed ding physician and ise as the burlal-transit	ical Examiner	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or trijury that lottered events that the lightered events to the lottered events to t	betes.	melles	us	
	in/Medical	resulting in deeth) Lest  Pneumon( Au			1	
that the death	by Physician	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.  Cerebrovanulus acceded  demention	23b. Did t		ntributs to	the cause of death?
e law requires that the has been signed by th je 2 should be detache	Completed b	dementia	24e. Wes perfor	en eutopsy med?	ava	ere autopsy findings illable prior to appletion of causa death?
E # 8	e Col	OS Was seen afferred to an disab	1 🗆 Y		1[	Yas 2□ No
Physician: The lithis certificate hural director, page	0	axaminer? Hospitel: 4	th (Check only on ome 5 ☐ Resid		er (Specifu	r)
fing Ph. After thi funeral	ation: T	27. Menner of Death  1 Death Sometimes of Death (Month, Dey Year)  28a. Dete of Injury (Month, Dey Year)  28b. Tima of Injury et Work?  2 Accident investigation	28d. Describe h			
or John in the	Certification:	3 ☐ Sulcide 6 ☐ Could not be datarminad 28e. Pteca of Injury - At home, ferm, street, fectory, office building, etc. (Specify)	28f. Location (S City or Tow	itraat end Numb n, Stete)	er or Rura	Route Number,
To the Hospital or Attend within 24 hours after death To the Funeral Director: completely filled in by the	edicai (	29e. Cartifiar (Check only one)  1度 CertifyIng Physician: To the best of my knowledge, death occurred et the time, date and place 2回 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date and place 2回 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date and place 2回 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date and place 2回 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date and place 2回 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date and place 2回 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date and place 2回 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date and place 200 Medical Examiner: On the basis of examiners and occurred et the time, date and place 200 Medical Examiner: On the basis of examiners and occurred et the time, date and place 200 Medical Examiners and occurred et the time, date and place 200 Medical Examiners and occurred et the time, date and place 200 Medical Examiners and occurred et the time, date and place 200 Medical Examiners and occurred et the time, date and place 200 Medical Examiners and occurred et the time, date and place 200 Medical Examiners and occurred et the time, date and place 200 Medical Examiners and occurred et the time, date and place 200 Medical Examiners and occurred et the time, date and occurred et the time, date and occurred et the time, date and occurred et the time, date and occurred et the time, date and occurred et the time, date and occurred et the time, date and occurred et the time, date and occurred et the time, date and occurred et the time, date and occurred et the time, date and occurred et the time, date	, end due to the or rred et tha tima, o	eusa(s) and ma leta end place,	nnar as st and due to	ated. the ceuse(s)
To the To the complex	M	29b. Signeture end title of certifier  MB Reliceus MD D 18327		29d. Date atgne		
		30. Name and eddress of person who complated cause of deeth (ttem 23e) (Type, Print)  MOGES GEBREMARIAM. 4600 WILKENS AM & 203	Rao	to m	d	21225

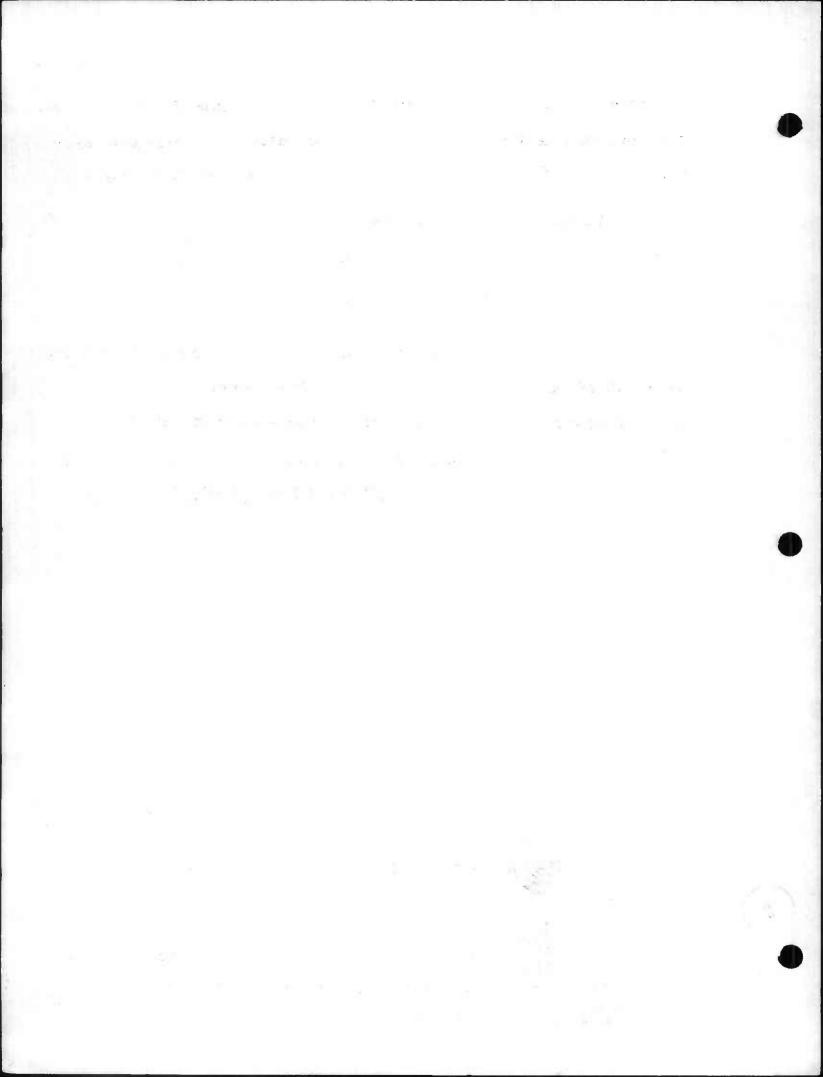
State Registrar



State of Maryland / Department of Health and Mental Hygiene 96

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					Ce	rtificate	of L	Death			Reg. No.		
ysiciar	_	Decedant's Name (First, Middla, George			07.1-					2. Date of De Month	eath	Year	3. Tima of Death
Medica	_		Joel		SLAU	GHTER				Jun		1996	7:10 pm.
kamine	r	4a. Facility Name (If not institution,					1			ocation of Deal		y of Death	
	4	Franklin Square 5. Social Security Number	6. Sex		s. last birthdev	if Undar 1		ROSSV			Balt		County
neral ictor		212-30-0591	1 <b>¼</b> M 2□F	64	Yrs.		Days	Hours	Min.	June 19	rth ey, Year) 7, 1931	Mary	place (State or Foreigntry) Land
***	-	Usual Rasidence of Decedant  10a. State 10b. County		10c.	City, Town or L	ocation						T	Od. inside City Limit
Examiner must be notified at	CIOL	Maryland Balti	more	M	liddle H	River							1 □ Yes <b>ৡᢕ</b> ᢩÑ
Mad C		10e. Street and Number				10f. Zip C					10g. Citizan of	What Cour	ntry?
Tales	a l	1440 Shore Road			11.0	2122					U.S.A.		
hy Filmeral Director	2	11. Marital Status  1 Never Married 2 Marrie  3 Widowed 4 Divorced	12. Was Dec Armed Fo d 1  Yas If Yas, Gi Year or D	orcas? 2 No va X	0,5.	was Decedar if Yas, specify 1 ☐ Yas 2√x		spanic Ori n, Maxicar Specify:	gin? (Sp n, Puarto	ecify Yes or No Rican, atc.)		ce - Amaric ack, Whita, fy: Whit	atc.
	9	15. Decedant's			16a. Dace	dant's Usual (	Occupa	atlon	t of words	in a	16b. Kind of I	Businass/In	dustry
r, tre Madical	эшфио	(Specify only highast Elemantary/Secondary (0-12)	Collega (	1-4or 5+)		kind of work DO NOT usa t Mana			t or work	ing	Comic E	ook D	istributi
Re C		17. Father's Nama (First, Middla, L.	ast)						ar's Nam	a (First, Middle	, Maidan Suma	-	
I G	2	Elmer Slaught						Ros	se	Robel			
order traumatic event, the magnetic		19a. Informant's Name/Relationshi Kevin Slaughte									MD. 212		Code)
ry or oth		20a. Mathod of Disposition  1   ↑ Burial 2 □ Cramation 3  4 □ Donation 5 □ Other (Spe		State		matory or other	or place		erv	Data 6/20/96	20c. Location Baltin		
any injury or once.		21. Signature of Funarai Service Li	cense	por de		2. Name and A	Addres	s of Facilit	ner	al Home			
	+	28a. Part1. Entar tha disease, or c	omplications that of	ausad tha da	ath. Do not an							u. 21	Approximata interval Between
ian		shock, or heart failura. List of	•									1	Onsat and Death
cal ner		Immediata Causa (Final disaasa or condition	META	STATI	C COL	ON CAN	ICE	R				3	MONTHS
<u> </u>	- 1	rasulting in death)	LIVE	Due to	(or as a conse	quanca of): IS						3	MONTHS
Examiner		Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	LIVE	R FAI	(or as a conse LURE	quance of):						3	MONTHS
Medical Examir		rasulting in death) Last	ASCI	TES Due to	(or as a consec	quanca of):						3	MONTHS
5 2			d										
detached for u	le l	Part II. Other significant condition	s contributing to de	eath but not ra	asulting in the u	indarlying cau	sa giva	in in Part I	,		~		the cause of death
3   -										1	Y00 200No	3	bilibiy 4 Onkhor
2 should										24a. Was perf	an autopsy omned?	av co	ara autopsy findings allable prior to mpletion of cause death?
Page Com	5									10	Yas 25 No	10	Yes 2□ No
Be (		25. Was casa rafarrad to medical axaminer?						28. Place	of Deat	h (Chack only	ona)		
	2	1 ☐ Yes 2 No			☐ ER/Outpatle		Othe	4 🗆 NU		me 5□Ras		har (Specif	(y)
ed in by the funeral		27. Mannar of Death  1 Naturai 5 ☐ Pending 2 Accident invastiga	ition	of Injury th, Day Year)	28b. Tima o Injury	of 28c	Injury Work 1□1	at :? /as 2□		28d. Describe	how injury occu	rred	
ed in by the		3 Suicide 6 Could no 4 Homicida datarmin	ed Zea. Place	of injury - At ng, atc. (Spe	home, farm, st	raat, factory, o	ffice				(Street end Num wn, Stata)	ber or Rura	al Routa Number,
pletely filled edical Ce		29a. Certifier (Check only one)  1 Certifying 2 Medical Ex	Physician: To tha caminer: On tha be and mani	best of my ki asis of axami ner statad.	nowledge, deat nation and/or in	h occurred at i	tha tim	a, data an inlon, daa	d place, th occur	and dua to tha red at tha tima,	causa(s) and n date and place	nannar as s , and dua to	tated. o tha causa(s)
Comp		29b. Signatura and titla of certifier	122			29c. L	icense	number			29d. Date sign	ed (Month,	Dey, Year)
,	-		*P	D.O			55	93			JUNE	17.	1996
	13	30. Name and address of person wi	,										
	1	DR. JOHN J.	LOH	1 1 1 1	MACE	7 7 7 7	-	7 T m -	MAC TO		2122	. 7	



State of Maryland / Department of Health and Mental Hygiene

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														No.		
Physic	cian	1. Decedent's Neme (First, Mid				6						2. Dete of Month	Death	Dev	Year	3. Time of Deeth
/Med			aymo			ickne	r,	Jr.				June	13,	, 1996		2:30 P
Exam	iner	4a. Fecility Neme (if not institu			ım ber)				4			ocation of De	eth	4c. County		
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Funera Director	_	216 16 5827		<b>X</b> M 2□ F	7. Age (In y			Months	Deys	Hours	Min.	8. Dete of l	Day, Y	9924	9. Birthp	plece (State or Foreigna) Land
		Usuel Residence of Decedent														- Luna
Show	L	10a. State 10b. Cour				City, Town		ation							1	0d. Inside City Limit
f Heelth and Mantai Hygiene. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Maddal Entitline must be notified at	Director	Maryland Balt	:1mo:	re	I	Essex										1 Yes 2/2N
0.8			- D	3				10f. Zip					1	. Citizen of	Whet Cour	ntry?
18 23 main	Funeral	950 Arncliff	е к		edent Ever in	11.0	10 14/-	212		ii- O-1	:-0 (0-			J.S.A.		
r Hear	Fun	1 Never Merried 2 M	arried	Armed F	orces?	10,5.	It Y	Yes, speci	ify Cuba	n, Mexican	, Puerto	ecify Yes or leading Rican, etc.)	NO-	Bie	ca - Americ ck, White,	etc.
o'la	by			If Yes, G Year or I	2 No ive Detes: WW	II	10	Yes 2	No X	Specify:				Specif	Whit	e
Tatur.	ted	15. Deced	ent's Ed	ucation		16e.	Deceder	nt's Usual	Occupa	ation			16	b. Kind of B		
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ygien nr th	Completed	9				Mad	chin	e Op	erat	cor			W	ester	n Ele	ectric
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d Me mark matic	10	19a. Interment's Name/Reletio				100	N.4. 70		(0)	Ada		ally				
th en trau		Marian Schickn		ype, Phrtt)						Road		el Route Nun Sex, M		2122		Code)
Heelth tam 27 other tr		20e. Method of Disposition			20b	Place of	Disposit	tion (Nem	e of		دن	Dete	7	c. Location -		wn. Stete
		1 XBuriei 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other			State			Mom		<sub>e)</sub> ardens	. 6					
Department of Important: If I eny Injury or once.		21. Signature of Furieral Service		100		- 2	1			s of Fecilit	1	/17/96	Bd	TCTIIIO	re co	ouncy
Important land		( Muy	F	much	1.10-	1						1 Home	P.	Α.		
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	Physici /Medi		1. Decedent's Name (First, Middle, Las CASIMIE	- 4	SAB	OTKA	7	2. Date of Death Month	Day 1996	3. Time of Death
	Examir		4a. Facility Name (If not institution, give Church Home Ho				4b. City, Town, or Loc Balt:	ation of Death impre	4c. County of Death	
	Funeral Director		C 1C-CC-0 100	ex 20TM 2□F	(In yrs. last birt	hday) If Under 1 Year Months Days	If Under 24 Hrs. Hours Min.	B. Date of Birth (Month, Dey, 3-4-1	Yeer) 9. Birth Cot	nplace (State or Foreign untry) MD
Maryland	of show	tor	Usual Residence of Decedent  10a. State 10b. County B部Ltin		10c. City, Town	or Location Seciale				10d. Inside City Limits 1 ☐ Yes 2 No
th with the	23e or 284	al Director	10e. Street and Number 7923 Roseland A	Ave.		10f. Zip Code	1237	10	g. Citizen of What Cou	untry?
2-0020 72 hours after death with the Mandand	al', or items Examiner m	by Funeral	11. Marital Status  1 Never Married 2 Married  3 Widowed 4 Divorced	12. Was Decedent E Armed Forces? 1 Xes 2 No If Yes, Give Year or Dates:	0	13. Was Decedent of H If Yes, specify Cuba 1 ☐ Yes 2√ No	lispanic Origin? (Spec an, Mexicen, Puerto R Specify:	ify Yes or No- icen, etc.)	14. Race - Amer Biack, White Specify:	
allifficies, maryland 21213-0020 mit. Pages 1 end 2 should be filed within 72 hours at	than than	Completed	15. Decedent's Ed (Specify only highest grad Elementary/Secondary (0-12)	ucation	16a.	Decedent's Usual Occup (Give kind of work done life. DO NOT use retired Machinist	ation during most of working d)	7	6b. Kind of Business/li	
pelijed bi	d othe	o Be	17. Father's Name (First, Middle, Last) Alexander Sabotk			MacHillst	18. Mother's Name (	First, Middle, M	The state of the s	ire a Nov.
nd 2 should	575	1	19a. Informant's Name/Reletionship (7 Laura Sabotka /	Type, Print) Wife	19b.	Malling Address (Street 7923 Rose)	end Number or Rural and Ave. E			
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Demit.	Departn Imports any inju		21. Signature of Funeral Service Licent	Silly	-	22. Name and Addre Cvach/Ro 1211 Chesa	ss of Facility osedale Fur oco Ave. Ba	neral Ho	ome e, Md 2123	27
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State of Maryland / Department of Health and Mental Hygiene 9.6 1.7962

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	Hallow		1. Decedent's Name (First, Middia, L.	est)					2. Date of Deat	h		3. The of Limith	
	Physic /Medi		FLORENCE EDNA S	SLATER					JUNE	Day 15,199	Yaar 6	9:50 PM	
0	Exami		4a. Facility Name (If not Institution, gi	va street and number	)			4b. City, Town, or			y ot Death		
ſ			486 HIGGINS DRI	VE				ODENTO	1	ANNE	ARUND	DEL COUNTY	
	Funerai Director		215-09-5623	Sex 1 □ M 2 🗹 F	ga (In yrs. iast i	birthday) Yrs.	if Undar 1 Yaa Months Day		8. Date of Birth (Month, Day, 3/24/19	Year)	9. Birthp	placa (Stata or Foreign ntry) (LAND	
	pud *		Usual Residence of Decedent  10a. Stata 10b. County		10c. City, To	wn or Lo	cation					10d. Inside City Limits	
	ter deeth with the Marylar items 23a or 28a-f show ther must be noured at	0										1 ☐ Yas 2 🕱 No	
	the the	Tect	MARYLAND ANNE AR  10e. Street and Number	UNDEL	ODE	NTON	10f. Zip Code		11	0g. Citizan of	What Cour	otov?	
	With No.	Funeral Director	486 HIGGINS DRIV	Æ			211			101	S.A.	my r	
	Jeeth Tre 2:	era	11. Marital Status	12 Was Deceden	t Evar in U.S.	13. \			pecify Yas or No-			can Indian.	
Maryland 21215-0020	72 hours after deeth with the Maryland "naturel", or items 23a or 28a-f show office! Examiner must be notified at	by	1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces  1 Yes 2  If Yes, Give  Year or Dates:	No		f Yes, specify Cu 1 ☐ Yas 2 🛣 No	Hispanic Orlgin? (S ban, Maxican, Puart Specify:	o Rican, atc.)		ick, White, fy: WHI		
2-0	72 ho	Completed	15. Decedent's E (Specify only highest gr	ducation	18	a. Deced	dent's Usual Occi	upation e during most of wor red)	t in a	16b. Kind of B	Business/In	dustry	
21	F 2 . F	nple	Elementary/Secondary (0-12)	College (1-4or	5+)	life.	DO NOT use retii	ed)	Kirig				
21		S	12	NONE		OWN	ER/OPERA	ATOR	RESTAURANT/TAVERN				
pu	S T D	Be	17. Father'a Nama (First, Middle, Las			18. Mother'a Name (First, Middle, Maidan Surname)							
yla	should be nd Mental marked o	70	CLARENCE		MILES			AMANDA			NOWN)		
Mai	0 0 0 0		19a. Informant's Neme/Relationship HARRY HENRY HARR	•				et and Number or Ru				Code)	
	s 1 end f Health Itam 27 other tr		20a. Method of Disposition	TOON (NEF			sition (Name of	DRIVE, ODE		20c. Location		our State	
Baltimore,	8 5 2 0		1 ABurial 2 ☐ Cremation 3		cemei	tery, crer	natory or other p						
Itim	permit. Pege Department of Important: If any Injury or once.		4 ☐ Donation 5 ☐ Other (Special Signature of Funaral Sarvice Lice		EP1			H CEMETERS	6/18/96	ODENTO	N, MA	RYLAND	
Ba	Department of the sany I		21. Signature of Fundial Salvice Lice	1	110		. Name and Add	SI	NGLETON			ſΕ	
			Muchael L	: 7 as	fran	1	SECOND	AVE. S.W.	, GLEN B	URNIE,	MD	21061	
		0	23a. Part1. Enter the disease, or con shock, or heart failure. List only	one cause on each	or the death. De	o not ent	ar tha mode of d	ying, such as cardiac	or respiratory arre	est,	1	Approximata Interval Between Onsat and Death	
	Physician /Medical		tmmediate Cause (Final		01		1	1			1	Onsat and Death	
	Examiner		disaasa or condition resulting in death)	a	E A	2m		in Cy	Vhe			1 week	
		- e			Due to (or as	a conseq	juence of):						
	petn d ansit	Examiner	Sequentially list and divine	b	Due to (or as	000000	usenee oth:	<u> </u>			i		
ó	ifficete be axecuted g physician end es the burial-transit	Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events		Due to (or as t	a conseq	dence ot).						
68760,	ite be iysick	edical	Ceuse (Disease or injury that initieted events rasulting in death) Last	C	Dua to (or as a	conseq	uence ot):						
89	E 9 0		rasulting in death) Last								i		
Box	deeth cer e ettendin ed for use	an/		d									
	the ett	Sici	Part II. Other significant conditions	contributing to death I	but not resulting	In the u	ndarlying cause g	jiven in Part I.	23b. Did to	bacco usa co	ontribute to	o the cause of death?	
P.0	\$ 50 th	Physician/N	mas	G- 00	- 0	•			1 🗆 Ye	8 2 No	3 Pro	bably 4 Unknown	
	8 5 8	by	- 119	W BAC	ren	lu							
Records,	been sign	Completed							24a. Was a perform	n autopsy ned?	av	ere autopsy findings vailable prior to	
ec	¥ 8 8	ğ								/		empletion of cause death?	
E	Pata Pata	ဝိ							1 □ Ye	s 2 No	t [	Yes 2 No	
Vital	Physician: The this certificata ral director, pag	Be	25. Was case reterred to medical examiner?	Harriet.					th (Check only on	θ)			
o	this al di	2	1 Yes 2 No 27. Mannar of Death	Hospital:			3 DOW		ome 5 Reside			ý)	
LC		- Lo	1 ☑Natural 5 ☐ Pending	28a. Date of inju	ay Year)	. Time of Injury	W	ury at ork? □ Yes 2 □ No	28d. Describe ho	w injury occu	rred		
S	or Attending after deeth. Director: After I in by the fune	lical	2 Accident Investigation 3 Suicida 6 Could not be	00 - 01	iury - At home	term etc			28t Location (St	reet and Num	her or Run	al Route Number	
Division	P at a	Certification:	4 Homicide  28a. Place of injury - At home, tarm, street, factory, office building, etc. (Specify)  28a. Place of injury - At home, tarm, street, factory, office City or Town, Stata)								in route reamber,		
			29a. Certifier 1 Certifying Pi	nysician: To the best	of my knowledg	ne death	occurred at the	time, date and place	and due to the ca	use(s) and m	anner as s	stated	
		edicai	(Check only 2 Medical Examone)	miner: On the basis of and manner si	ot examination a	ind/or inv	estigation, in my	opinion, death occu	rred at the time, da	ate and place,	, and due to	o the cause(s)	
0	To the	M	29b. Signature and title of certifiar			2	29c. Lice	nse number	2	9d. Date sign	ed (Month,	Day, Year)	
r.			140	11 R	Look	ON	nh	2202	2	6	12	96	
	162		30. Name and address of person who	completed cause of	deeth (Item 23a	) (Type					1		
	"		PAUL S. RHOD		7 CR	OFT	ON CH	ENTER,	SUITE	CRO	FTUN,	MP 21114	
	Sta	te	31. Date tiled (Month, Day, Year)		rar's Thatre		·						
	Registr	ar	JUN 1 8 1996	June way do	W - N - W -	-							

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State of Maryland / Department of Health and Mental Hygiene 96 17963

Certificate of Death

Reg. No.

2. Data of Death 3. Tima of De

3721 Potee St., Baltimore, Maryland 21225

ian cal ner	4a. Facility Neme (If not Institution, giv								2. Data of De	D'OLLI 4		3. Tima of Death	
ner			1. Decedent's Nema (First, Middle, Last)  GEORGE RAYMOND SAMUEL,						June 16, Day		1996 Yesr 6:30 AM		
	119 Wallace Ave		<sup>ber)</sup> 2122	5		Baltimore					of Death Arun	de1	
		6. Sax 1 M 2 F 67 Yrs.   Hunder 1   Months   1   Months   1					er If Under 24 Hrs. s. Dete of Birth (Month, Day, Year Feb 28, 19			av. Year)	9. Birthplece (Steta or Foreig Country) 929 Virginia		
ctor	10a. Stata 10b. County	undel				Broc	ok1yn	Park	()			10d. Insida City Limits 1 ☐ Yas 2X No	
ai Dire		enue			10f. Zip		1225					ntry?	
þ	11. Marital Status  1 Never Merried 2 Married 3 Widowed 4 Divorced	Armed Ford 1 X Yas 2 If Yes, Giva	es?	No 1							Race - Amarican Indian, Bleck, White, atc.		
ompleted	15. Decedent's Ec (Specify only highest gra Elementery/Secondery (0-12)	ide complated)	(or 5+)	(Give	kind of wo DO NOT u	ork done se retire	during mos ed)		ing				
Be			nuel							, Meiden Sumer	-		
	Mrs. H. Adele Sam  20e. Method of Disposition  1X Burlai 2 Cremetion 3 C	IUe1-WIF	20b.	119 V Piece of Dispo	Valla esition (Ner metory or o	ce A	Ave.,	Balt	Dete Dete	Marylar 20c. Location	nd - City or T	21225 own, Stete	
	1Xe ?	U	used the dea	th. Do not ent	237 E er tha mod	. Pa	atapso	cardlec	e., Ba or respiretory a	ltimore,	Md.	Approximata Intervsi Between Onset end Death	
n/Medical Examiner	Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury thet initiated events resulting in deeth) Last	b				ra	Ce	10.	lave	medi	4	I week I hearth, I Year	
Physiciar	Pert II. Other significant conditions or	ontributing to dea	th but not re	sulting in the u	ndarlying o	ause gi	ven in Part	I,				o the cause of death?	
by	by											a	fere autopsy findings rallable prior to empletion of cause death?
	25. Wes case referred to medical							e of Deat	1 Yes 2 No 1 Yes 2 No				
2	1 Yes 2 No  27. Menner of Deeth 1 Netural 5 Pending	28a. Dete of Injury (Month, Day Year)  28b. Time of Injury Injury 28c. Injury Wor					ry et rk?		forna 5 Presidence 6 □ Othar (Specify)  28d. Describe how Injury occurred			(y)	
Certifica		286. Piece 0	28e. Piece ot Injury - At home, term, street, fectory, office building, etc. (Specify)					28t. Location (Street and Number or Rural Route Number, City or Town, Stete)				al Route Number,	
edical	29a. Certifier (Check only one) Certifying Phy 2 Medical Example (Check only one)	liner: On the bas	is of examine	owledge, deeth etion end/or in	occurred restigetion	et the ti	me, dete an opinion, dee	nd plece, oth occurr	and due to the red at the time,	cause(s) end m dete and piece,	annar es : end due l	steted. o the cause(s)	
W	29b. Signatura and title of certifiar	mu	in	~	290	-		09		29d. Date signe	d (Month)	(Day, Year) 96	
	edical Certification: To Be Completed by Physician/Medical Examiner	10a. Stata   10b. County   Maryland   Anne Ar   10c. Street snd Number   119 Wallace Ave   11. Marital Status   1 Never Merried 2 Married   3 Widowed 4 Divorced   15. Decedent's Edispectify only highest grass   15. Decedent's Edispectify only highest grass   15. Decedent's Edispectify only highest grass   15. Decedent's Edispectify only highest grass   15. Decedent's Edispectify only highest grass   16. Decedent's Edispectify only highest grass   17. Fether's Neme (First, Middle, Last)   George Maitla   19e. Intorment's Neme/Reletionship (Mrs. H. Adele Sam   20e. Method of Disposition   1X Burlai 2 Cremetion 3   4 Donetion 5 Other (Specify 21. Signature of Finaral Service Licer   23e. Part   Veneral Tellure. List only   18   18   18   18   19   19   19   19	10a. Stata   10b. County   Maryland   Anne Arundel   10e. Street and Number   119 Wallace Avenue   12. Was Deceded Armed Ford   12 Yes 2   12. Was Deceded Armed Ford   12 Yes 2   13. Decedent's Education (Specify only highest grade completed)   15. Decedent's Education (Specify only highest grade completed)   16. Decedent's Education (Specify only highest grade completed)   17. Fether's Neme (First, Middle, Last)   George Maitland Sand   19e. Informent's Neme/Reletionship (Type, Print)   Mrs. H. Adele Samuel-WIFF   20e. Method of Disposition   1XI Burlai 2   Cremetion 3   Removel trom State   12. Sonature of Financial Service Licensae   Kevin   12. Sonature of Financial Service Licensae   Kevin   12. Sonature of Financial Service Licensae   Kevin   12. Sonature of Financial Service Licensae   Kevin   12. Sonature of Financial Service Licensae   Kevin   12. Sonature of Financial Service Licensae   Kevin   12. Sonature of Financial Service Licensae   Kevin   12. Sonature of Financial Service Licensae   Kevin   12. Sonature of Financial Service Licensae   Kevin   12. Sonature of Financial Service Licensae   Kevin   12. Sonature of Financial Service Licensae   Kevin   12. Sonature of Financial Service Licensae   Kevin   12. Sonature of Financial Service Licensae   Kevin   12. Sonature of Financial Service Licensae   Kevin   12. Sonature of Financial Service Licensae   Kevin   12. Sonature of Financial Service Licensae   Kevin   12. Sonature of Financial Service Licensae   Kevin   12. Sonature of Financial Service Licensae   Kevin   12. Sonature of Financial Service Licensae   Kevin   12. Sonature   12	10a. Stata   10b. County   Maryland   Anne Arundel   Ba	10a. Stata   10b. County   10a. City, Town or Let   Maryl and   Anne Arundel   Baltimore   119 Wallace Avenue   119 Wallace Avenue   119 Wallace Avenue   119 Wallace Avenue   119 Wallace Avenue   119 Wallace Avenue   119 Wallace Avenue   119 Wallace Avenue   119 Wallace Avenue   119 Wallace Avenue   119 Wallace Avenue   119 Wallace Avenue   119 Wallace Avenue   119 Wallace Avenue   119 Wallace Avenue   119 Wallace Avenue   119 Wallace Avenue   119 Wallace Avenue   120 Was Decedent Ever In U.S.   13.   1	10a. State   10b. County   Anne Arundel   Baltimore (   Maryland   Anne Arundel   Baltimore (   10c. Street and Number   119 Wallace Avenue   10c. Ztg   119 Wallace Avenue   11. Merital Status   12. Was Decedent Ever in U.S. Armod Forces?   12 Was Decedent Ever in U.S. Armod Forces?   12 Was Decedent Ever in U.S. Armod Forces?   12 Was Decedent Ever in U.S. Armod Forces?   12 Was Decedent Ever in U.S. Armod Forces?   12 Was Decedent Ever in U.S. Armod Forces?   12 Was Decedent Ever in U.S. Armod Forces?   12 Was Decedent Ever in U.S. Armod Forces?   12 Was Decedent Ever in U.S. Armod Forces?   12 Was Decedent Ever in U.S. Armod Forces?   13 Was Decedent Ever in U.S. Armod Forces?   13 Was Decedent Ever in U.S. Armod Forces?   13 Was Decedent Ever in U.S. Armod Forces?   13 Was Decedent Ever in U.S. Armod Forces?   13 Was Decedent Ever in U.S. Armod Forces?   13 Was Decedent Ever in U.S. Armod Forces?   13 Was Decedent Ever in U.S. Armod Forces?   14 Was Decedent Ever in U.S. Armod Forces?   14 Was Decedent Ever in U.S. Armod Forces?   15 Was Decedent Ever in U.S. Armod Forces?   15 Was Decedent Ever in U.S. Armod Forces?   16	10a. Stata   10b. County   10c. City, Town or Location   Baltimore   Brown   Maryland   Anne Arundel   Baltimore   Brown   10c. Street and Number   119. Was I accelerated   12   Marilation   12   Mas Decedent Ever in U.S.   13. Was Decedent   15   Marilation   15   Marilation   16   Marilation   17   Marilation   17   Marilation   17   Marilation   17   Marilation   17   Marilation   17   Marilation   18   Marilation   18   Marilation   18   Marilation   19   Marilation   19   Marilation   18   Marilation   19   Marilation   1	10a. Stata   10b. County   Maryland   Anne Arundel   Baltimore   Brooklyn	10e. State   10e. County   Mary I and Anne Arundel   10e. City, Town or Location   Baltimore   Brooklyn Park   10e. Street and Number   10e. Street and Number   10e. Street and Number   10e. Street and Number   10e. Street and Number   10e. Street and Number   10e. Street and Number   10e. Street and Number   10e. Street and Number   10e. Street and Number   10e. Street and Number   10e. Street and Number   10e. Street and Number   10e. Street and Number   10e. Street and Number   10e. Street and Number   10e. Street and Number   10e. Street and Alberta   10e. Street and Alberta   10e. Street and Alberta   10e. Street and Alberta   10e. Street and Alberta   10e. Street and Number of Braining   10e. Street and Number of Braining   10e. Street and Number of Braining   10e. Intermet's Name/Faletonship (Type, Print)   10e. Intermet's Name/Faletonship (Type, Pr	10s. Steis   10s. County   Baltimore   Brooklyn Park   Baltimore	Mary   and   Anne Arunde    10c. City, Town or Location   Baltimore (Brooklyn Park)	Maryl and   Anne Arunde    Baltimore   Brooklyn Park	

State

Registrar

Dr. Silvino Muneses, M.D.

31. Dete tiled (Month, Dey, Year)

JUN 1 8 1996

State of Maryland / Department of Health and Mental Hygiene 96

			Certificate of	Death	Reg	. No.	17507	
Physician /Medical	Decedent's Nama (First, Middle, Last)     JOSEPH THOM.	AS	SWEENEY		Data of Death	3°,1996°°	3. Time of Death	
Examiner		DRIVE		4b. City, Town, or Location SEVERN		4c. County of Death		
neral ector	5. Social Sacurity Number 176-32-4055 1 M 2□ F	7. Aga (In yrs. last birt	hday) If Undar 1 Yaa Months Days	r If Under 24 Hrs. 8. 1 Hours Min. J	Pata of Birth Month, Day, y JNE 30	9. Birth Cou , 1916 E	placa (State or Fora intry)	
	Usual Rasidance of Dacedant  10a. Stata 10b. County	10c. City, Town	or Location				10d. Inside City Lim	
Director	MD ANNE ARUNDE						1 □ Yas 2 🕍 N	
Direc	10e. Street and Number 8240 REECE HEIGHTS	DDTVF	10f. Zip Coda 2 1 1 4 4		10g	. Citizen of What Cou	untry?	
eted by Funeral Director	3 ☐ Widowed 4 ☐ Divorced if Yas, G	cedent Evar in U,S. orcas? 2 □ No iva WWTT		Hispanic Origin? (Specify ban, Maxicen, Puarto Rica	Yas or No- n, atc.)	14. Race - Amer Black, Whita Specify: WH		
be de	15. Decadant's Education (Specify only highast grade completed	16a.	Decedant's Usual Occu	pation	16	b. Kind of Businass/li	ndustry	
	Elemantary/Secondary (0-12) Collega 1 2 0 2	(1-4or 5+)	16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)  OFFICER  US				ARMY	
To Be	17. Fathar'a Nama (First, Middle, Last) WILLIAM JOSEPH	SWEENEY		18. Mothar's Nama (Fir ELIZABETI		den Sumame) DOWNEY		
other traumatic event, the Me	19a. fnformant's Name/Ralationship (Type, Print) AGNES K. SWEENEY			ot and Number or Rural Ro E HEIGHTS I			ip Code) 1D 144	
once.	20a. Mathod of Disposition  1 ☑ Suriai 2 ☐ Cramation 3 ☐ Ramovai trom 4 ☐ Donation 5 ☐ Othar (Specify)	Stata 20b. Piaca of cometan	Disposition (Name of crematory or other pla OHN'S CEN	ÎĔTERY 6-		c. Location - City or T ALLENTOV		
ouce.	21. Signature of Funeral Service Licensee	1/1		ass of Facility TY FUNERAL JAPOLIS RD			21054	
by Physician/Medical Examiner	immediate Cause (Final disease or condition rasulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated evants rasulting in death) Last  d.	Quanon Dua to (or as a control of the control of th	onsequance of):  Pran Fa  onsequance of):  Rectal  onsequance of):	Cancer cinoma	l Wa	sting	2 days 3 months 40 months 40 mont	
by Physi	Part II. Other significant conditions contributing to a state Ca	2000	tha undarlying ceusa g	lic on orie	23b. Did tobe 1 Yes 24a. Was an a	2 No 3□Pro	to the cause of death	
page 2 should		//	of Mielas	alic	performed	d? ar	valiable prior to omplation of cause f death?	
Be Com	25. Was casa ratarred to medical			26. Placa of Death (Ch	1 ☐ Yas	2 No 1	☐ Yas 2☐ No	
2	axaminar? 1 ☐ Yas 2 █ No Hospitai: 1 ☐	Inpatiant 2 ER/Out	patient 3 DOA Of	har: 4 Nursing Homa		e 6 Othar (Spec	ify)	
the funera	2 Accidant Invastigation 3 Suicida 6 Could not be		jury Wo	Yas 2 No		injury occurred  If and Number or Rui	Courte Number	
completely filled in by the Medical Certifical	4 Homicida build  29a. Cartifier (Check only 2 Medical Examiner: On that	asis of axamination and	daath occurred at tha t	ma, data and piace, and o	City or Town, S	State)	stated.	
complet	one) and man 29b. Signatura and titla of certifiar	Merten	m) 29c. Lican			Data signed (Month)		
6	30. Nama and address of person who complated ceu	sa ot death (itam 23a) (1	Type, Print)	0. 0. 0	Incolor	4 Clinic	- 11	

DHMH 16 Rev 6/95

State Registrar

State of Maryland / Department of Health and Mental Hygiene

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17965

Physician   Middled   SIMMONS   12, 1996   4-40   12, 1996   4-4					Cei	rtificate	of Death		Reg. No.													
MAURICE Examinor  SIMMONS JUNE 12, 1996 44-00  LOV, Yoren, closend or Despite SALINT JOSEPH MEDICAL CRITER TOWSON, MARYLAND BALTIMORE  SALINT JOSEPH MEDICAL CRITER TOWSON, MARYLAND BALTIMORE  SALINT JOSEPH MEDICAL CRITER TOWSON, MARYLAND BALTIMORE  100 Down Joseph Maryland Baltimore  100 Coly, Town or Location  100 Coly, Town or Location  100 Logar Body Maryland  100 Coly, Town or Location  100 Logar Body Maryland  100 Coly, Town or Location  100 Logar Body Maryland  100 Coly, Town or Location  100 Logar Body Maryland  101 Logar Body Maryland  102 Logar Body Maryland  103 Logar Body Maryland  104 Logar Body Maryland  105 Logar Body Maryland  106 Logar Body Maryland  107 Logar Body Maryland  107 Logar Body Maryland  107 Logar Body Maryland  108 Logar Body Maryland  109 Logar Body Maryland  109 Logar Body Maryland  100 Logar Body Maryla	Dhamisian	_	1. Decedent's Name (First, Middle, Las	0																		
SENDING JOSEPH MEDICAL CENTER  FUNDSON, MARYLAND BALFIMORE  FUNDSON, MARYLAND BALFIMORE  FUNDSON, MARYLAND BALFIMORE  SECURITY Number 1			MAURICE			SIM	MONS	Annual Control of the			:40 P.M											
SAINT JOSEPH MEDICAL CENTER  206-28-7551  10 M 20 F App Rys. bat bindays   Minder Lys.   Marries		_	4e. Facility Name (If not institution, give	street end number)			4b. City, Town	, or Location of Dec														
216-28-7551 IX MARYLAND    Vision   Maryland   Baltimore   Go. Confly   Go. City: Town or Location   Go. Confly   Go. City: Town or Location   Go. Confly   Go. City: Town or Location   Go. Confly   Go. City: Town or Location   Go. City: Town or Loc		ı	SAINT JOSEPH M	EDICAL CENT	ER		TOWSON	, MARYL	AND BAI	TIMOR	E											
Use all Teachers and Decedent   Use City, Town or Location   Use Code   Use County   Use Code   Use County   Use Code				7 7				Min. (Month, L	Birth Day, Year) 27 1927													
Mary Land   Baltimore   Baltimore   County   10/2 pt Code   10/2 ct Code   10/2		- 1-						1 00.2	7,102/	MARYL	ANU											
Elementary/Secondary (0-12)   N/A   Maintenance Man   Esskay Meat Co.	Thomas and a		Market Land	10c. City	, Town or Lo	cation				10d.	Inside City Limits											
Solutions of the disease of property of the dise	cto	3	Maryland Baltim	ore	Balti	more C	ounty				1 ☐ Yes 2 ☐ No											
Solution of Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert II.  Solution of Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert II.  Solution of Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert II.  28. Was a mautoppy 26. Was a mau	23a or 24			pt. 104		10f. Zip C					?											
Sequentially list conditions   Sequentially list conditions	ar, or items Example: m	2	1 Never Married 2 Married	Armed Forces?  1 Yes 2 □ No  1 Yes, Give				1? (Specity Yes or Puerto Rican, etc.)	Ble	eck, White, etc												
Sequential part   Sequential	han "natura Maufcall moleted	The state of the s	(Specify only highest grad	College (1-4or 5+)	lifa.	kind of work DO NOT use	done during most of retired)	f working														
Sequential part   Sequential	CO P. B.	3		N/A	Mai	ntenan				-	Co.											
1 Sequence   1 Sequence   2   Comments of State   Moreland Memorial Park   6-15-96   Baltimore, Marylar   24   Doneston   5   Other (Specify)   21. Signature of Funeral Service Ucensge   22. Neme and Address of Facility   23. Span Funeral Home   24. Span Funeral Home   24. Span Funeral Home   24. Span Funeral Home   25. Neme and Address of Facility   24. Span Funeral Home   24. Span Funeral Home   24. Span Funeral Home   24. Span Funeral Home   24. Span Funeral Home   24. Span Funeral Home   24. Span Funeral Home   24. Span Funeral Home   24. Span Funeral Home   25. Span Fu	ked off	5																				
1   1   1   2   2   Cremation   3   Remove from State   Moreland Memorial Park   6-15-96   Baltimore, Marylar   4   Donation   5   Other (Specify)   21. Signature of Funeral Service Licenspe   22. Neme and Address of Facility   Lassahn Funeral Home   7401   Belair Rd.   Baltimore, Md. 21236   Ba	27 is mer r traumer																					
1 Sequence   1 Sequence   2   Comments of State   Moreland Memorial Park   6-15-96   Baltimore, Marylar   24   Doneston   5   Other (Specify)   21. Signature of Funeral Service Ucensge   22. Neme and Address of Facility   23. Span Funeral Home   24. Span Funeral Home   24. Span Funeral Home   24. Span Funeral Home   25. Neme and Address of Facility   24. Span Funeral Home   24. Span Funeral Home   24. Span Funeral Home   24. Span Funeral Home   24. Span Funeral Home   24. Span Funeral Home   24. Span Funeral Home   24. Span Funeral Home   24. Span Funeral Home   25. Span Fu	tem othe		20a. Method of Disposition	20b. Pi	ace of Dispo	sition (Name	of	Date	20c. Location	- City or Town	, State											
23a. Part Lettr be disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. Use only one cause or each fine.  ACUTE MYOCARDIAL INFARCTION  ACUTE MYOCARDIAL INFARCTION  7 HOUR.  Sequentially list conditions.  Sequentially list conditions.  Cause (Disease or injury that inhieled events resulting in deeth) Lest  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  25. Wes case referred to medical examiner?  1 Wes 2 No 3 Probebly 4 Use of the conditions contributed to the cause of examiner?  26. Place of Deeth (Check only on performed?)  27. Mannar of Death  1 Wes 2 No 1   Yes 2 No 2 No 1   Yes 2 No 2 No 2 No 2 No 2 No 2 No 2 No 2 N	y or It			Hemovel from State				6_15_96	Raltim	ore Ma	harvland											
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Medical caminer	once any		7401 belali nu.																			
The purpose of the	vsician		23a. Part1. Enter the disease, or composhock, or heert failure. List only of	lications that caused the deeth ne ceuse on each line.	. Do not ent	er the mode o	of dying, such es ca	rdiec or respiratory	arrest,	In	pproximete terval Between nset end Deeth											
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Due to (or as e consequenca of):    Consequence   Conseque	nd transit		Sequentially list conditions,	b Due to (or	Due to (or as a consequence of):																	
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.    23b. Did tobacco use contribute to the cause of 1   Yes 2   No 3   Probably 4   Use 2   No 3   Probably 4   Use 3   No 3   Probably 4   Use 3   No 3   Probably 4   Use 4   No 4   No 5   No	olan a																					
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24a. Was an autopsy fin aveilable prior to completion of car of death?  1   Yes   2   No   No   No   No   No   No   No	y Pt							13	Yes 2⊔ No	3 Probeb	ly 4 ☐ Unknow											
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25. Wes case referred to medical examiner? 1   Yes   2   No	te has													10	Yes 2 No							
27. Mannar of Death 1	ector.		examiner?	Hospital: 34		26. Place of Deeth (Check only one)																
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	after d I Direct of in by		determined			eet, fectory, o	office															
one) end manner stated.	thin 24 hours of the Eurors of pietoly tills Medical (		29a. Cartifiar (Check only one) 1 Certifying Phy 2 Medical Exami	ner: On the besis of examinati	riedge, deeth on and/or inv	occurred at restigation, in	tha time, date end p my opinion, death	pleca, and dua to the	e cause(s) and m e, deta and piece,	enner as stete , and due to th	id. e cause(s)											
29b. Signeture and title of certifier  29c. License number  29d. Dete signed (Month, Day, Year)  D30263  29d. Dete signed (Month, Day, Year)	Me and	2	29b. Signeture and title of certifier	nOhoo																		
30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)  FRANCIS KHOO, M.D., SAINT JOSEPH MEDICAL CENTER	6						NT 03-	MES														

State Registrar 31. Date filed (Month, Day, Year)

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State of Maryland / Department of Health and Mental Hygiene Q &

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						Certificat	te of	Death		Reg. No.	0 17300
	Physicia /Medica Examine		1. Decedent's Nama (First, Middla, L.			2. Data of De Month					
			Thelma M.	Sack					June	15 <sup>Pay</sup>	1996 2:10 pm
			4a. Facility Nama (If not institution, gi	va street and number)				4b. City, Town, or Lo	ocation of Death		
			Hamilton Nursi					Baltimore	T		N/A
	Funeral Director				(In yrs. last birt	frs. Months	Days		8. Data of Bir (Month, Da November	y, Year)	Birthplace (Stata or Foraign Country)     Maryland
	yland		10a. Stata 10b. County		10c. City, Town	or Location					10d. Insida City Limits
	the Marylar 28e-f show	tor	Maryland N/	4	Baltim	ore					1 X Yas 2 □ No
	or 28	Sire	10e. Street and Number			10f. Zij	Code			10g. Citizan of \	What Country?
	23a	rai	6040 Harford Ro	ad		21	214			United	States
Maryland 21215-0020	72 hours after death with the Maryland return!, or items 23s or 28s-f show otes Example must be notified at	by Funeral Director	11. Marital Status 1 ☐ Navar Married 2 ☐ Marriad 3 🕅 Widowed 4 ☐ Divorced	12. Was Decedant E Armed Forces? 1 Yas 2 No If Yas, Giva Yaar or Datas:	Yas, Giva		Decedant of Hispanic Origin? (Specify Yas or specify Cuban, Maxicen, Puarto Ricen, atc.) as 2 No Specify:				ee - Amarican Indian, ck, Whita, atc. y: White
5-0	72 hours "natural",	eted	15. Decedent's E	ducation ada complated)	16a.	Decedant's Usu	al Occup	pation during most of work	ina	16b. Kind of B	usinass/Industry
121		Completed	Elamantary/Secondary (0-12)	Collaga (1-4or 5+	-)	(Giva kind of work dona during most of workli lifa. DO NOT usa retired)				II a man	
7	filed within Hygiana. ther than ent, the Me	S	12 17. Fathar's Nama (First, Middla, Las	41	Н	omemake			46 4444 4 4 4		Home
and	s 1 and 2 should be filed within f Health and Mental Hygiana. Itam 27 is marked other than other traumatic svent, ma M.	Be		ardesty				Florenc	e M. Becker		
7	2 should be f and Mental Is Is marked of sumatic ave	10	19a. Informant's Name/Ralationship		10h	Mailing Address	n /Stran	and Number or Rur			State Zin Code)
N N	od 2 s lith an lith an		Lowell R. Bowen,								and 21111
ē,	Health tam 27		20a. Mathod of Disposition	3011 TH TA		Disposition (Na			Data		City or Town, Stata
Baltimore,	tt. Page rtment o rtant: If njury or		1 Magurial 2 Cramation 3 (4 Donation 5 Other (Speci	(hy)	Dulaney	Valley Me	mori	al Gardens 6			, Maryland
Ba	Depa Impo		21. Signature of Funaral Sarvice Lice  Brian a. U	ulleus	. Willer	1		ord Road			Inc. yland 21214
			23a. Part1. Entar tha disaasa, or con shock, or haart failura. List only	polications that ceused to one cause on each line	ha daath. Do n	ot antar tha mo	da of dyl	ng, such as cerdiac	or raspiratory a	rrast,	Approximata Intarval Between
	Physician /Medical Examiner		Immediata Causa (Final diseasa or condition rasulting in death)	OVA	ARIA	N	1	UMOR			Months
}		er			Dua to (or as a c	onsequence of)	•				
,	icata be executed physician and s the burial-transit	Examin	Sequantially list conditions, if any, laading to immadieta causa. Entar Underlying Causa (Disaase or Injury	b	oua to (or es a c	onsequence of)	:				
ox 68760,	E 0 0	VMedical Examiner	Causa (Disaase or Injury that initiated evants rasulting in daeth) Last	c	c						
.O. Box		Physician/	Part tt. Other significant conditions	contributing to death but	not rasulting In	tha undarlying	ceusa gi	van in Part I.			ntribute to the cause of death
Δ.	that the ned by the datache	by Pt							10	Yes 2 No	3 Probably ← Unknow
Records,	aw requi	Completed b					_		24a. Was perio	en eutopsy ormed?	24b. Wara autopsy findings availabla prior to completion of cause of death?
E.	8 E 6	mo.							10	Yas QUNO	1 Yas 2 No
Vital	yalclan: The	Bec	25. Was casa referred to seedical axaminar?					26. Place of Deat	M Check only o	ona)	
of V	0.0	To	1 Yas	Hospitel: 1 Inpatian	t 2 ER/Out	patient 3 D	OA Ot	har: Wursing Ho	ma 5 Rasi	dance 6 Oth	ner (Specify)
C	aling Ph. h. After thi funeral		27. Mannar of Death 1 ☑ Natural 5 ☐ Panding	28a. Data of Injury		ima of A	28c. Inju Wo	Chat / /	28d. Dascribe	how injury occur	7 d
Sio	Attending at death. ector: Attat by the fune	cati	2 Accident Invastigation 3 Suicide 6 Could not be	10	1	M	17	1 Kay 12 17/10		10/1	
Division		Certification:	3 Suicida 6 Could not be datamined 28a. Place of Injury A home fam, street, factory, office building, ald (Society) 28f. Location (Street and Number of Factory, office building, ald (Society) 28f. Location (Street and Number of Factory) 28f. Loca								Pural Routa Number,
-	ours ours filled		29a. Certifier 15 Certifying Pl	avaleles. To the heat of	$\cup$ //	double consumed	- A 4h - Ai	ma data and alam	and due to the	10/1	
	To the Population after the Pureral Directions of Completely filled in	edicai	(Check only 2 Medical Examone)	nysician: To the best of miner: On the basis of a and manner state	xamination and	Vor invastigation	, in my	opinion, daath occur	red at the time,	data and place,	and dua to the ceuse(s)
1	omp die	Me	29b. Signature and title of certifier	20		29	c. Licans	sa number		29d. Data signe	d (Month, Day, Year)
1			Mul	Sudson	east)	-	7 -	2495		61	16/1996
	3		30. Name and addrass of person who	(0, 0, 0)	ath (Itam 23a) (	Type, Print)	HA	DEMA	DY/ H	AND	21206
	Sta Registr		31. Data filed (Month, Day, Year) JUN 18 1996	32. Registrar		2			-101	1	

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State of Maryland / Department of Health and Mental Hygiene 96 | 796

					Ce	ertificate of	Death		Reg. No.	9 1	1501			
Physici	an	1. Decedant'a Nama (First, Middla, Li	*	4.4	- )			2. Data of D		Vaar	3. Tima of Death			
/Medic		JOHN C	SMAN		$\sim$			JUNE		1996	11,55 PM			
Examin	er	4a. Facility Nama (If not institution, gi		HOSP.				LTIMOI	RAF	y of Death N/A				
Funeral Director			Sax 7. Aç 1⊠ M 2□ F	ga (In yrs. lasi 69	birthday Yrs.	) If Undar 1 Yaar Months Days			rth ay, Year) 1926	Count	(nv)			
how		10a. Stata 10b. County		10c. City, T	own or L	ocation				10	Od. Insida City Limits			
Pa-f a	ctor	Maryland Baltimore	9	Balti	imore	e					1 ☐ Yas 2 ☒ No			
or 20	Dire	10e. Street and Number				10f. Zip Code					•			
ath w	rai	3404 Upton Cou	7			21234								
permit. Pages 1 and 2 should be filed within 72 hours aftar death with the Manyland Department of Health and Mental Hygiene. Department of Health and Mental Hygiene. Department of Health and Z is marked other than "natural", or items 23s or 23s-f show any injury or other traumatic avent, it is Manifest Exercises must be notified at once.	by Funeral Director	11. Marital Status  1 Nevar Married 2 Married  3 Widowed 4 Divorced	12. Was Decedant Armed Forcas? 1 ☑ Yas 2 ☐ if Yas, Giva Yaar or Datas:	No		Was Decedant of lif Yas, specify Cub 1 ☐ Yas 2 ☑ No		Specify Yas or N to Rican, atc.)	100	Country of Death N/A  9. Birthplaca (State of Maryland)  10d. Inside City of Year  2en of What Country? 2ed States 14. Race - American Indian, Black, White, atc.  Specify: White and of Businass/Industry  1ity  Sumama)  rce  r Town, State, Zip Code)  ryland 21234  cation - City or Town, State  imore, Maryland  Tuneral Home, Inc. and 21214  Approximate the trianval Belto Onset and City or Town on State of death?  I yes  24b. Ware autopsy finavallable prior to completion of city or Town of State of death?  1 yes  24b. Ware autopsy finavallable prior to completion of city of Country of State of death?  1 yes  21 Other (Specify)  1 occurred				
"netural",	eted	15. Decedant's E (Specify only highast gr	ducation	1	6a. Dece	edant's Usual Occu	pation	rkina	16b. Kind of B	usinass/Ind	lustry			
within ene. then	Completed	Eiamentary/Secondary (0-12)	Collega (1-4or	5+)			d)	uring most of working  Ut  18. Mothar's Name (First, Middla, Maide		Utility				
filed with Hygiene. Ither than	Co	12 17. Fathar's Nama (First, Middle, Lasi			supe	rvisor	40.04-15-4-01-							
buld be fi Mental I arked of atic sve	o Be	John T. Shanal					Elizabeth Ann		Pierce					
and Men is marks	To	19a. Informant'a Name/Ralationship	(Type, Print)		19b Meil	Ing Address (Stree					Code)			
Iff at		Jeanne E. Shanal			3404									
of Health of Health item 27 r other tr		20a. Mathod of Disposition		20b. Place	lace of Disposition (Nama of ematary, crematory or other place			Data						
Pages nent of I nt: If ite iry or o		1 ☑ Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Speci			arkwood Cemetery			6/18/96	Baltimore, Maryland		/land			
permit. Pages 1 and Department of Health Important: if item 27 any injury or other tipmca.		21. Signatura of Funaral Service Lice		A. Wille										
Depa Impo any ir		B. C	Willen			305 Harfor								
		23a. Part1. Entar tha disaasa, or con shock, or haart fallura. List only			o not an	ntar tha moda of dyl	ng, such as cardla	c or raspiratory	arrest,		Approximata			
hysician		STOOK, OF HEALT TENDER. LIST OFFI	Ona causa on aach	i let.							Onset and Death			
/Medical Examiner		Immediata Causa (Final disaasa or condition	ME	TASTA	710	CUN	6 CA1	VCER			MONTHS			
.xammer		rasuiting in daeth)	a.	Dua to (or as	e conse	quance of):								
3 %	nine		b							- 1				
physician and s the burial-transit	Examiner	хап	хап	xan	Sequantially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or injury		Dua to (or as	a conse	quance of):					
sician burie		causa. Entar Undarlying Cause (Disaase or injury that initiated events	C.											
0 0	Medical	resulting in death) Last	d	Dua to (or as	a conse	quance of);								
signed by the attendi	Physician/	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.							23b. Did tobacco use contribute to the cause of dea					
ed by th datache		HEPATIC ENCEPHALOPATHY						15	1 No 3 Probably 4 Unknow					
signe d be d	by								1	T				
peen si	Completed						an autopsy ormed?	ava	illable prior to					
has ya 2	mp								\ \	of c	death?			
certificate har rector, page									Yas 20 No	1 🗆	Yas 2 No			
this certific ral director,	o Be	25. Was case rafarred to medical axaminar?  1 ☐ Yas 2 ☐ No	Hospital:			Ott	hor	ath (Check only						
tar this	1: To	27. Manper of Death	28a. Data of Inju		Outpatle	III JU DOA	4 LJ Nursing r		how injury occur		")			
Afta fund	Certification:	Natural 5 Pending invastigatio		28a. Blate of Injury (Month, Day Year)  28b. Tima of Injury 28c. Injury at Work?  Mork?  1 1 Yas 2 N				200. Data as now injury cookings						
ector by the	ffica	3 Suicida 8 Could not be detarmined 28a. Placa of Injury - At homa, farm, straat, factory, offica							28f. Location (Street and Number or Rural Routa Number,					
毛景に	ert	4 Homicida	building, at	c. (Specify)				City or To	wn, Stata)					
within 24 hours of To the Funeral I completely filled	edicai (	29a. Certifiar (Check only one) Cartifying Pr	nysician: To the best ninar: On the basis of and mangar sto	axamination	dge, daat and/or in	th occurred et the ti evastigation, in my o	ma, data and place opinion, daath occu	e, and due to the urred at the time	causa(s) and m data and placa,	anner as sta and dua to	ated. tha causa(s)			
To the	M	29b. Signatura and title of cartiful	11	_		29c. Licans	sa nu <i>m</i> ber		29d. Data signe	ed (Month, L	Day, Year)			
		1 + fall KI_MD D4470							1 June 14, 9					
(		30. Nama and addrass of person who	complated cause of d	leath (Item 23	e) (Type.	Print) PAT	KACH	PINTA	Voxa	101	0			
		GOOD SAMAR		OSP 17		- 8 17 2	BAL 71	MOKE	MO					
Stat	e	31. Data filed (Month, Day, Year)	32. Radistr		delle									
Registra	ar	JUN 18 1996	Junashur	MODE										

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111 Penn Street, Baltimore, Maryland 21201

State Registrar

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31. Dete filed (Month, Dev. Year)

Laron Locke M.D.

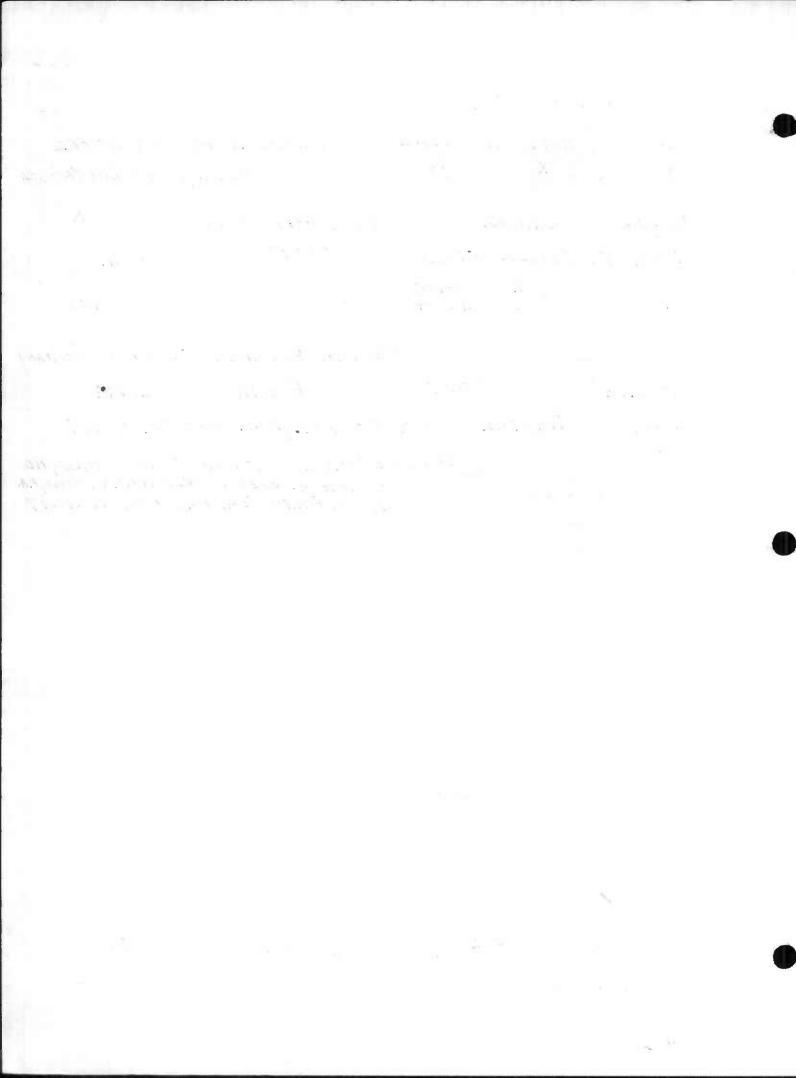
JUN 1 8 1996

32. Registrar's Signature

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene O.C.

Film	n G	736 item 20b per F	H 6-18-96					1. No.	0 1	1909
Physic	ian	1. Decedent's Neme (First, Middle, Last)  BURNICE	TAFT				Dete of Deeth Month	Dev	Year	3. Time of Death
/Medi Exami	cal	4e. Facility Neme (If not institution, give s	. ,			4b. City, Town, or Local	TUNE ion of Deeth	06 19 4c. County	96 of Death	1346
Funeral Director		5. Social Security Number 6. Sex 1X		lest birthdey) If U		BALTI HORE If Under 24 Hrs. 8. Hours Min.		BA (ear)	LTIP	ORE ce (State or Foreign
land land		Usuel Residence of Decedent  10a. Stete 10b. County	10c. Ci	ty, Town or Location						I. Inside City Limits
ith with the Maryland 23a or 28a-f ehow ust be notified at	tor	MARYLAND BAL	TIMORE	X.	BALTI	MARE C	ITV			1 XYes 2 □ No
with the a or 28s	Sire	10e. Street and Number		101	. Zip Code	MORE C	109	. Citizen of W	/hat Country	n
death w	rail		VER STR						SA.	
in 2 2	by Funeral Director	11. Meritel Status  1 Never Merried 2 Merried  3 Widowed 4 Divorced	2. Wes Decedent Ever In L Armed Forces? 1 Armed Forces? 1 Armed Forces? 1 Yes, Give Yeer or Detes: //-/	1-43 If Yes,	ecedent of H specify Cuba es 2 No	lispanic Origin? (Specif an, Mexican, Puerto Ric Specify:	y Yes or No- an, etc.)	Biech	- American k, While, eld BLA	2.
72 hours of natural', or		15. Decedent's Educ	atlon		Usual Occup	atlon during most of working	18	b. Kind of Bu		
ed within giene. er than	Completed	(Specify only highest grade Elementery/Secondery (0-12) 16+H GRADE	College (1-4or 5+)	life. DO NO	)T use retired	PLUMB	ER 1	DLUMA	BING	COMPAI
d 2 should be fill the and Mental Hy 7 is marked other treumatic event	Be	17. Father's Neme (First, Middle, Last)	TAC			18. Mother's Neme (F		iden Sumem	9)	
2 should by and Menta e marked eumatic ev	To	HILLIE  19a. Informant's Neme/Relationship (Tyx	TAF		Irass (Street	EMMA and Number or Rural F		City or Town	State Zin C	odel
nd 2 s eith ar 27 ie r treu		A )	STER			RD. BALT				
hemit. Peges 1 a Department of Hee mportant: If them iny Injury or othe MCs.		20e. Method of Disposition	20b, I	Piece of Disposition	(Neme of Nation	al Cemeter	Pate 20	c. Location -	City or Town	n, Stete
Pege ment o ant: If ury or		1√3 Burlei 2 ☐ Cremetion 3 ☐ Re 4 ☐ Donetion 5 ☐ Other (Specify)	emove from State	PRRISON	FORE	ST 6-1	1-96	OWIN	GS A	ILLS, MI
permit. Peges 1 and Department of Heelth Important: If Item 27 eny Injury or other to once.		21. Signature of Funeral George License	ma	JOS	EPH	FULTON AV	UNJR	FUN	ERAL	Home, A
Physician /Medical		Part Enter the disease, or complice shock of heart feilure. List only on		th. Do not enter the	mode of dyin	g, such as cardiac or re	espiratory arres	l,	A In	pproximate Itervai Between Inset end Deeth
Examiner		Immediete Cause (Finel diseese or condition resulting in deeth)	ara	iac Anores e consequence by le In	rryin	mas			- 1	
	je l		Election	or es e consequence	off:	anco-			į	
rate be executed hysician and the burial-transit	Examiner	Sequentially list conditions,		or as e consequence			-			
cate be ex physician s the burial		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury		ydration						
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deeth se ette ed for	Physician/M	Part II. Other significant conditions cont	ributing to death but not res	uiting in the underlyi	ng cause giv	en in Pert I.	23b. Did tob	acco use con	tributa to th	ne cause of death
of the	Phy						1/2 Yes			oly 4 ☐ Unknow
The lew requires that the death certi ate has been signed by the ettending page 2 should be detached for use a	Completed by						24e. Wes en	autopsy	availe	autopsy findings able prior to eletion of cause
hes to	dm							1	of de	ath?
icien: The lev certificate hes rector, page 2	0	25. Wes case referred to medical				26. Pleca of Deeth (C	1 🗆 Yes	2 No	101	es 20 No
Physicien: this certific ral director,	ToB	exeminer?	ospitel:	ER/Outpetient 3E	DOA Oth			ce 8 🗆 Othe	r (Specify)	
D P		27. Manner of Death  1 Naturei 5 Pending investigation	28a. Dete of Injury (Month, Dey Year)	28b. Time of injury	28c. Injun Wor		. Describe how			
tal or Attendii rs after death. al Director: A ed in by the fu	Certification:	3 ☐ Suicide 6 ☐ Could not be 4 ☐ Homicide determined	28e. Pleca of Injury - Al h building, etc. (Specif	ome, ferm, street, fer y)	ctory, office	28f	Location (Stre City or Town,		or or Rural R	Poute Number,
within 24 hours of the Funeral I to the Funeral Completely filled	edicai	29e. Certifier (Check only one)  1 Certifying Physical Examine	clan: To the best of my kno er: On the basis of examine end menner stated.	wledge, deeth occur ition end/or investige	red et the tin tion, In my o	ne, dete and plece, end plnion, deeth occurred	dua to the cau et the time, date	se(s) and mar e end piaca, e	nner as state and due to th	ed. e cause(s)
within 2 To the comple	Σ	29b. Signeture end title of cartifier	4/. =	The	29c. License	e number	290	. Dete signed	(Month, De	y, Year)
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T <sub>1</sub>		30. Name and address of person who con	WA 100	. W. 131	evas 1	LAY BA	17, mo1	et my	0 2/	271
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death Month Year 10:53 AM Dernard 15, 1996 June 4e. Facility Neme (If not institution, give street and number, 4b. City, Town, or Location of Deeth 4c. County of Death Baltimore Mercy Medica enter | H Under 1 Year | If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) | FEB 24m 1 5. Social Security Number 7. Age (In yrs. last birthday) Birthpiece (State or Foraign Country) XXM 2 F 37 Yrs 220-76-2291 Usuei Rasidance of Decedent 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits XXYes 2 No N/A BALTO 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 231 S. DALLAS 21231 U.S.A." 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yas 2 ᡚ No If Yes, Giva Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puerto Ricen, etc.) 14. Reca - Amarican Indian, Black, Whita, etc. 1X Navar Merried 2 Merried Specify: BLACK 3 Widowed 4 Divorced 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highest grada complated) 16b. Kind of Business/Industry Eiamantary/Secondary (0-12) Collega (1-4or 5+) 9th N/A LABORER WORKER LABOR 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Sumame) BERNARD TONGUE SR VIOLET W SMITH 19a. Informant's Name/Raletionship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) VIOLET SMITH 231 S. DALLAS CT BALTO, MD 21231 20b. Place of Disposition (Name of cemetery, cramatory or other place) 20a. Method of Disposition Data 20c. Location - City or Town, Stata Burial 2 Cremetion 3 Removel from Steta
4 Donation 5 Othar (Specify) JUNE MT ZION CEM 20, 96 BALTO, MD 21. Signature of Funeral Service Licens 22. Name and Address of Facility BETTS FUNERAL HOME 1129 N. CAROLINE ST BALTO, MD 21213 23a. Part1. Enter the disease, or compilections that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata intarvai Batween Onset and Death Immadiata Causa (Finai disease or condition rasuiting in death) Depris 2 days Dua to (or as a consequence of): pheumonio Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated avants resulting in death) Last Human immunocleticence Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 | Yes 2 2 No 3 | Probably 4 | Unknown 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was en eutopsy performed? 1 Yas 2 No 1 ☐ Yas 2 ☐ No 25. Was casa rafarrad to medical axaminar? 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 1 Yas 2€ No Impatlant 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Day Year) 27. Mennar of Death 28d. Dascribe how injury occurred 28b. Time of 28c. injury at Work? Natural 5 Panding 1 ☐ Yas 2 ☐ No invastigation

Box 68760 Division of Vital Records, P.O.

attending physician and for usa as the burial-transit ed by the a should I has cartificata funaral director, Aftar daath. or Attendiates dath Hospital
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Physician/Medical þ Completed Be 2 Certification:

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**Physician** 

/Medical

**Examiner** 

Director

Funeral

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**Funeral** 

Director

item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Modical Examinar mast be notified at

permit. Pages 1 and 2 should be filed within 72 hours after death v Department of Health and Mental Hydene. Important: If item 27 is marked other than "natural", or items 23a any Injury or other traumatic event, the Medical Examinational page.

**Physician** /Medicai

Examiner

Baltimore, Maryland 21215-0020

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To the To the To the F

Medical

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MAPGD

Plece of Injury - At home, ferm, straat, factory, offica building, atc. (Spacify)

29c. Licensa number

29d. Data signed (Month, Day, Year) June 15.

281. Location (Streat and Number or Rural Routa Number, City or Town, Stata)

30. Nama and addrass of person who completed causa of death (Itam 23a) (Type, Print)

Mercy Medical Center Baltimore Hogans 31. Data filed (Month, Day, Year)

🖼 Certifying Physician: To tha best of my knowledge, deeth occurred et tha tima, deta and placa, and dua to the cause(s) end mannar as steted.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, deta end place, end due to the cause(s) end menner steted.

JUN 1. 8 1996

2 Accident

3 Suicide

29a. Certifier

4 Homicida

(Check only one)

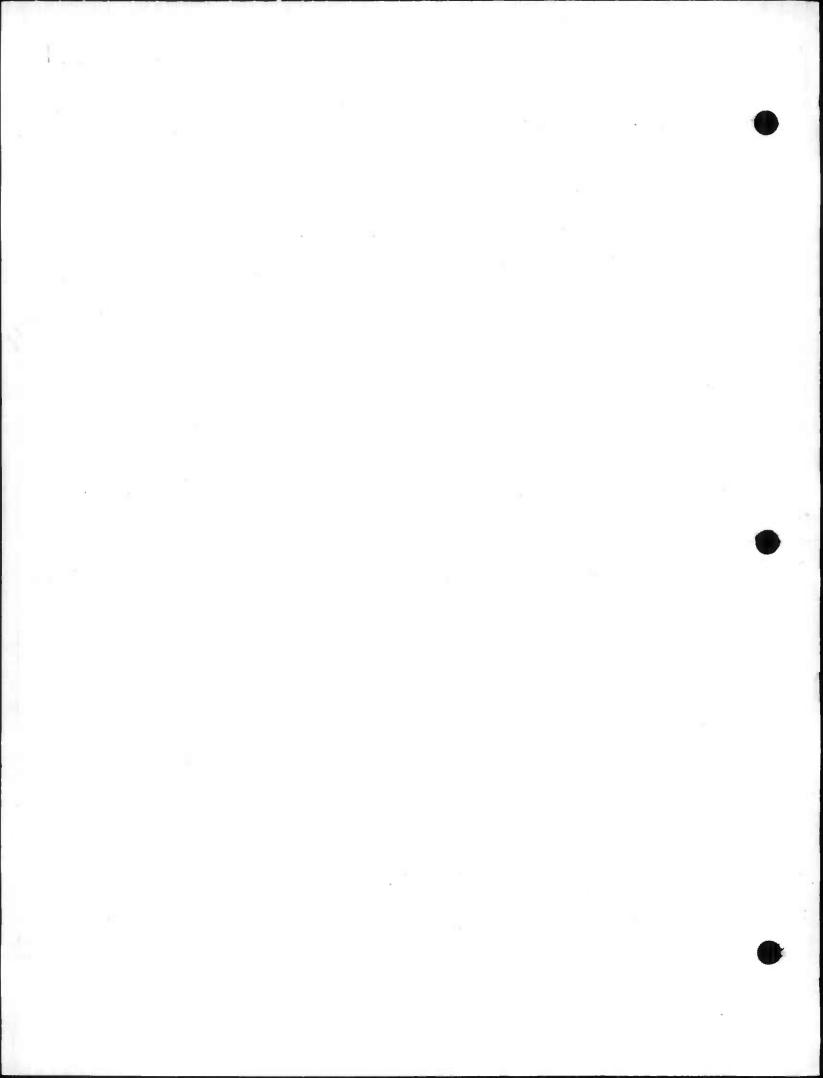
29b. Signatura and titia of certifier



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S, P.O. BOX 68/60	e death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atte	he attending physician and completely filled in by the funeral director, page 5 should be detached for use a
00	403	9

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIF	ICATE O	F DEATH	REG. NO					
		1. DECEDENT'B NAME (First, Middle, Lest)  SYLVIA B. TY	7well				2. DATE OF DEATH MONTH D	G 1997	3. TIME OF DEATH  3. 35 P M			
2		4. BOCIAL SECURITY NUMBER 220 - 05 - 500 1	5. SEX 6. AGE (	(in yrs. lest birthday) YRS.	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)	_ Co	RTHPLACE (State or Foreign punity)  PUD. MD - MSA			
, 2, 3 should	RECTOR	90. FACILITY NAME (If not institution, give str GENESIS - HAMILTY) RESIDENCE OF DECEDENT		HER	BAUTH	N OR LOCATION OF DI	CAMMD	9c. COUNTY O				
permit. Pages 1,	DIREC	10a. STATE 10b. COUNTY	timore	10c. CIT	DULLDA				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
· 55	ERAL	100. STREET AND NUMBER 8100 Del Have				10f. ZIP CODE 2\222		10g. CITIZEN C	OF WHAT COUNTRY?			
or attending physician. r use as the burial-transit	BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES	AS DECEDENT EVER IN U.S. ARMED IRCES? 1 YES 2 NO YES, GIVE WAR OR DATES  A A YES  13. WAS DECENOENT OF HISPANIC If yes, specify Cuben, Mexican, if 1 YES 2 NO Specify:				or No — 14. R	ACE — American Indian, ilack, White, etc.			
pital or attend	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION	life. Do NOT us	work done during	SINESS/INDUSTR						
by the hospital be detached for at once.		17. FATHER'S NAME (First, Middle, Lest) Albert He	rling			18. MOTHER'S NA	ME (First, Middle, Maiden Del ZIN	Surname)				
be retained be 5 should a notified	TO BE	190. INFORMANT'S NAME (Type/Print) WILLIAM E. TIO		19b, MAILING	ADDRESS (Street)		Route Number, City or Tow		2\222			
Page 6 may be all director, page ner must be		20e. METHOD OF DISPOSITION  1 M Buriel 2 Cremetion 3 Removal from State  4 Donetion 6 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of Cemetery, Cremetory or other place)  MCREIAND MEMOCIAL PARK  DATE  4/19/21  PARK VILLE, Md.										
death. P tuneral f. examin		21. SIGNATURE OF FUNERAL SERVICE LICE	Clara	Jan 1	EVAI	AND ADDRESS OF FA US CHAPEL DO Harfo	of Memor	ics	1.21234			
eath certificate be executed within an hours after attending physician and completely filled in by the nital Hyglene prior to burial, cremation, or removal Y, or other traumatic event, the medical	ERTIFICATION	23. PART I. Enter the diseases, or conshock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Cere brown to con as a	ach line.	lar A	ecident	/	iratory arreat,	Approximate Interval Between Onset and Death  W			
SICIAN: The law requires that the death certificate has been signed by the attent the State Dept. of Health and Mental it, or Nem 23 shows any Injury, or	MEDICAL C	PART II. Other significant conditions Alzheimer	1 11		in the underly	ing cause given in	Part I. 24a. WAS AN PERFOF	MED?	24b. WERE AUTOPSY FINDINGS AMAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
N: The law ficate has b State Dept.	SICIAN		HOSPITAL: 1   Inpetient 2   ER/Outp	autlant 3 🗆 DOA	OTHER:	PLACE OF DEATH (Ch						
PHY this with	ву рну	27. MANNER OF OEATH  1 Netural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	26b, TIM	E OF 28c.	ome 5 Rasidenca INJURY AT WORK?  YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURE				
OR ATTENDING F DIRECTOR: After hours after death Item 28 Is mar	ED	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, stc. (Spec	— At home, term,	street, factory, of	Hice	281. LOCATION (Street City or Town, State)		ral Route Number,			
AL OR AL DIRE 2 hour 1 Item	COMPLET		IAN: To the best of my know						se(s) and manner ea stated,			
TO THE HOSPIT TO THE FUNERA DE filed within 7 IMPORTANT: 1	TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER.	Wigner	-h1	0.	29c. LICENSE NUN	10ER 569	29d. DATE SIGN	NES (Month, Dely, Year)			
			COMPLETED CAUGE OF DE	840		rford Rd	Balto.	Md. 2	21234			
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2 Accident 5 Pending invastigation 1 ☐ Yes 2 ☐ No 6 Could not be datermined 3 ☐ Sulcida 281. Location (Street and Number or Rural Route Number, City or Town, Stata) 28a. Place of Injury - At home, farm, straat, factory, office building, atc. (Specify)

Box 68760, Records, P.O. Division of Vital or Attending Physician: **Funeral** 

Director

ortant: if item 27 is marked other than "natural", or items 23a or 28a-f show Injury or other traumatic event, the Medical Examinar must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after death within Department of Health and Mental Hyglene. Important: If item 27 is marked other than "natural", or Hearth any Injury or other trauments.

**Physician** /Medical

Examiner

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Baltimore, Maryland 21215-0020

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To the Hospital of within 24 hours at To the Funeral D

State Registrar

Medicai pletely

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(Check only one)

29a. Cartifian

Certifying Phyeicfan: To tha best of my knowledga, daath occurred at tha tima, data and place, end due to the causa(s) and mannar es stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and mannar estated.

29d. Date signed (Month, Day, Year)

June 14,1996

who complated cause of deeth (Item 23a) (Type, Print) W. Belvedere Ave. Balto 12 21209 WERTHEINER PONDER 434

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State of Maryland / Department of Health and Mental Hygiene 96

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Funeral		5. Social Security Number 6. S		(In yrs. last b	irthday)	If Under		If Undar 2	4 Hrs.	8. Data of Bid (Month, Da	rth		9. Birthp	iace (Stet	e or Foreig
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5 th	Director	10e. Street end Number				10f. Zip	Coda				10g. Cit	izen of V	What Coun	itry?	
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Fu Paris	edical	(Check only 2 Medical Exam	inar: On the basis of and mennar stat	axamination ar	nd/or inve	astigetion,	In my o	pinlon, daath	occurre	d at tha tima,	data and	place,	and due to	tha causa	1(s)
to the nospital	N.	29b. Signature and title of certifier	۸			29c.	Licens	a number			29d. De	te signe	d (Month,	Day, Year)	)
(0	1	() () () ()	agley my	Λ			M	6236					16,1		5.5
( "	1	Lawrey D.						0200			U	-	1		
-		30. Nama and address of person who c		ath (Item 23e)	(Type, P	Print)	100	A				44	44.	2.14	
		DAVID J. BRADLE		TOHN'S H	TWH	1427	HVン	PICAL	1 8	4LI 1M0	ME,	MA	~ ~ ~	77-23	
Sta	ite	31. Data filed (Month, Dey, Year)	32. Registre	r's Signature											

Registrar

JUN 1 8 1996

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 6 per State Anatomy G-736 6/18/96 d.dCertificate of Death 2. Dete of Death May 25, 1496 Month Day Yeer 1. Decedent's Neme (First, Middle, Last) 3. Time of Deeth 13:10 MIDh Vuong 96 HOQI 4b. City, Town, or Location of Deeth 4e. Fecility Neme (If not Institution, give street end number) 4c. County of Death Baltimore n/a umms 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) 18M 20 F Yrs. 12 May 24, 1996 Maryland Usuai Residence ot Decedent 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 ☐ Yes 21 No Maryland Anne Arundel Glen Burnie 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? U.S.A. 108 Governors Court 21061 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 [X]No If Yes, Give Yeer or Detes: 13. Was Decedent of Hispenic Origin? (Specify Yes or Not Yes, specify Cuban, Mexican, Puerto Rican, etc.)

UNICNOWN

1 □ Yes 2 □ No Specify: 14. Raca - American Indian, Black, White, etc. 11. Meritei Status 1 Never Merried 2 Married unknown 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry College (1-4or 5+) Eiementary/Secondery (0-12) n/a n/a n/a 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Surneme) unknown Nga Vuong 19e. Intormant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Nga Vuong/Mother 108 Governors Court-Glen Burnie, Maryland 20b. Piace of Disposition (Neme of cametery, cremetory or other pleca) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Cother (Specify) State rem 22. Name and Edites of Facility André-655 W. Baltimore Street 21. Signature of Funeral Service Licenses Joseph VanSante Baltimore, Marylnad 21201-1559 BALTIMORE, MATILINA 21201-23a Part Enter the disease, of complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory arrest, shock, or heart feliure. List only one ceuse on each line. Approximate Interval Between Onset and Deeth immediate Cause (Final disease or condition resulting in deeth) yndrom Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Last Due to (op # Due to (or as a consequence of): 23b. Did tobacco use contribute to the cause of death? 2⊟No 3 Probably 4 Unknown 24h Were sutonsy tindings 25. Was case referred to medical examiner? 2 No Other: 4 Nursing Ho 1 □ Inpatient 2 □ ER/Outpatient 3 □ DOA 28c. Injury at Work? 28a. Date of Injury (Month, Day Year) 28b. Time of nding estigation 1 Yes 2 No

Physician Examiner The law requires that the death certificate be executed the buriel-transit pue Division of Vital Records, P.O. Box 68760 attanding physicien been signed by the should be deteched certificata has or Attending Physician: After this To the Hospira, within 24 hours after deeth.

To the Funerel Director: At deeth.

**Physician** 

/Medical

Examiner

n/a

Director

Funeral

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Completed

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Physician/Medical

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Completed

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To

Certification:

Medical

10a. State

n/a

**Funeral** 

Director

7 is marked other than "natural", or items 23s or 28s-f show traumstic event, or Medical Examena must be notified at

permit. Pages 1 and 2 should be filed within 7. Department of Health and Menlel Hygiene. Important If item 27 is marked other than "na any injury or other traumatic event, ma Merca once.

72 hours after death with the Marylend

Baltimore, Maryland 21215-0020

Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Y0551

	performed	i?	evaliable prior to completion of cause of death?					
	1 ☐ Yes	2 ₽ No	1 ☐ Yes	2 No				
h (C	heck only one)							
me	5 Residence	6 □Oth	er (Specify)					
28d	. Describe how i	njury occurr	red					
204	Landina /Ours		D / D	At				

27. Manney ot Death	
1 ☑ Neturai 2 ☑ Accident	5 Pending investigation
3 ☐ Suicide	6 Could not be determined

28e. Placa ot injury - At home, farm, street, tactory, office building, etc. (Specify)

Location (Street end Number or Rurel Route Number, City or Town, Stete)

29a.	Certifier	
	(Check only	
	one)	
_		

4 ☐ Homicide

1 Certifying Physicien: To the best of my knowledge, death occurred at the time, date and pleca, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated.

shaded Bro

29b. Signature and title of certified

29c. License number

29d. Date signed (Month, Dey, Year)

State Registrar 32. Registrar's Signature

30. Name and address of person who completed cause of death (item 23a) (Type, Print)



Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death **Physician** Month 3:05 Pm June /Medical 4b. City. Town, or Location of Death Examiner 30/fmore MD Balt It Undar 24 Hrs. 8. Darfe of Birth Hours Min. (Month, Day, Year) FEB 8, 1926 lealth Baltimore 5. Social Sacurity Number If Undar 1 Yaar 9. Birthplaca (Stata of Foreign Country) 7. Aga (In yrs. last birthday) **Funeral** 231-20-4 Days Director IRGINIA Usual Rasidance of Decedant filed within 72 hours after death with the Maryland 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show 7 is marked other than "natural", or flems 23a or 28a-f show traumatic event, the Medical Examiner must be nothing as BALTIMORE 1 ☐ Yas 2 ☐ No Funeral Director MARULANN 10e. Street and Number og. Citizen of What Country? AVENUE 2431 BROOK 000 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 D No If Yas, Giva Yaar or Datas: 14. Race - Amarican Indian, Black, Whita, atc. 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuben, Maxican, Puarto Rican, atc.) 11. Marital Status 1 Nevar Married 2 Marriad Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: by Specify: BLACK 3 ☐ Widowed 4 ☑ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry pemit. Pagas 1 and 2 should be filed within 7 Department of Health and Mental Hygiana. Important: If then 27 is marked other than "na any injury or other traumatic event than "na once. Flomentary/Secondary (0-12) 9+HGRADE Collaga (1-4or 5+) FURNITURE COMPANY PAINTER 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) (JEORGE ESTELLE 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 20b. Place of Disposition (Nama of cematary, cramatory or other placa) BURRELL AVE, BALTIHORE, MD. 21217
Date 20c. Location - City or Town, State JACKSON 20a. Mathod of Disposition 1 Burial 2 Cramation 3 Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) BALTIMORE, MD. METRO CREMATORY 22. Nama and Addrass of Facility JOSEPH H. BROWN JR. FUNERAL HOME, P. A. 2140 N. FULTON AVE, BALTIHORE, MD. 21217 21. Signature of Euneral Service Licensee FULTON 23a. Part Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, above, or head failure. List only one cause on each line. Approximata Interval Between Onset and Death **Physician** /Medical Immediate Ceusa (Final disaasa or condition rasulting In daath) Examiner Examiner physician and the burial-transit Sequentially list conditions, if any, laading to immadiata cause. Entar Undarlying Causa (Disease or injury that Initiated events rasulting in daath) Last Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequence of): been signed by the attending p should be detached for use as Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f. 23b. Did tobacco use contribute to the cause of death? 1 Vas 2 No 3 Probably 4 Unknown à 24b. Were autopsy findings available prior to complation of cause of death? Completed 24a. Was an autopsy performed? 2 No 1 ☐ Yas 2 ☐ No this cartificata To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this cartifica completely filled in by the funeral director, I 25. Was casa rafarrad to medical examinar?

1 Yas 2 No Be 26. Piece of Deeth (Check only ona) Othar: Nursing Homa 5 ☐ Rasidance 6 ☐ Othar (Specify) 2 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Data of injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred Certification: Netural 5 Pending invastigation 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be datamined 3 Suicida 28e. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 281. Location (Street and Number or Rural Routa Number, City or Town, State) 4 - Homicida 29a. Certifiar 15 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar as steted. Medical (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner steted. 29b. Signatura and titla of cartifian 29c. Licensa number 29d. Data signed (Month, Day, Year)

D47683

State Registrar

**DHMH 16 Rev 6/95** 

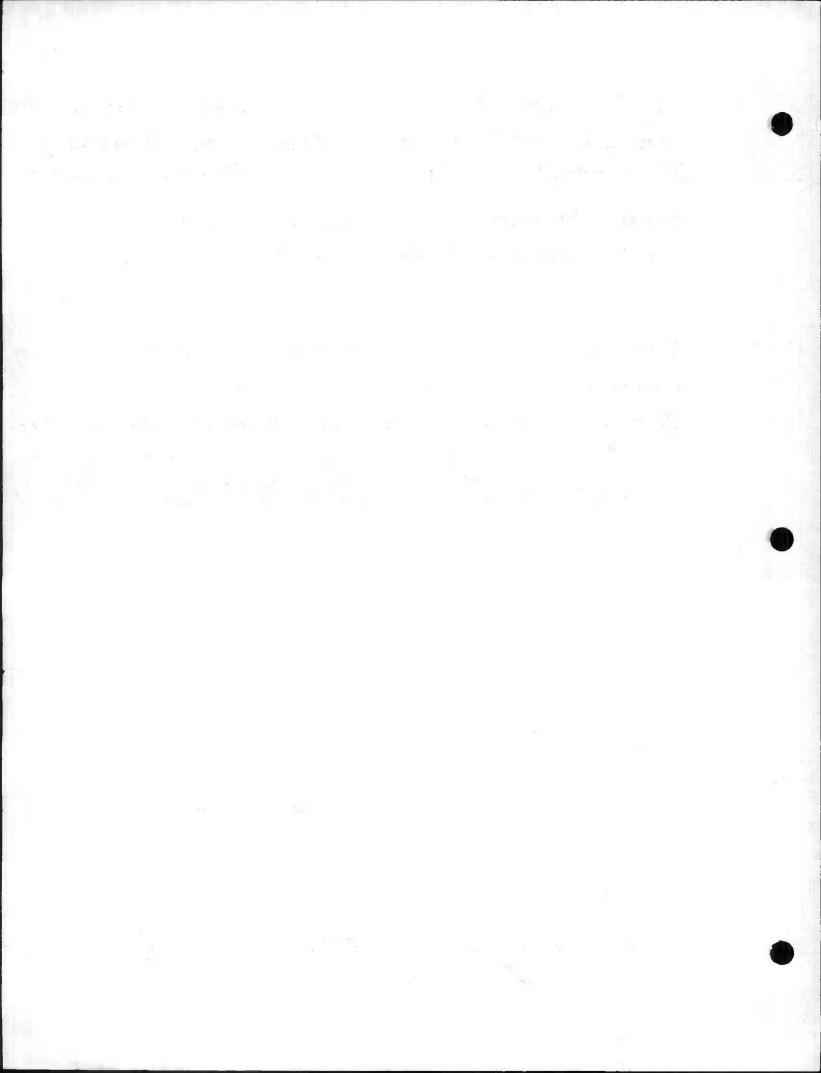
Milli

Kaymond 31. Data filed Month, Day, Year)
JUN 18 1996

30. Nama and address of person who completed cause of deeth (Item 23a) (Type, Print) Miller

My

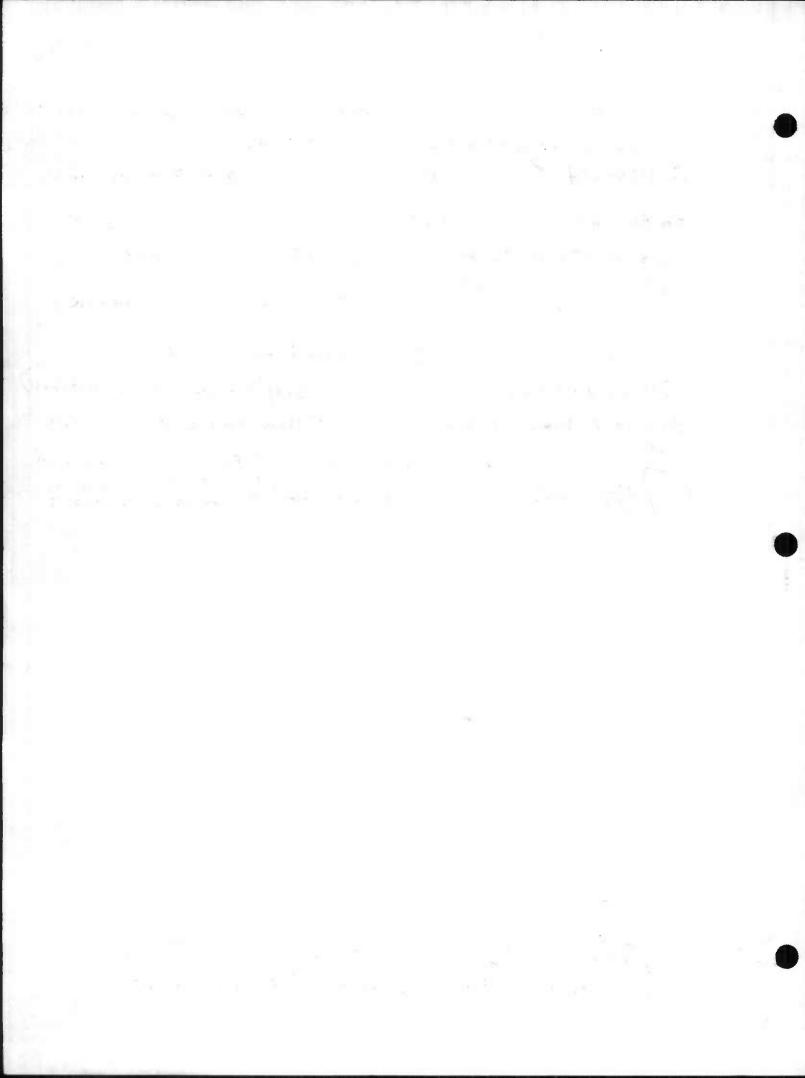
32 Registrer's Signature



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

					Ce	rtificate (	of Deat	h	P	Reg. No.		
Discrete t		1. Decedent's Name (First, Middle, La	st)						2. Dete of Dee Month		Vaca	3. Time of Death
Physician /Medical			CALVIN	M,	W]	LLIAMS			JUNE	12,	1996	12:30 PM
Examiner	_	4e. Facility Neme (If not institution, give	e street end number	7)			4b. City,	Fown, or L	ocation of Death		y of Death	
		THE JOHNS H	OPKINS HO	SPITAL	,		BAL	TIMOR	E CITY	NA		
Funeral Director		5. Social Security Number 6. S		ge (in yrs. les			eer II Und	er 24 Hrs. Min.	8. Date of Birth	1 Year) 2	Cour	place (State or Foreign htry)
>	- 1-	Usuel Residence of Decedent  10a, State 10b, County		100 010	T							
r 28a-f ahow Inotified at		10a. State 10b. County MARYLand NA		10c. City,		ocation					1	0d. Inside City Limits 1 ☑ Yes 2 ☐ No
r Heme 23a or 28a-fa	al Die	1315 N Patters	ion PK	Ave.		10f. Zip Cod	213			10g. Citizen of	What Cour	ntry?
natural, or terms 23a or 28a-f show steel Examiner must be notified at the following the following in Director		11. Meritel Status  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. Wes Deceden Armed Forces 1  Yes, 2  If Yes, Give Year or Dates:	No		Was Deceden! If Yes, specify ( 1 ☐ Yes 2 ☑			ecify Yes or No- Rican, etc.)		ce - Americack, White,	etc.
Hygiene. ther than "nature int, the Medical E. Completed I.		15. Decedent's Ed (Specify only highest gra	lucation		16a. Dece (Give	dent's Usuai Oo kind of work do DO NOT use re	ccupation	ost of work	ing	16b. Kind of E		
Hygiene. ther than "nature ont, the Medical Completed		Elementary/Secondery (0-12)	College (1-4or	5+)		ent f				Roof	ing	
A out		Julius Willi	Hus					her's Nam	e (First, Middle, nek W	Maiden Symen		mitchell
th and 7 Is m traum		19a. Informant's Name/Reletionship		there)		ng Address (St			al Route Number	r, City or Town		(Code) 21213
t: if item 27 y or other tr		20a. Method of Disposition  1 Burial 2 Cremation 3 C		0.00	netery, cre	osition (Neme of metary or other	plece)	6	Date	20c. Location	- City or To	
Department Important: I any injury o once.	1	4 Donation 5 Other (Specify  1. Signature of Funeral Service Licen			2:	2. Neme end A	dress of Fed	Y	1639	7 N. 1	3200	dway
		- 1 / me	a			Joff 1		11			de:	21213
hysician		23a. Part1. Enter the disease, or comp shock, or heart failure. List only	one cause on each	line.	0	ter the mode of	dying, such a	as cardiac	or respiratory an	rest,		Approximate Intervel Between Onset end Deeth
Medical xaminer	-1	Immediate Cause (Final disease or condition resulting in death)	e. tsch	emic Due to (or a							-	1 day
nsit no			b. Panc	ytopen	iq							lweek
cian and burlal-transit		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events	Cryp	Las Dovi	dium	quence of):	hea					1 month
attending physician and for use as the burlal-transit clan/Medical Examir		that initiated events resulting in death) Lest	a Aqu	Duento (or e	s a consec	Λ Λ	ency	Syna	Lome			18 months
the attenthed for u		Part II. Other significant conditions or	ontributing to death	but not resuit	ing in the u	inderlylng cause	a given in Per	11.	23b. Did to	obacco use co	ontribute to	the cause of death
een signed by the attending physician and hould be detached for use as the burlal-transited by Physician/Medical Examiliated by Physician/Medical Examilians		Intravenous I	rug Use	2					1 🗆 Y			bably 4 Unknow
0 0									24e. Was e perfor	en autopsy med?	CO	ere eutopsy lindings ellable prior to mpletion of cause death?
certificate has rector, page 2									1 🗆 Y	es 2 LING	1[	☐ Yes 2☐No
director,	3	25. Was case referred to medical examiner?						ce ol Deat	h (Check only or	ne)		
를 를 다		1 ☐ Yes 2 ☑ No	Hospital:		R/Outpatie				me 5 Resid			y)
he A hours after death.  • Funeral Director: After tpletely filled in by the funeral dical Certification:		27. Manner of Death  1 DNatural 5 Pending 2 Accident Investigation		ary Year)	8b. Time o Injury		njury et Work? 1 ☐ Yes 2 [		28d. Describe h	ow Injury occu	rred	
s after d		3 Suicide 6 Could not be determined	289. Place of it	jury - At hom tc. (Specify)	e, lerm, st	reet, factory, off	ice		28f. Location (S City or Town	treet and Num n, Stete)	ber or Run	al Route Number,
To the Funeral Director: Attar completely filled in by the fune Medical Certification		29e. Certifier (Check only one) 1 Certifying Physical Example 1 Medical Example 1	reicien: To the best iner: On the bests of end menner s	of examination	edge, deat n end/or in	h occurred et th vestigation, in r	e time, date a	and place, eath occur	and due to the cred at the time, d	ause(s) and m late and piece,	anner as s , and due to	tated. the cause(s)
Ne Me		29b, Signature and title of certifier				29c. Lic	ense numbe	r	2	29d. Dete sign	ed (Month,	Dey, Year)
1		Del 19	MA			MA	99			Time	12	1941
1,500	:	30. Name and address of person who	completed cause of	death (Item 2	3a) (Type,	Print)	77	11	A	June	-	76
		Kichard Wy /	1) John	S 4601	kins	Hospita	1 \$	altimo	in mi	2122	7	
State	1	31. Date filed (Month, Dey, Year)	La Day de	ara Bondo	No.	/	•					
State Registrar			1) John	s den	eins Re	Hospita	1 8	altino	(In m	2122	7	



3. TIME OF DEATH

2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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11/1ams 6. AGE (In yrs. last birthday)

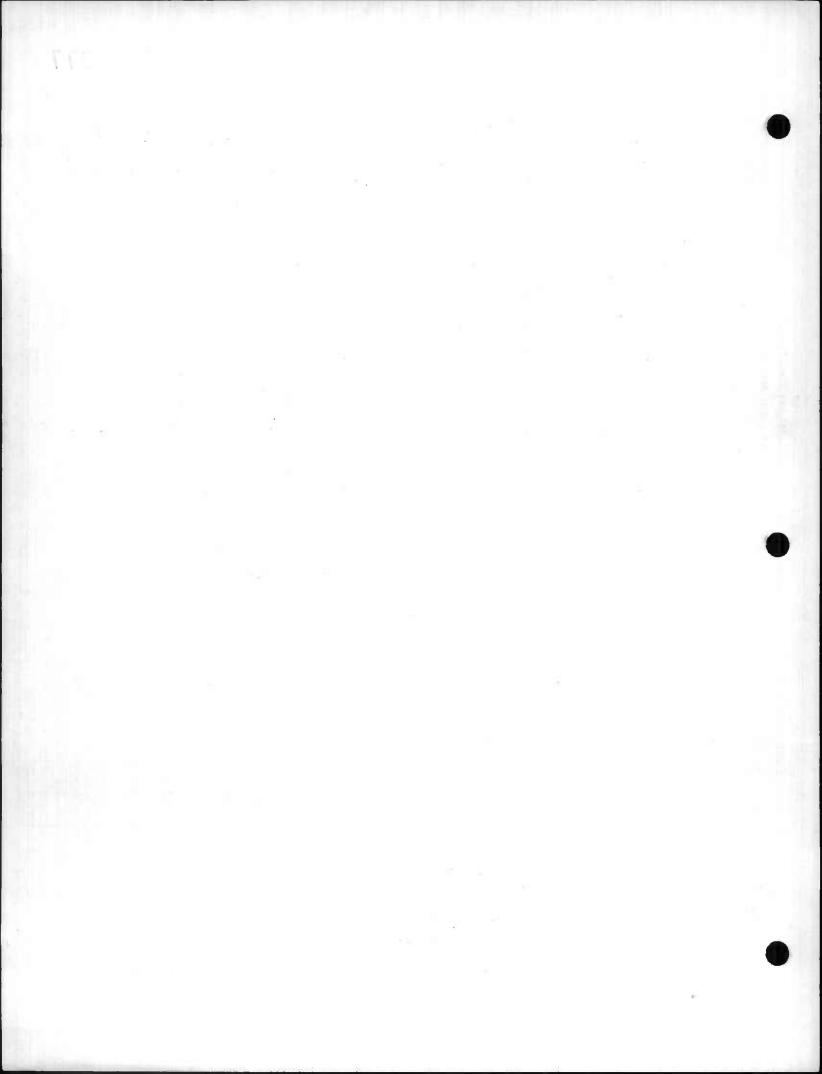
YRS. A SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 219-05-674 DAYS HOURS 1 X M 2 | F Var. Pages 1, 2, 3 should TOWN OR LOCATION OF DEATH Baltimore NUrsin DIRECTOR th west Nor 10h. COUNTY 10c. CITY, TOWN OR LOCATION Baltimore Maryland Dermit. FUNERAL 100. STREET AND NUMBER 10f. ZIP CODE Mall use as the burial-transit be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yea. specify Cuban, Mexican, Puerto Rican, etc.) 11 MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 2 NO If yee, specify Cuban, 1 YES 2 NO 1 Never Merried 2 Merried BY Specify: 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) (Specify only highest grade comple Elementary/Secondary (0-12) be detached for College (1-4 or 5+) unknown once. 17. FATHER'S NAME (First Middle Lest) 18. MOTHER'S NAME (First, Middle, Maiden Su Williams Mack at a director, page 5 should notified John Smith 19h. MAILING ADDRESS. (St 0 1103 pe 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (No Раде 6 тау must 1 Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) Metro examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY funeral ( after death. filled in by the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the ahock, or heart failure. Liet only one cause on, each line. 00 IMMEDIATE CAUSE (Final the disease or condition een signed by the attending physician and completely of Health and Mental Hygiene prior to burial, crematic resulting in death) traumatic event, OR AS A CONSEQUENCE OF DUE-4 P executed CERTIFICATION Sequentially liet conditiona, TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 23 shows any injury, idions contributing to death but not resulting in the underlying cause given in Part I. PART II./Other algolificant on MEDICAL After this certificate has been death with the State Dept. of PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Hem HOSPITAL: OTHER: 1 YES 2 W 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA e 5 🗆 Residence 6 🗆 Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY marked, 1 Netural 6 Pending Investigation 1 YES 2 NO BY 2 Accident OR ATTENDING Sulcide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 🗆 09 6 Could not be DIRECTOR: A COMPLETED 4 Homicide 28 determined Hem 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(a) end manner ee stated. (Check only FUNERAL within 72 I HOSPITAL. = MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death PORTANT BE 2

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

11:25 9c. COUNTY OF DEATH 10d. INSIDE CITY 1 X YES 2 | NO 10g. CITIZEN OF WHAT COUNTRY? 14. RACE — American Indian, Blac 16b. KIND OF BUSINESS/INDUSTRY MD. 21229 more Cators Approximata Interval Between Onaat and Death -Me. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO 1 TYES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) DHMH-16 Rev 1/89





Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death **Physician** JONE 14 ay 1998 11:20PM NORMA WITTIS /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** TOWSON GREATER BALTIMORE MEDICAL CENTER BALTIMORE 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. Months Days Hours Min. (Month, Day, Year) 9. Birthplace (State or Foreign Country) 5. Social Security Number **Funeral** 1 M 28 F 213 30 3791 Director Usual Residence of Decedent with the Maryland 10a. State 10b. County 10c. City, Town or Location r 28a-f show 10d, Inside City Limits PARKVILLS 1 ☐ Yes 2 No Director MARYLAND BALTIMORI 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? permit. Pages 1 and 2 should be filed within 72 hours after death with I Department of Health and Mental Hygiene.
Important: If item 27 is marked other than "natural", or items 23a or 2 and hy injury or other traumetic event, the Medical Evantine must be an once. LOURI 3601 HALLMARK U.S.A. 21234 12. Was Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, 11. Maritel Status 1 ☐ Never Married 2 Married 1 ☐ Yes 2 No If Yes, Give Baltimore, Maryland 21215-0020 1□Yes 2⊠No Specify: WHITE Specify: þ 3 ☐ Widowed 4 ☐ Divorced Year or Detes: Completed 15. Decedent's Education (Specify only highest grade completed) 18a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry HISS UNITED Elementary/Secondary (0-12) College (1-4or 5+) SECRETARY BYRS-METHODIST CHURCH 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) PARion CROSBY EMMA SLINARA 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 334 19a. Informant's Name/Relationship (Type, Print) 3601 HALLMARK LOURT PARKVILL MARYLAND SZ ETTIW. 3 YORS Dete TV 20c. Location - City of Town, State 20e. Method of Disposition 20b. Placa of Disposition (Name of cemetery, crematory or other piece) 1 Burial 2 □ Cremation 3 □ Removel from State PARKFUL MARVIANO localano (Izmoria) 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name and Address of Facility of Memorits
EVANS CHAPLL OF MEMORIES
8800 HARFORD ROAD - Pr 21. Signature of Funeral Service Ligarises ans 23a. Part1. Enter the disease, or complications the caused the death. Do not enter the mode of dying, such as cardlec or respiratory arrest, shock, or heart failure. List only one cause of each line. Approximete Interval Between Onset end Death Physician Immediate Cause (Final disease or condition resulting in death) /Medical RESPIRATORY FAIL UNE

Due to (or as a consequence of): Examiner Examiner physician and the burial-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Records, P.O. Box 68760 Physician/Medical Due to (or as a consequenca of): 88 950 P Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1. 23b. Did tobacco usa contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown by PULMONAMY EMBOLI 24b. Were autopsy findings aveilable prior to completion of cause of death? Completed 24a. Was an autopsy certificata 1 ☐ Yes 28 No 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attending Physician:
124 hours after death.
 Funeral Director: After this certific. 25. Was case referred to medicat examiner?
1 ☐ Yes 2 ☑ No Be 28. Place of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA funerai 28a. Date of tnjury (Month, Day Year) Certification: 27. Manner of Deeth 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending investigation 1 SNatural 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the ceuse(s) and manner as stated.

| Medical Examiner: On the best of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated. Medical 29a. Certifier (Check only one) To the I 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year)

30. Name and address of person who completed cause of death (Item 23e) (Type, Print) 6569 N. CHARLES 17.

BATTEMONE, MD. 21204

127730

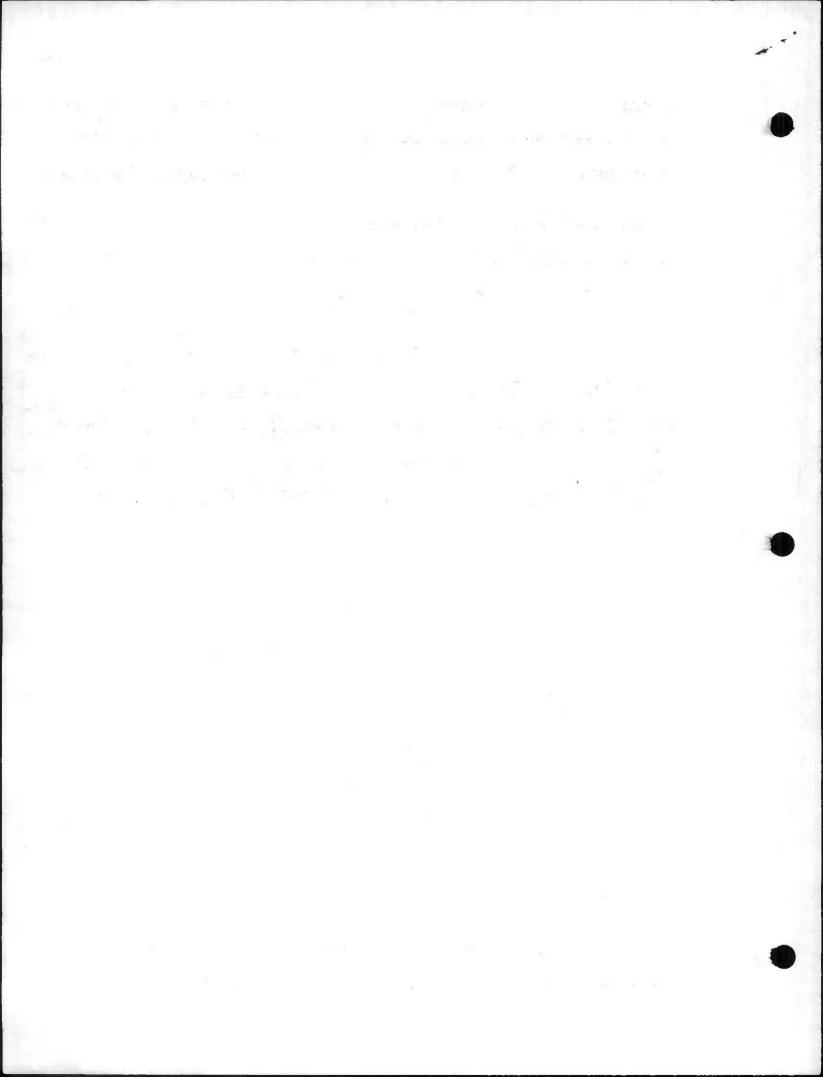
96

State Registrar

31. Date filed (Month, Day, Year)

JUN 1 8 1996

1. 32 Registrar's Signature



DHMH 16 Rev 6/95

State

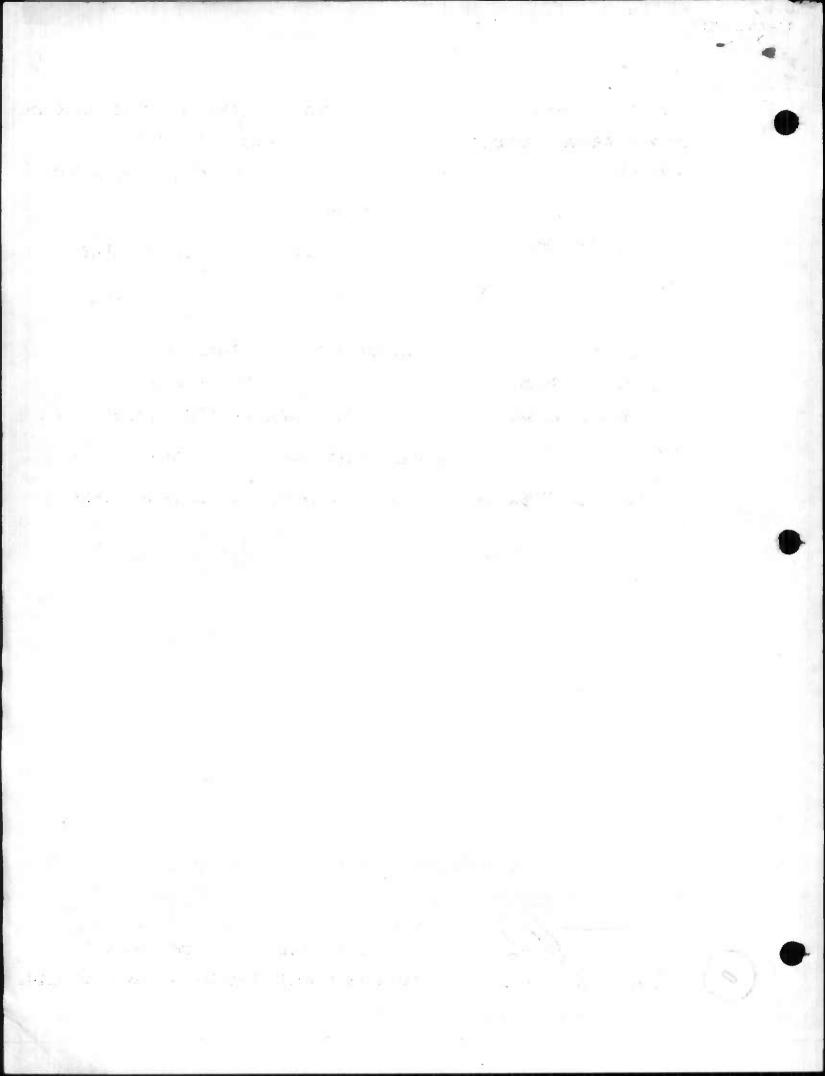
Registrar

31. Date filed (Month, Dey, Year)

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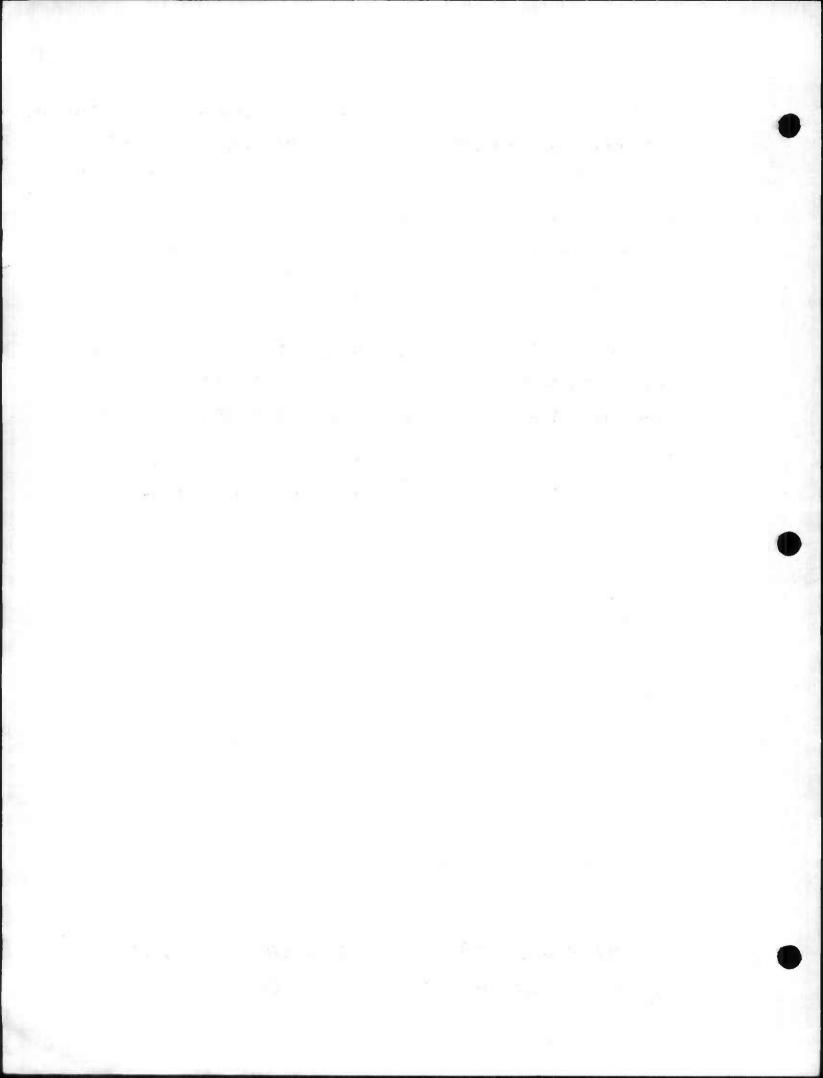
32. Registrar's Signatura

This Davidson-Randalle



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

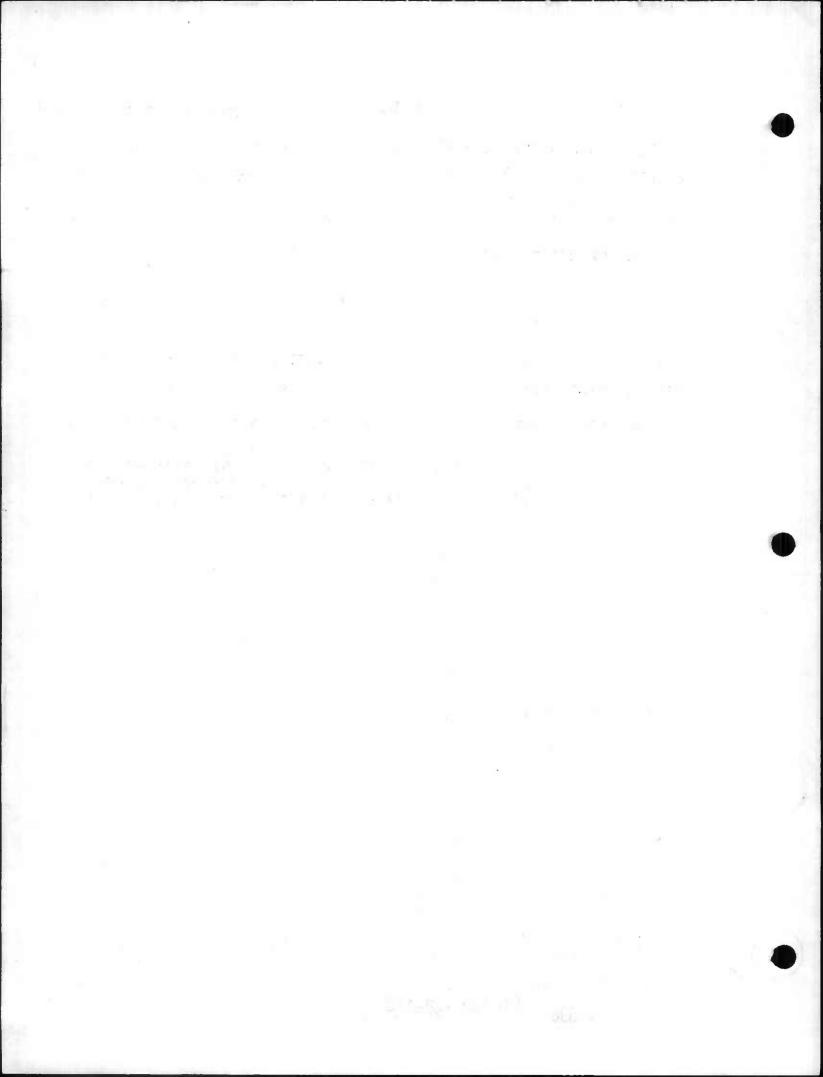
Lm G/3	36	item 18,20c per F  1. Decedent's Name (First, Middle, Las		rja C	ertific	ate of	Death	2. Dete of	Reg. No	).		3. Time of Death
Physiciar		THEODORE	R.		UEAT	HERBE	F	Sr JUNE	De	y 1996	Yeer	5:45 A.M
/Medica xamine		4e. Fecility Neme (If not institution, give			WEAT	HEKDE	4b. City, Town, o	JUNE		. County of	f Death	5:45 A.M
neral ector			7. Age (In	L yrs. lest birthd 3 9 Yrs	Mont	der 1 Year	BALTIMOF If Under 24 Hi Hours Min	s. 8. Date of I	Birth Pearl	907H	n/a 9. Birthpled ALIF	ce (State or Foreig
fled at	tor	Usuel Residence of Decedent  10a. Stete 10b. County  M D n / a		: City, Town o		IMOR	E				10d	I. Inside City Limits
of the north	Funeral Director	10e. Street and Number 814 N. W ASH	INGTON :	STREET	10f.	Zip Code	2121	3	109 CH	TED	net Country	ATES
		11. Meritei Stetus  1 ☐ Never Married → Merried  3 ☐ Widowed 4 ☐ Divorced	12. Wes Decedent Ever Armed Forces? 1 Yes 200 No If Yes, Give Year or Detes:	in U,S.			Hispanic Origin? ( en, Mexican, Pue Specify:	(Specify Yes or larto Rican, etc.)	No-		- American , White, etc BLACK	<b>3</b> .
1	Completed by	15. Decedent's Ed (Specify only highest gra	ucation de completed)	16a. De	ecedent's U	suel Occup	petion during most of w	orkina	16b. K	ind of Buai	iness/Indu	stry
101	ğ.	Elementery/Secondary (0-12) 4 th	Coilege (1-4or 5+)				(ESTPORT		RYL	AND	INDUS	STIAL
		17. Fether's Neme (First, Middle, Last)			271201			eme (First, Mido				
d	lo Be	REDMOND WEATHE	RBEE				- NURS	DE FORE	MAN	Murci	e For	oman
T		19e. Informent's Neme/Reletionship (1 ARTHUR WEATHER	ype, Print) BEE	19b. M 36	elling Addr	ALLOV	And Number of I	NUE, BAL				
		20e. Method of Disposition  1 ☑XBurial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specif)	Removei from State	Db. Pleca of Di cemetery, BALTI	cremetory	or other ple	ce) ETERY	5-19	Balt:	imore	MAR	n, Stete YLAND
Succession		21. Signature of Funerel Servica Lican	000				ass of Fecility	1101	E. N	ORTH	AVE	NUE
an al		23a. Pert1. Enter the disease, or companies shock, or heart failure. List only shock the shock of the shock o		_			ng, such es cardi	ac or respiretory	arrest,		le le	pproximete hterval Between onset and Deeth
er		diseese or condition resulting in death)	e. Aspira	chan		3-1					1	hour
i j	ie l		[nodia	to (or as a cor	sequence	Of):					113	days
Fyaminer	E	Sequentially list conditions,		to (or es e con								wys
		Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	C									
Medical	Med	thet initiated events resulting in deeth) Last	Due f	o (or es e con	sequenca (	of):						
elclan/Madical Evamir	Sician	Pert II. Other significant conditions or	ntributing to death but no	resulting in th	e underlyin	ng cause gi	ven in Pert I.	23b. D	d tobacco	uss conti	ribute to ti	he cause of death'
hy Phyelo								- 11	Yes 2	No 3	3 Probal	bly 4□Unknow
Completed									es an euto rformed?	psy	avelle	autopsy findings able prior to bletion of cause ath?
200	5							10	Yes 2	≥ No	101	res 200No
6		25. Was case referred to medical exeminer?	Hospitei: , ,			04		eeth (Check on)	y one)			
P		1 Yes 2 No	1 Inpetient 28e. Dete of injury	2 ER/Outpe		DUA		Home 5 Re				
Certification:	Cation	1 Deturei 5 Pending 2 Accident investigetion 3 Suicide 6 Could not be	(Month, Day Yea	r) Inju	M M		ry at rk? IYes 2 □ No	28d. Describ				Route Number,
		4 ☐ Homicide determined	28e. Pleca of Injury - building, etc. (Sp	ecify)				City or 1	own, Stete	B)		
edical	ROIDS	29e. Certifier 1 ☐ Certifying Phyone (Check only one)	sician: To the best of my iner: On the basis of exer end menner steted.	knowledge, de nination end/o	eeth occurr r investiget	ed at the ti	me, date end plea opinion, deeth occ	a, end due to the time	e, dete en	) end mans d place, an	ner as state nd due to th	ed. ne cause(s)
Ž	e ( )	29b. Signeture end title of certifier  Buladur	m mp			29c. Licens				1	(Month, De	y, Year)
1		30. Neme end eddress of person who o	ompleted cause of deeth	(item 23a) (Ty	pe, Print)	22	5628 Balb		215	1. 1		
State		Darry Wallman  31. Dete filed (Mapth; Den Yeer)	32 Registrar's S	igneture	Ppt	24	, vain	me '	212.	51		



#### Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

		Certificate of Death	Reg. No.	
Physician /Medical	Decedant's Name (First, Middla, Last)     BERTHA	WRIGHT	2. Data of Death	aar 1 A
Examiner Funeral Director	4a. Facility Name (If not institution, give street and number)  3208 MASSACHUESETTS AVE 5. Sociel Security Number 6. Sax 7. Aga (In yrs.  243-16-8149 10 M XXF 92  Usual Residence of Decedant	BAL		
with the Maryland a or 28a-f show be notified at		ty, Town or Location BALTO		10d. Insida City Limits 1 ŽXYas 2 ☐ No
s 23s or 2 rust be no	3208 MASSACHUSETTS AVE	101. Zip Coda 21229	10g. Chizen of Wha	Α.
ours efter death verifier or items 234	11. Marital Status  1 □ Never Merried 2 □ Merried  3 ☒ Widowed 4 □ Divorced  12. Was Dacadent Ever in U Armed Forcas?  1 □ Yas 2 ☒ No ff Yes, Give Year or Datas:	J.S. 13. Was Dacedent of Hispanic Origin? (If Yes, specify Cuban, Mexican, Pue) 1 □ Yes 2 □ No Specify:		American Indian, White, etc. BLACK
ould be filed within 72 hours efter death with the Maryland Mertel Hygiene. Martel bygiene. And there has "natural", or items 23a or 28a-4 show after other than "natural", or items 23a or 28a-4 show after event, the Medical Examiner must be notified at To Be Completed by Funeral Director	15. Decedent's Education (Specify only highast grada complated)  Elamantary/Secondary (0-12)  17. Famer's Nema (First, Middla, Last)  RICHARD MIDDLETON		a Do D E GIV	-60
permit. Peges 1 and 2 should be Deperturent of Health and Muster important: If tem 27 is marked any injury or other traumetic events.	1X Burial 2 Cramation 3 Ramoval from State	19b. Malling Addrass (Street and Number or F 3 2 0 8 MASSACHUSETT  Place of Disposition (Nama of cemetary, cramatory or other place)  BUTUS MEM CEM 1  22. Nama and Addrass of FecilibBE  11 2 9 N • CAROLIN	S AVE BALTO, MD Data 20c. Location - Cit JUNE 4, 96 ARBUTUS TTS FUNERAL HO	21229 By or Town, Stata , MD ME
h certificate be executed with and line as the burial-transit use as the burial-transit use as the burial-transit with any Medical Examiner	Sequentially list conditions, if any, laeding to immediate cause. Enter Undertying Cause (Diseasa or Injury	or as a consequence of):  or es a consequence of):  or es a consequence of):  or es e consequence of):	ec or raspiratory arrest,	Approximate Interval Between Onset and Death  (o MOS  3 YVC
ed by the attended for undeteched for undeteched for undeteched for undeteched for undetection.	Pert II. Other eignificant conditions contributing to death but not ras	sulting In tha underlying cause given In Pert I.	23b. Did tobacco use contri 1 Yes 2 No 3	11
rate has been signed by the atterprace page 2 should be deteched for Completed by Physicial	hypertension		24a. Was an eutopsy performad?	24b. Ware eutopsy findings available prior to completion of cause of death?
ysiclan: is certific director,		ER/Outpatient 3 DOA Other: 4 Nursing		1 ☐ Yes 2 ☐ No
f or Attending I after death. Director: After d in by the funer ertification.	27. Manner of Déath  1 Natural  2 Accident  3 Sulcida  4 Homicida  28a. Data of Injury (Month, Day Year)  1 Natural  5 Pending 1 Invastigation 28a. Placa of Injury - At he building, atc. (Specification)	28b. Time ot Injury at Work?  M 1 Yas 2 No oma, ferm, streat, factory, offica  y)	28d. Dascribe how injury occurred  28f. Location (Street and Number of City or Town, Stata)	or Rural Route Number,
Within 24 hours after deat within 24 hours after deat To the Funeral Director: completely filled in by the Medical Certifica	29a. Certiflar (Check only one)  Certifying Physician: To the best of my kno 2 Medical Examiner: On the basis of axamine and menner steted.  29b. Signeture end titla of cartifler	owledga, death occurred at the time, date and place etion and/or Invastigation, in my opinion, daath occ	ce, and dua to the causa(s) and mann- curred at the time, data and plece, and	due to tha causa(s)
State	30. Nama and address of parson who computed cause of death then 30 1. Data filad (Month, Day, Year)  JUN 1 8 1996	D 2639  10 20 B + 41	03 Baltim	ore Md



96- 96- ML	2977- ITEMS:	8.	ITEMS: 23 PART I, 2 Please  10e,19b, PER FLH. FILM //96 t.t		and / Depa		Health and I	Mental Hyg	giene 9	ble.
		, 10	Decedent's Neme (First, Middle, Last	")	O G	illicate of	Dealli	2. Dete of Dee	Reg. No.	3. Time of Death
	Physici /Medi		CHARLENE		W	ILLIAMS		JUNE	0°2 19	996 12:45 PM
	Examir		4e. Fecility Neme (If not institution, give 841 MOUNT HO		, स्त		4b. City, Town, or I BALTIM		4c. County	of Deeth
	Funeral		5. Social Security Number 6. Se	x 7. Age (In	yrs. last birthdey)	If Under 1 Yeer				9. Birtholeca (State or Foreign
	Director		216-73-7611 1D	DM 2□ ₹ 28	Yrs.	Months Deys	Hours Min.	8. Dete of Birth (Month, 5 July 7		9. Birthpleca (Stete or Foreign Country) Haryland
	show	4	10e. Stete 10b. County	10c	City, Town or Lo	ocation				10d. Inside City Limits
	28.4 monthle	Funeral Director	maryland N/A		Balti	10f. Zlp Code			On Obliner of M	1 Yes 2 No
	100	ğ	3419 3492 Woodland	2422112		2121	5		10g. Citizen of V	
	items 2:	nera	11. Meritel Stetus	12. Wes Decedent Ever	in U,S. 13.		) Hispenic Origin? (S en, Mexican, Puert	pecify Yes or No-	USA 14. Rac	e - American Indien,
020	urs aner death with the Marya al', or thems 23a or 28a-f sho Example must be notified at	by	1 Never Merried 2 Merried 3 Widowed 4 Divorced	Armed Forces?  1  Yes 2 No If Yes, Give Yeer or Detes:		1 Yes, specify Cub 1 Yes 2 XNo		o Hican, etc.)	Specify	* Black
Maryland 21215-0020	De nied within 72 nouts after dean with the Maryland half Hygiene. Ital Hygiene. d other then "natural", or items 23s or 28s-f show evert, the Medical Examinal must be notified a	Completed	15. Decedent's Edu (Specify only highest grad Elementery/Secondery (0-12)	cation le completed) College (1-4or 5+)	18e. Dece (Give life.	dent's Usuel Occup kind of work done DO NOT use retire	pation during most of world)	king	16b. Kind of Bu	usiness/industry
12	tai Hygiene. d other then event, the M	Con	10th		Dome	stic			N/A	
and	and Mental Hygiene. Is marked other then sumatic event, the Mental	Be	17. Fether's Neme (First, Middle, Last)	1 3				ne (First, Middle,		90)
ly i	o z should th and Men 7 is marke traumatic	To	Charles W. Will  19e. Informent's Neme/Reletionship (7)		19b. Meilir	ng Address (Street	t and Number or Ru	ie Whet	r. City or Town.	State, Zip Code)
	a C a B		Carrie Williams	s/ Mother	3419	2 Wood	land Av	enue E	altimo	ore, Md. 2121
e e	2 7 2 0		20e. Method of Disposition  1 Burlel 2 Cremetion 3 F	20 Removed from State	b. Plece of Dispo cemetery, crer	osition (Neme of metory or other ple	oce)	Dete	20c. Location -	City or Town, Stete
altimore,	tment tant:		4 ☐ Donation 5 ☐ Other (Specify)			ls Hem.		11/96	Baltim	nore, rd.
Bal	Department of Important: If any injury or once.		21. Signature of Funerei Service Licans	00		2. Name end Addre nitv Fu	ess of Fecility neral H	one		
	-0		23s Puly. Enter the disease, or complete of the complete of th	ications thet caused the ne ceuse on each line	1	N W 80	orth Av	enue P	salto.	Approximete Interval Between Onset and Death
	hysician /Medical xaminer		Immediate Cause (Final disease or condition resulting in deeth)	NO ANATOMIC	OR TOXICO	LOGIC CAUSE	E OF DEATH			Oriset and Death
		miner	resoluting in deeptr)	Due	to (or as e consec	quence of):				
o,	an and riel-transit	Еха	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	b. Due t	to (or es e consec	quence ot):				
. Box 68760,	physician and the burief-fra	Physician/Medical	cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest	c. Due t	o (or es e conseq	juence of):				
Box 6	attending   for use as	√Me	L.	d						
Ø å	e atte	sicial	Pert II. Other significant conditions cor	ntributing to death but not	resuiting in the u	nderiving cause of	ven in Pert I	23b. Did to	obacco use cor	ntribute to the cause of death?
P.0	igned by the	by Phys		2	, sooning in and a				/ss 2□ No	
of Vital Records, P.O	has been sig	Completed						24e. Was a perfor	an autopsy med?	24b. Were autopsy findings eveileble prior to completion of cause of death?
E 5	page page	Com						15€1	es 2□No	19 Yes 2□ No
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0	this rail di	1: 70	1 No 2 No 1 No 27. Manner of Deeth	1 L Inpatient	2 ER/Outpatier	II 3D DOA		ome 5 Resid		er (Specify)SCENE
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Hoenftel	Funeral Funeral tely fille	edical C	29e. Certifier (Check only one)  1 Certifying Physical Examination (Check only one)	sictan: To the best of my ner: On the basis of exam	knowledge, death	n occurred et the ti	me, date end place opinion, death occu	, and due to the o	ause(s) and ma	inner as stated.
4	within To the	Me	29b. Signeture end title of certifier	0///		29c. Licens	se number	1	29d. Date signed	d (Month, Dey, Year)
<b>B</b>			• 8	J'LL		0.8	K.M.E.		JUNE 0	3,1996
	0)		30. Neme and eddress of person who co	~ 1:	11 Penn	Street	t, Balti	more,	Maryla	nd 21201
	Sta	te	31. Dete filed (Month, Dey, Year)  JUN 1 8 199	6 July White	gnature .	.0				

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State of Maryland / Department of Health and Mental Hygiene

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Examiner		la. Facility Neme (If not institution		. ,	1 1		4b. City, Town,	, or Location of Dea	h 4c. Count	ty of Deeth										
		Good SAN	ARITAN	AN Hospital Ba			Baltim	1028		ltimor	e									
Funeral Director	1	5. Social Security Number 190–22–4454	6. Sex 1 □ M 2 □ F				Yaar If Under 24 Days Hours I	Min. 8. Date of B	rth ey, Year) 9-29	9. Birthpleca (Stete Country)										
	-	Usuel Residence of Decedent				/														
a-f show		10a. Stete 10b. County MD Balt		own or Location 10d. Inside City Limits sectable 1 □ Yes ★																
rns 23a or 28a-f show rmust be notified at		10e. Street end Number 8405 Rocky Mount Rd.				10f. Zip C	ode 21237		10g. Citizan of What Country? USA											
P. Fu	ed by rules	11. Maritel Stetus  1 Never Merriad 2 Maritel  3 Widowed 4 Divorced	Armed Ford  1 Yes 2  If Yes, Give	12. Wes Decedant Evar in U,S. Armed Forces? 1 □ Yes 2 ☑ No If Yes, Give Yaar or Dates:		3. Wes Decede If Yas, specif	nt of Hispanic Origin' Cuben, Mexican, P No Specify:	? (Specify Yas or N ruarto Rican, atc.)		. Race - Amarican Indian, Block, White, etc. pocify: white										
the Medical Exponential Completed by		15. Deceden	's Education	College (1-4or 5+)		cedent's Usuel	Occupation		16b. Kind of E	16b. Kind of Business/Industry										
D e		(Specify only higher				ive kind of work a. DO NOT use	done during most of retired)	working												
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d other avent, Be C	0 0	17. Father's Neme (First, Middla,						Name (First, Middle	, Meiden Sume											
cav cav		Warren M. He	aton	son			Ann	ie F. (ur	k.)											
PER		19e. Informent's Neme/Relations Paul H. Will		er or Rural Route Number, City or Town, State, Zip Code) t Rd. Baltimore, MD 21237																
Head	1	20a. Method of Disposition		20b. I	Plece of Dis	sposition (Neme	of	Data	20c. Location	- City or To	own. Stete									
Department of Health a Important: if Item 27 la any Injury or other tra once.		1 ☐ Burlel 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (S	pecify)	Ramovel from Stete Ceme		etery, cremetory or other place) etra Crematary		6-13-96	20c. Location - City or Town, State Catonsville, MD											
Departmen Important: any Injury once.		21. Signatura of Funeral Servica	Funeral H e. Baltim	ome	D 24.	237														
	+	23e. Pert1. Enter the diseese, or	complications that an	used the deal	h Do not e					0 212										
nysician		shock, or heert feilure. List	only one cause on ea	oh like.			,				Approximete Interval Betwee Onsat end Dea									
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within 24 hours to the Funeral I completely filled		29a. Cartifier  (Check only one)  (Check only on																		
within 2 To the		29b. Signeture and title of dentille	5551116	d		29c. l	lcensa number		29d. Deta signed (Month, Dey, Year)											
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( )	1	0. Neme and address of person	who completed cause	of deeth (Iter	n 23e) (Typ	e, Print)	- 11-		7.											
		CHARLES	V: Sta	SCH	W.	0,97	12 BERD	N NO; B	10.10 N	40 2	1736									
State	3	11. Date filed (Month Date Year)	gulia Dasido	millosin	A STATE OF THE STA			,												

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State of Maryland / Department of Health and Mental Hygiene 96 17984

	•					Certificate	9 01	Death			Reg. No.			301	
	Physician /Medical Examiner		1. Decedant's Nama (First, Middla, Last)							2. Data of Death 3. Tima				ima of Death	
			ANDREW WEIN SR.									Day Yaar 15 1996		8:50 PM	
			4a. Facility Nama (If not institution, g					4b. City, To	wn, or L	JUNE ocation of Dea		ounty of Deal		JU FM	
(0)	Funeral	1101	318 OAK MANOR DRIVE GLEN BU							DNTE	ANIN	E ARUN	IDEI		
					ga (In yrs. last bi	rthday) If Undar		r   If Undar						Stata or Foreign	
	Director		219-28-9533 Usual Rasidance of Dacedant	1XIM 2DF	65	Yrs. Months	Days	Hours	Min.	(Month, Di 12/13)	sta of Birth 9. Birthplace (Stata or Foreign Country)  13/30 MARYLAND				
	show		10a. Stata 10b. County		10c. City, Tow	m or Location							10d. Ins	sida City Limits	
	Maryland 21215-0020 nd 2 should be filed within 72 hours after deeth with the M lith and Mental Hygiane. 27 is marked other than "natural", or items 23a or 23s-f r traumatic event, the Medical Examiner must be nortified.	Director	MARYLAND ANNE ARI	UNDEL	GLEN	BURNIE	Onda				40			Yas 2 XNo	
										10g. Citizen of What Country? U.S.A.					
		Funeral	11. Marital Status  12. Was Decedant Evar In U,S. Armad Forces?  13. Was Dacedant of Hispanic Origin? If Yas, specify Cuban, Maxican, Pu						Igin? (Sp	ecify Yas or N	o- 14. Race - Amarican Indian, Black, White, atc.				
020		by	1 Navar Married 2 Married 1XI Yas 2 No 1953 - If Yas, Giva Yaar or Datas: 1955					, riodii, ato.,		Specify: WHITE					
215-0		Completed	(Specify only highast g	15. Decedant's Education (Specify only highast grada complated)			16a. Decedant's Usuai Occupation (Giva kind of work dona during most of work lifa. DO NOT usa retired)				16b. Kind	16b. Kind of Businass/Industry			
212		E	Elamantary/Secondary (0-12) Collaga (1-4or 5+)  8 NONE LABORER						MTLLTNG						
			17. Fathar's Nama (First, Middla, Last)  18. Mothar's Nama (First, Middla, Maidan Suman						THE REAL PROPERTY.	HURLAND TO THE PARTY OF THE PAR					
au		To Be	JOHN HOWARD WEH	V				COR	Δ FI	IZABETH	I WATE	TNS			
7		1	19a. Informant's Name/Ralationship		191	. Malling Addrass	(Stras						in Code	)	
			MARLENE SUSAN W			.8 OAK MA							061		
of Hear		20a. Mathod of Disposition			f Disposition (Nam	a of	ace)		Data		tion - City or				
Ĕ	DSINIMOFE, permit. Peges 1 e Department of Hee Important: if item any injury or othe		1 Burlal 2 Cramation 3 Ramoval from Stata 4 Donation 5 Othar (Specify)  Cematary, cramatory or othar place)  CHESAPEAKE CREMATORY  6/18/1996  BELTSVILLI									, MA	ARYLAND		
Ö			21. Signatura of Funaral Sarvice Lice	ensaa		22. Nama and	d Add	rass of Facili	ty						
D			SINGLETON FUNERAL HOME  1 SECOND AVE. S.W., GLEN BURNIE, MD 21061										06.1		
	Physician		23a. Part1. Entar tha disaasa, or cor	nplications that	tha daath. Do	not antar tha mode	a of dy	ing, such as	cerdiac	or raspiratory	arrast,	HD CH			
			23a. Part1. Entar tha disaasa, or complications that crused tha death. Do not antar tha mode of dying, such as cerdiac or respiratory arrast, shock, or heart failure. List only one cause of any line.  Approximate Interval Between Onset and Death												
	/Medical		Immadlata Causa (Final disaasa or condition a. Candrogenie Shuzk												
	artificate be executed with the buriel-transit estimates the buriel-transit estimates.		disease or condition rasulting in death)  Due to (or 4s a consequence of):										DMA		
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		Examiner	Sequentially list conditions	b				N	DX	vesc	,	1	17	MINES	
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Sing entifi	Medical	rasulting In death) Last  Dua to (or as a consequence of):													
. 50	death considered for us	by Physician	Part II. Other significant conditions	contributing to death b	ut not resulting l	n the undertylng ce	alisa o	ivan In Part	1	23b. Did	tobacco u	e contributa	to the c	ause of death?	
5	hyalclan: The lew requires that the his certificate has been signed by the director, page 2 should be detech		Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.							23b. Did tobacco use contribute to the cause of death?  1  Yes 2 No 3 Probably 4 Unknown					
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necords,		Completed !	Stress	Vlan	/			/			an autopsy ormed?		vallabla completion	on of causa	
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5			27. Mannar of Death 28a. Data of Injury 28b. Time of 28c. Injury at 28								28d. Dascribe how Injury occurred				
5	or Attending I after death. Director: After I in by the fune		1 Manural 5 Panding (Month, Day Year) Injury Work? 2 □ Accidant invastigation M 1 □ Yas 2 □ No												
			3 ☐ Suicida 6 ☐ Could not datarmina	Zoa. Place of Inj	ury - At homa, fa	ırm, straat, factory,	office	•		28f. Location	(Straat and i	Num <i>ber or R</i> u	ral Rout	a Number,	
5	a 24 hours a 24 hours betaly fill	Certification:	4   Homologa	building, at	c. (Spacify)					City or 10	WII, SIEIE)				
		edical (	29a. Cartifiar (Check only one)  1. Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated.										eusa(s)		
		Me	29b. Signatura and titla of certifiar 29c. Licansa number							T	29d. Data signed (Month, Day, Year)				
			PHOPAP niggy						,						
			30. Nama and addrass of person who	completed source of	leath (Itam 1924)	(Tuna Belat)	//	88	25	>	120	e //		78	
			A Stead and address of person with	I PAN	1/55)5	190, FIIII)	1	n.t.	1:	, Ha	, c	1	10	7101	
	Sta	ite	31. Data filed (Month, Day, Year)	32. Registr	ar's Signatura	1 3 /	0 1	2110	nie	77.9	70	2 30		2100	
	Registr	ar	JUN 1 8 1996	gua par	Son-North					,					

#### Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death -Month **Physician** W0005 HARLES 11 1996 7:36 AM /Medical 4a. Facility Name (If not institution, give street and number)
Washington Adventist Hospital 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 7600 Takoma Park Maryland Montgomery 7. Age (In yrs. lest birthdey) If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Year) 5. Sociel Security Number Birthplace (State or Foreign Country) **Funeral** 1 2 M 2 □ F 58 Yrs. 577-52-4995 Director 6/23/38 Newton, N.C. Usual Residence of Decedent 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits ir than "natural", or Items 23a or 28a-f show the Wedical Examiner must be notified at 1 Yes 2 □ No Directo MD. Washington D.C. 10e. Sfreet and Number 10f. Zip Code 10g. Citizen of What Country? with 320 Oneida Street N.E 20011 U.S Funeral death 12. Was Decedent Ever In U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Rece - American Indian, Black, White, etc. e filed within 72 hours after al Hygiene. other than "natural", or ite 1 ☐ Yes 2X No If Yes, Give Year or Detes: 1 Never Merried 2 Married Maryland 21215-0020 1 ☐ Yes 2 ☐ No þ Specify: Black 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Coilege (1-4or 5+) N/A Elementery/Secondary (0-12) 12th Chef Food Services permit. Pages 1 and 2 should be filed Department of Health and Mental Hyg Important: If Item 27 is marked other any Injury or other traumatic event, 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be 2 Roscoe Gaither Josephine Woods 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Sadie Woods (Wife) 320 Oneida St. N.E 20011 Washington, D.C Baltimore, 20b. Piace of Disposition (Name of 20c. Location - City or Town, State 20a. Method of Disposition cemetery, crematory or other place)
Fort Lincoln 1 Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 6/15/96 Washington, D.C Cemetery. Name and Address of Facility 21. Signature of Funeral Service Licensee Konald O Grayow

Tri-State Funeral Services Inc.

23a. Part1. Enter the disease, or complications thef caused the death. Do not enter the mode of dying, such es cardiac or respiretory errest, Approximate Interval Between Onset and Death Physician & CARBINE ARREST Medical / tmmediate Cause (Finei disease or condition resulting in deeth) Examiner Due to (or es e consequence of): Examine CONFASTNE HEART FAILURE the death certificate be executed Sequentielly list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lasf and Due to (or es e consequence of): Box 68760. CARBIOMYOPATHY physician Physician/Medical the Due to (or es e consequence of) MILLO UNSCULAR DISENSE Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? Records, P.O. signed by 1 ☐ Yea 2 ☐ No 3 ☐ Probably 4 ☐ Vonknown UNIMINOUED LONGTERM DIABERS MELLINS by 24b. Were sutopsy findings available prior to completion of ceuse of death? 24a. Was an eutopsy performed? Completed ENDSTALE RENAL DISEASE 2 CHIANUSIS OF LINER WHA AScitAS PANERS INSTRUMY 10 YES 20 NO 2 1 ☐ Yes 2 No Vital Be 25. Was cese referred to medical examiner? 28. Place of Death (Check only one) Hospital: 1 Minpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 10 1 Yes 2 No Division of # 27. Msnner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred Certification: After 5 Pending investigation Attending 1 Natural death. 1 Yes 2 No 2 Accident or Attend sher death Director: / 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide To the Hospital of within 24 hours a Yo the Funeral D edical 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) and menner as stated. 29a. Certifier (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred et the time, date end place, and due to the cause(s) and manner stated. 29b. Signature and title of certified 29c. License number 29d. Date signed (Month, Dey, Year) Q 30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print) 7610 TARROL AVE #310 TAKOMA PARA, MD 20912 KELIUSUS BAMIS MS 31. Date filed (Month, Day, Year)
JUN 1 8 1996 1 1. Registrar englature State Registrar

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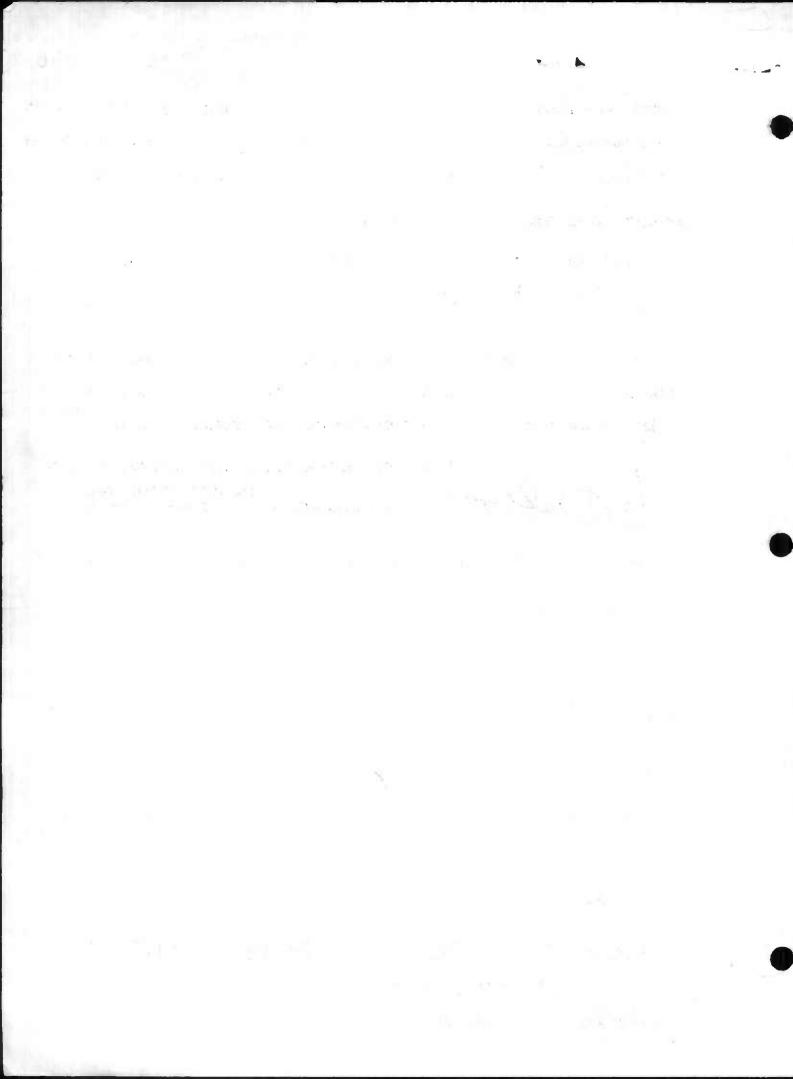
Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. \_ State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** 11:10 AM HOMER JAMES YOUNG JUNE 1996 /Medical 4e. Facility Nama (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 602 OAKWOOD RD. GLEN BURNIE ANNE ARUNDEL COUNTY H Undar 1 Year If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) 5/26/20 5. Sociel Security Number 7. Age (In vrs. last birthday) 9. Birthplaca (State or Foreign **Funeral** 1X M 2□ F Months Yrs. TENNESSEE 408-22-8696 Director 76 Usuel Rasidence of Decedant with the Manyland 10a. Stata 10b. County 10c. City. Town or Location 10d. Insida City Limits man be notified at 1 Yas 2 ANO Director MARYLAND ANNE ARUNDEL GLEN BURNIE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 602 OAKWOOD RD. death Funeral 21061 U.S.A. r then "natural", or Items : the Medical Examiner ma 12. Wes Dacedent Evar In U.S. Armed Forces? 1 Yes 2 No 1943 If Yas, Giva Yaar or Datas: 1946 Was Decedant of Hispanic Origin? (Specity Yas or No-if Yas, specify Cuban, Mexican, Puarto Rican, atc.) Rece - Amaricen Indian, Black, Whita, etc. 11. Meritel Status filed within 72 hours after 1 Never Merried 2 Married altimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: þ Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Business/industry I Hygiene. Elamantary/Secondary (0-12) Collaga (1-4or 5+) NONE GENERAL MOTORS PLANT TRAINER other 17. Fathar's Name (First Middle Last) 18. Mothar's Nema (First, Middle, Maiden Sumeme) . Pages 1 and 2 should be fill ment of Health and Mental Hant: If Item 27 is marked oth jury or other traumatic even Be YOUNG ANDERSON MILLARD MARTHA 19a. Informant's Neme/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) JANET YOUNG (WIFE) 602 OAKWOOD RD., GLEN BURNIE, MD 21061 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stete 1 Burial 2 Cremation 3 Ramovel from Stata permit. Page Department of Important: If any Injury or once. 4 ☐ Donation 5 ☐ Othar (Specify) MEADOWRIDGE MEMORIAL PK. 6/18/96 ELKRIDGE, MARYLAND 21. Signatur of Funeral Service Licensee 22. Neme end Addrass of Facility SINGLETON FUNERAL HOME 1 SECOND AVE. S.W., GLEN BURNIE, MD 21061 or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, List only one cause on each line. Approximate Intervel Between Onset and Death **Physician** /Medical Immediata Cause (Finel Metastatic prostate concer was disaasa or condition rasulting in death) Examiner Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disaasa or Injury that initiated evants rasuiting in death) Last physician and the burial-tran Dua to (or as a consequence of): that the death certificate be Physician/Medical Dua to (or es e consequance of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown Head + new cancer 24b. Wara eutopsy lindings available prior to completion of cause of death? Completed 24a. Was an eutopsy periormed? peen certificate has 1 Yas 200 No Division of Vital 25. Was cesa rafarred to medicel axaminar? Be 26. Placa of Death (Check only one) Other: 4 Nursing Homa 5 Residence 8 Other (Specify) No Me 1 Yas 2 No Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 2 this funeral 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred Certification: (hospice) 1 Natural 5 Panding Invastigation I or Attending s after death. 1 Yas 2 No 2 Accident 3 Suicide 6 Could not be determined 28a. Place of Injury - At homa, farm, straet, fectory, office building, atc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) in by 4 Homicida Hospital c 24 hours 1 Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifier To the Hosp To the Fune completely fil Medical 29b. Signature end titla of certifiar 29c. Licansa number 29d. Date, signed (Month, Dey, Year) 30. Neme and eddrass of person who complated couse of death (Itam 23a) (Type, Print)

Pasadera, Mo

State Registrar 31. Data filed (Month, Dev. Year) 32. Registrar's Signatura the Stidson-Randese

8028 Ritchiethy

JUN 1 8 1996



State of Maryland / Department of Health and Mental Hygiene 9 5 17987

					Cer	tificate d	of Death		Reg. No.		1301
Physic	ian	Decedent's Neme (First, Middle, L	•					2. Dete of De	eth Dey	Yeer	3. Time of Deeth
/Medi		DORIS MAY AHA					-	Vune		1996	5:55
Exami	ner	4e. Facility Name (If not institution, g Washington Cour	The state of the s	1			4b. City, Town, or I Hagerstow			of Death ington	
Funeral		Social Security Number 6.	Sex 7. Ag	e (In yrs. lest		If Under 1 Ye	ear If Under 24 Hrs.	8. Dete of Bir	th Vegr)	9. Birthple	ce (Stete or Foreign
Director		215–26–8126 Usuel Residence of Decedent	<sup>1□ M</sup> <sup>2</sup> √ F 65		Yrs.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Decembe	er 29,19	30 Ma	ryland
yend wo		10a. Stete 10b. County		10c. City, To	own or Loc	cation				100	d. Inside City Limits
Man	tor	Maryland Washir	ngton	На	gerst	cown					Yes 2□ No
or 28	J'rec	10e. Street end Number				10f. Zip Coo	le		10g. Citizen of	Whet Country	y?
23a	Funeral Director	65 Manor Drive				21	742		U.S.A.		
er de	nue	11. Meritel Stetus	12. Wes Decedent I Armed Forces?		13. W	Ves Decedent Yes, specify (	of Hispenic Origin? (S Suben, Mexican, Puert	pecify Yes or No o Rican, etc.)	- 14. Red Ble	ce - American	
permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f ahow any follury or other traumatic event, the Madical Examine that the inclined at ance.	by	1 ☐ Never Merried 2 ☐ Merried 3 ☐ Widowed 4 🖾 Divorced	1 ☐ Yes 2 ☐ 4 If Yes, Give Yeer or Dates:	No.	1	☐ Yes 2 🛣	No Specify:		Specify	w Wh	ite
72 ho	eted	15. Decedent's I (Specify only highest g	Education	-10	6a. Deced	ent's Usuel Oc	cupation	kina	16b. Kind of B	usiness/Indu	stry
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2 should and Men a marke	-	19e. fnforment's Neme/Reletionship	(Type, Print)	1	9b. Meilin	g Address (Str	reet end Number or Ru	ral Route Numb	er, City or Town,		
1 end 2 Health 3 em 27 ls ther tra		Crystal A. James	/ Daughte:	r	17507	Taylo	rs Landing	Road Sh	narpsbur	g, Md.	21782
of He		20e. Method of Disposition 1 ☑ Burlal 2 ☐ Cremetion 3	Domewal from State	20b. Plece ceme	of Dispos	ition (Neme of etory or other	f plece)	Dete	20c. Location -	City or Town	n, Stete
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permit. Pag Department Important; I any injury o		21. Signature of Funeral Service Lice	ensee			_	Idress of Fecility		T		
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		23a. Part1. Enter the disease, or con shock, or heart failure. List onl	mplications that caused y one cause on each lir	the deeth. D	o not ente	r the mode of	dylng, such es cardiec	or respiratory e	rrest,	A	Approximete ntervai Between
hysician						20				9	Onset end Deeth
/Medical Examiner		Immediate Cause (Final disease or condition resulting in deeth)	e. Se	stio	zen	P				1	Jayp
- 10	ē		P	ue to (or es	e consequ	uence of):					
dansit	Examiner	Cognostially list conditions	b. N.D	Due to (or es	M19	lence of):					week
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me requires that the beatt bertilibere be exactled the has been signed by the attending physician and page 2 should be detached for use as the burial-transit								24e. Wes	en eutopsy		e autopsy findings lable prior to
hes be	pje							pono		comp of de	pletion of cause
	Completed							10	Yes 210 No	101	Yes 2□ No
this certificate	Be (	25. Wes case referred to medical examiner?					26. Place of Dee	th (Check only o	ne)		
7 7	2	1 Yes 2 No	Hospitel:		Outpetient	3LI DOA		ome 5 Resid			
a figure	lon:	27. Menner of Deeth 1 ☑-Neturei 5 ☐ Pending	28e. Dete of Injur (Month, De)	Year) 28t	. Time of Injury		njury at Work?	28d. Describe I	now Injury occur	red	
or death. ector: After by the june	licat	2 Accident investigation 3 Suicide 8 Could not	be as started	ny - At home	form etro		I □ Yes 2 □ No	28f Location (	Street and Numb	ner or Rural (	Poute Number
after death.  Director: After to in by the innerse	Certification:	4 ☐ Homicide determine	building, etc	. (Specify)	ieini, siie	et, lactory, offi	Ce	City or To	vn, Stete)	er or nurar r	noute maniber,
24 hours after Funeral Dir stely filled in	- 1	29e. Certifier 1 Certifying P	hysician: To the best o	f my knowled	ge, deeth	occurred et the	e time, dete end plece	, end due to the	ceuse(s) end me	anner as stat	led.
within 24 hours after death To the Funeral Director: A completely filled in by the i	edical	(Check only 2 Medical Exa	miner: On the basis of end menner sta	exeminetion :	end/or Inve	estigetion, In m	ny opinion, deeth occu	rred et the time,	dete end pleca,	end due to the	ne ceuse(s)
within To the comple	Σ	29b. Signature end title of certifler	0.			29c. Lic	ense number		29d. Dete signe	d (Month, De	ay, Year)
			luced	cul		1	21457		6/2/	96	
		30. Name and address of person who	completed cause of de	eth (Item 23	-	(4)	1111	Ave. k	11000	7.	. 440
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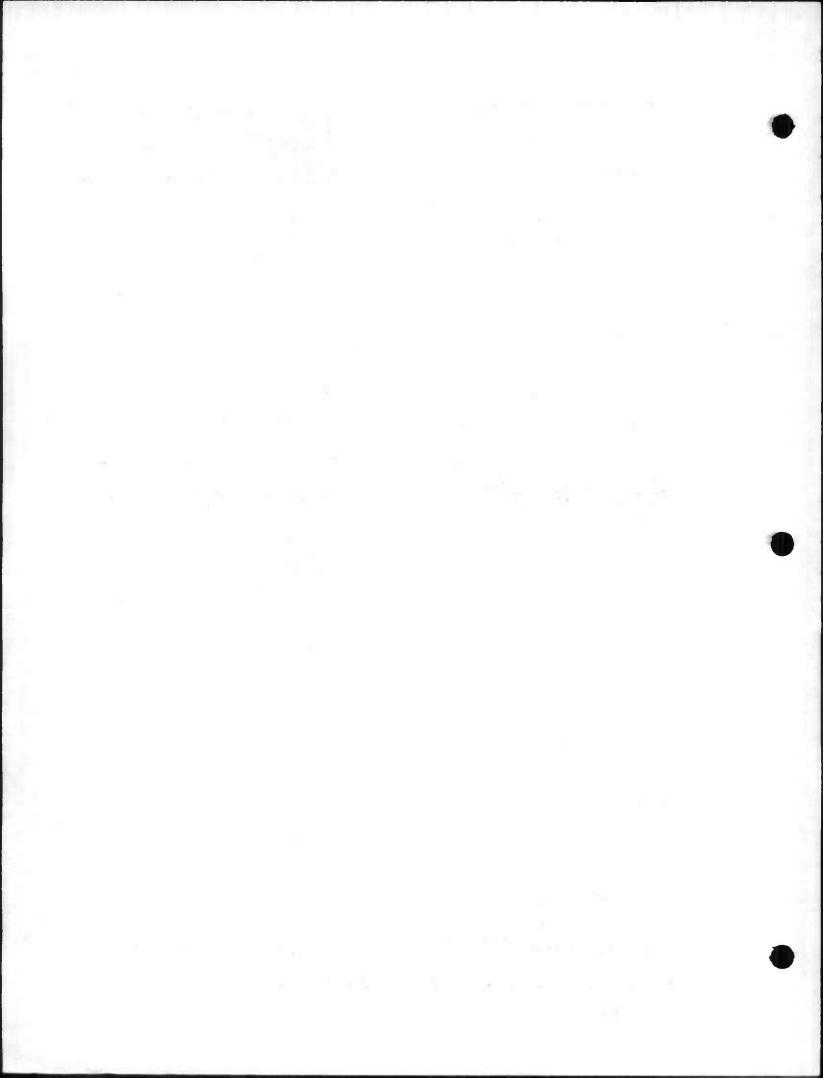
State of Maryland / Department of Health and Mental Hygiene

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nd 21215-0020	permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Health and Mentel Hygiene. Important: if itsm 27 is marked other than "natural", or itsms 23s or 28s-f show point any injury or other traumstic event, the Medical Examiner must be notified at one in the model.	To De Commission has Emeral Discount of of of
Baltimore, Maryland 21215-0020	permit. Pages 1 and 2 should be filed within Department of Health and Mentel Hygiene. Important: If item 27 is marked other than any injury or other traumatic event, Item ADES.	9 01

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death **Physician** Month Year 22 Ethel Marion Allender pm 25 1996 May 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Daath 4c. County of Death FREDERICK
If Undar 24 Hrs.
Hours Min. HOMEWOOD RETIREMENT HOME If Undar 1 Yaar 5. Social Sacurity Number 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplaca (Stata or Foraign Country) Days 1 M 2 F 89 214-07-2869 Yes JAN 16 1907 PA Usual Rasidance of Dacedan 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits Yas 2 No MARYLAND ALLEGANY CUMBERLAND 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 21502 718 MARYLAND AVE. U.S.A. Was Decedant of Hispanic Origin? (Specify Yas or No-lt Yas, specify Cuban, Maxican, Puarto Rican, atc.) 12. Was Decedant Evar in U,S Armed Forcas? 14. Race - Amarican Indian, Black, Whita, atc. 1 Never Married 2 ☐ Married 1 ☐ Yas ৄৄXNo If Yas, Giva Yaar or Datas: 1 ☐ Yas XX No Specify: Specify: WHITE 3 □ Widowed 4 □ Divorced 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/industry Elamantary/Secondary (0-12) Coilaga (1-4or 5+) 8 HOUSE KEEPER HOUSE KEEPER 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Surnama) CLINTON CALVIN SMITH CECELIA MAE SUDER 19a. Informant's Name/Raiationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) MINDY L. BURROUGHS GRAND DAUGHTER 12074 BROAD MEADOW LANE CLARKSVILLE MD 21029 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☑ Burlat 2 ☐ Cremation 3 ☐ Ramoval trom Stata 4 ☐ Donation 5 ☐ Othar (Specify) HILLCREST CEMETERY MAY 29 1996 CUMBERLAND MARYLAND 22. Nama and Addrass of Facility MERRITT-ADAMS FUNERAL HOME 404 DECATUR STREET CUMBERLAND MARYLAND erul 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between Onsat and Deeth Physician /Medical Immediate Causa (Final METASTATIC ADENOCARCINOMA OF COLON months disaasa or condition rasulting in daath) Examiner Due to (or as a consequance of) 3 YEARS CARCINOMA OF COLON be executed burial-transit Sequantially list conditions, if any, leading to Immadiata cause. Entar Undarfying Cause (Disaase or Injury that initiated avants resulting in death) Last and Dua to (or es a consequance ot) physician as the burial P.O. Box 68760, Physician/Medical Dua to (or as a consequence of): 88 attending signed by the a 23b. Did tobacco uss contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 1 Yes 2 No 3 Probably 4 Unknown CEREBROVASCULAR ACCIDENT Records, 2 Completed 24b. Wara autopsy tindings available prior to completion of cause of death? 24a. Was an autopsy performed? ATRIAL FIBRILLATION, CHRONIC CONGESTIVE HOART FAILURE 1 Yas 2 No 1 ☐ Yas 2 ☐ No Division of Vital 25. Was cesa ratarrad to medicel Be 28. Place of Deeth (Check only ona) examinar? Hospitai: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Rasidance 8 Othar (Specify) After this 28a. Data of Injury (Month, Day Year) 27. Manner of Death 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred 1 Natural 5 Pending Investigation To the Hospital or Attending within 24 hours after death.
To the Funeral Director: Afte completely filled in by the fun 1 Yas 2 No 2 Accident 3 Sulcida 6 Could not be detarmined Place of Injury - At homa, tarm, straat, tactory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homloida 1 Exertifying Phystcien: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examinetion and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. edical 29a. Certifier 29b. Signatura and titla of certifiar 29c. Licanse number 29d. Data signed (Month, Day, Yaar) 6-3-96 30. Nama and addrass of person who complated ceusa of daath (Itam 23a) (Type, Print) MIDDLETOWN, JAMES LI ROESSLER MD PUBOX 17 MD, 21769 3% Register's Signature State

**DHMH 16 Rev 6/95** 



State of Maryland / Department of Health and Mental Hygiene

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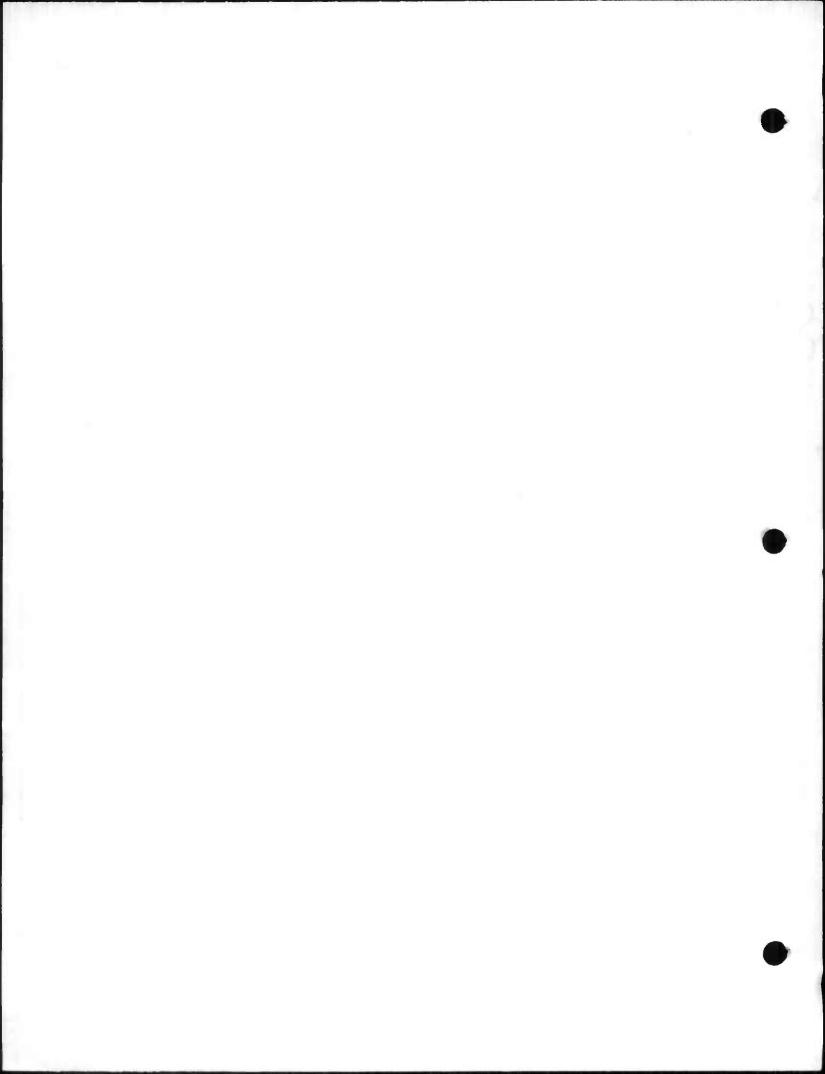
ny Alic				C	ertificate of	f Death		Reg. No.	20	1730:
Physic	ian	1. Decedent's Name (First, Middle, La		-	0		2. Dete of De Month	Day	Year	3. Time of Death
/Medi		James G.	Anders	on	Sr.		May		1996	1:05PM
Exami	ner	4a. Facility Name (If not Institution, gi				4b. City, Town, or L.				. 1 . 1
		20 College Avenue 5. Social Security Number 6.	1e 7. Age (In yrs. I	ant hinth	fev) If Under 1 Yea	Annapol:	LS 8. Date of Bir		Arui	
Funeral Director			1ÅX 2□F 90	Yn	Months Day		Dec 24	1905	Penns	lace (Stete or Foreig stry) sylvania
72 hours after deeth with the Maryland natural, or itema 23a or 28a-f show final Examinet must be notified at		10a. State 10b. County	10c. City	, Town o	or Location				1	0d. Inside City Limit
Mary 18	to	MD Anne Ar	unde1	E	Annapolis					XXYes 2□N
r 28a	Director	10e. Street and Number			10f. Zip Code			10g. Citizen of	Whet Cour	itry?
234	a D	20 College Ave	nue			21401		United	State	es
jiene. r than "natural", or fierna 23a or 28a-f show Tre Modical Examiner must be notified at	by Funeral	11. Meritel Status  1□ Never Merried 2፟፟፟∭Married  3□ Widowed 4□ Divorced	12. Was Decedent Ever in U, Armed Forces? 1 (X) Yes 2 □ No If Yes, Give Year or Dates:	S.	13. Was Decedent of If Yes, specify Cu	Hispanic Origin? (Sp ban, Mexican, Puerto Specify:	ecity Yes or No Rican, etc.)	Specify	ce - Americ ck, White,	
Sale		15. Decadent's E	ducation	16a. D	ecedent's Usuai Occi	upation		16b. Kind of B		
C S	Completed	(Specify only highest gr Elementary/Secondery (0-12)	ade completed)  College (1-4or 5+)	(C	Give kind of work don fe. DO NOT use retir	e during most of work rad)	ing			
dien The	Som	12	0011090 (1 401 01)	5	Supervisor			Const	ruct	ion
d other	Be (	17. Fether's Name (First, Middle, Las				18. Mother's Nam			ne)	
marked matic e	10	John E. Anderso	n	,			Bertha	Gibson		
2 = 5		19e. Informant's Name/Reletionship Barbara Jean Bog				etend Number or Aur in Street				Code)
Department of Desire Important: If item 27 I any injury or other tr once.		20e. Method of Disposition 1 ∑ ¥uriel 2 □ Cremation 3 □	Removel from State	metery,	isposition (Neme of cremetory or other pi		Date	20c. Location		
Important: If any injury or once.		4 ☐ Donation 5 ☐ Other (Speci	y) Ced	lar I		tery June				
any in	(	Signature of Funeral Service Lice	nsee //		22. Name and Add	ress of Fecility John Of Glouce:	n M. Ta	ylor Fur	neral	Home, In
		73a Part 1 Enter the disease or con	Jun 700	Do not				_	olis,	Approximate
ysician		23a. Pert1. Enter the disease, or com shock, or heart fallure. List only	one cause on each line.			,,	or roopirotory o			Interval Between Onset and Deeth
Medical		Immediate Cause (Final	Rachen	1	D					ham of
aminer		disease or condition resulting in death)	. Kecurre		Ther	molica			/	noulus
	ē		Di Anna Mac	as a col	nsequence of):	otother	15-0	1. 4.1	1	4 Time.
ransi	Examiner	Sequentially list conditions	b. Due to (or	as a cor	nsequence on:	DEDINO	une (	acutife	ea ]	- 1 year
an ar inal-t		Sequentielly list conditione, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury			resa-troscavi					
g physician and as the bunal-transit	Aedical	Cause (Disease or injury that Initiated events resulting In death) Last	cDue to (or	as a cor	sequence of):					
		resulting in death) Last	d							
igned by the ettendir be detached for use	Physician/	Part II. Other eignificant conditions	contributing to death but not resu	Iting in th	ne underlyling cause o	iven in Part I.	23b. Did	tobacco use co	ntribute to	the cause of deat
d by th		Sowan Dom	1.		,					bebly 4 Unknow
signe 1 be o	l by	VENUE VOI								
been si should	Completed						24a. Was perfo	an autopsy ormed?	av	ere autopsy findings allable prior to mpletion of cause
has 99.2	Id II								of	death?
f. pay		Or 1W					10	AL	10	Yes 2□ No
nis certificate has t I director, page 2 s	Be C	25. Was case referred to medical examiner?	Hospital:			26. Placa of Deat				
= 6	- To	1 Yes 2€3No 27. Manner of Death	1 □ Inpatient 2 □ I	ER/Outpo 28b. Tim	Itient 3LI DUA	4 LI Nursing Ho		dence 8 Oth		y)
Director: After thi	ertification:	1 Natural 5 ☐ Pending	28a. Date of injury (Month, Dey Year)	Inju	ry W	ury at ork? ☐ Yes 2 ☐ No	ZOU. Describe	how Injury occur	180	
the	Ical	3 ☐ Suicide 6 ☐ Could not b	e One Diese of Injury At he	ma farm			20f Location (	Street and Alumi	nor or Dura	I Route Number,
÷ c	erti	4 Homicide determined	28e. Placa of Injury - At ho building, etc. (Specify	)	, street, ractory, office		City or To		or or nura	r noute Number,
To the Funeral Dir	O	29a. Certifier Certifying Pt	yelclan: To the best of my know	riedge, d	eath occurred at the	time, date and place,	and due to the	cause(s) and ma	anner as si	ated.
the Fi	edical	one)	niner: On the basis of examinati and menner stated.	on and/c	r investigation, in my	opinion, death occur	red et the time,	gate and piece,	and due to	the cause(s)
To	Σ	29b. Signature and title of certifier	1 1		29c Licer	nse number		29d. Date signe	d (Month,	Dey, Year)
		MOINY.	Verico	~	N/D11	.653		May 30	, 199	6
		30. Name and address of person who	completed cause of deeth (item	23a) (Ty	pe, Print)					
		Peter F. Verkouw			l Parkway	Annapolis	, MD 21	401 (41	0-573	-1110)
Sta	_	31. Date filed (Month, Dey, Year)	32. Degistrar's Signat	WFB ST	2.00					
Registr	ar	JUN 0 3 199	6 Ina Davids	W-No	Morence					

EVEN FIRM S The season of th TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT OF I	EALTH AND		YGIENE EG. NO.	•	, , , ,		
	1. DECEDENT'S NAME (First, Middle, Lest)  ROBERT	L.	ARMENT	ROUT		2 DATE OF O		6 YEAR	3. TIME OF DEATH 8:00 AM		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI	RTH	8. BIRTH	IPLACE (State or Foreign		
	214-32-2329	1 - XM 2 □ F 8	2 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day,	1,1914	Counti	RGINIA		
	9a. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TOWN	OR LOCATION OF			NTY OF D			
DIRECTOR	5506 ARMENTRO			OX	FORD		Т	ALB	TC		
R	10a. STATE 10b. COUNTY		10c. CIT	TY, TOWN OR LOCA	TION				10d. INSIDE CITY		
	MARYLAND TAI	LBOT			OXFORD				1 TES 2XX10		
FUNERAL	5506 ARMENTROU	m DOAD		10	I. ZIP CODE				VHAT COUNTRY?		
JNE	11. MARITAL STATUS	12 WAS DECEDENT EVED I	MILS ADMED	12 WE OF	21654 ENDENT OF HISPA			SA			
	1 Never Married 2XX larried	FORCES? 1 YES	2 W NO	If yes, sp	ecify Cuban, Mexic	an, Puerto Ricen,	ecify Yes or No-	Black	— American Indian, c, White, atc.		
BY	3 Widowed 4 Divorced	IF TES, GIVE WAR OR D	ALES	1 TYES	NO Spec	//y:		Speci	WHITE		
ETED.	15. OECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  If a. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refired.)										
19	5	College (1-4 or 5+)	FΔ	RMER			ARMING				
COMPL	17. FATHER'S NAME (First, Middle, Last)			artist.	18. MOTHER'S N		Maiden Surname)				
BE C	WILLIAM MCKINI	LEY ARMENT	ROUT				BAKER		- 2		
TO B	19a. INFORMANT'S NAME (Type/Print)			ADDRESS (Street a			ty or Town, State, Zip	Code)			
F	MARY L. ARMENT	rout	5506	ARMEN	PROUT F	ROAD, C	OXFORD,	MD	21654		
	20a. METHOD OF DISPOSITION    Notice   Properties   Prope	oval from State can	PLACE AND DATE	OF DISPOSITION (Na	me of	OATE	20c. LOCATION —	City or To	wn, State		
	4 Donation 5 Other (Specify)	W(	OODLAWN	MEMOR	IAL PAR	K 6-6	EASTON	, MI	21601		
	21, SIGNATURE OF PURENAL SERVICE LIC	ENSEE			OWS, HE		EIN & N	EWN/	M FUNERAL		
	JOHN Z.			P 200 S	S. HARR	ISON S	ST. EAS	STOR			
	23. PART I. Enter the diseases, or c shock, or heart failure. I	omplications that cause	the death. Do	not enter the mo	de of dying, su	ch as cardiec o	or respiratory arr	est,	Approximate		
	IMMEDIATE CAUSE (Finel	Paral		11					Interval Between Onset and Death		
	disease or condition resulting in death)	Mespir	dord.	Pallans					3 months		
		DUE TO (OR AS A	CONSEQUENCE O	Frank 1	nulses		lilance				
CERTIFICATION	Sequentially list conditions,	DUE TO (OR AS A	CONSEQUENCE O	rugive	puma	nany a	lisease		years		
¥.	if any, leading to immediate cause. Enter UNDERLYING	332 10 (31) 113	OUNDERGENOE O	, ,.							
F	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE O	F):							
H	resulting in death) LAST	1.									
	PART II. Other significant conditions	contribution to death h	ut not socialize	la dha cadadala		- I					
SAL	Atkaros Clerz	peil	at not resulting	in the underlying	cause given in	Part I. 24a.	WAS AN AUTOPSY PERFORMED?	24b.	WERE AUTOPSY FINOINGS MAILABLE PRIOR TO		
	(a) dies a	rehythmias				1 🗆	YES 2 NO		OF DEATH?		
Σ	DID TOBACCO USE CONTR		E DEATH A	. 5			•		1 TES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEA		UNCERTAI	иП					
PHYSICIAN: MEDIC	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outp		OTHER:							
¥	27. MANNER OF DEATH	26a. DATE OF INJURY	28b. TIM		Residence		elly) E HOW INJURY OCC	MIDEO.			
	Natural 5 Pending	(Month, Day, Year)	INJ	URY WO	RK?	200. DESCRIBE	E NOW INJUST OCC	UHEU			
) BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	- At home, farm,		63	281, LOCATION	(Street and Number	or Rumi R	nute Number		
COMPLETED	4 Homicide determined	building, etc. (Spec	alfy)			City or Town	n, State)				
וב	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my know	ledge death occurs	ed at the time date	and alone and d		exten Tay				
Š	(Check only one) 2 MEDICAL EXAMINER	R: On the beals of examination	n and/or investigation	n, in my opinion, d	eath occured at the	time, data and p	lace, and due to the	ed. o cause(a)	and manner as stated		
	29b. SIGNATURE AND TOTAL CERTIFIER	1			29c. LICENSE NU						
BE	11/1/10	Jan MD			777	5933	D A	. 3.0	(Month, Day, Year)		
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)	111	1 1		-			
	Michael D.	Crowley.	M.D.	5081	Mesoita	AVPU	ue Fo	clor	MD ZIADI		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE					- 1-1	7		
1	JUN 0 3 1996 Julia Davidson Randale										



# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene $9\,6$

							Ce	unca	ie o	Dealli			Reg. No.				
	Physici /Medi		1. Decedent's Neme (First, M Thomas I			1						2. Dete of D Month	20 K	Year 46	3. Time of Death  SOI Dm		
*	Examir		4a. Fecility Neme (If not Instit SHADY GROVE				SPITAL			4b. City, Too ROCKV		cation of Dee E	th 4c. County MONTO		Y		
	Funeral Director		5. Sociel Security Number 217–28–1096	6. Se	ex XM 2□ F	7. Age (In ) 63	rs. last birthday Yrs.	Months			24 Hrs. Min.	8. Dete of B (Month, D July 2	irth (Pay, Year)		ece (Stete or Foreign ry)		
	Marylend of show	tor	Usuel Residence of Deceden  10e. Stete 10b. Cou  Md • Fr		ick		City, Town or L Myersvi							10	id. inside City Limits		
	with the	Director	10e. Street end Number 9419 Myers	ville	Rd.			10f. Zi	p Code	21773			10g. Citizen of	Whet Count	ry?		
07/	n 72 hours after deeth with the Maryland "natural", or items 23a or 28a-f show adical Examiner must be nothed at	by Funeral	11. Meritel Stetus  1 Never Married 2 3 Widowed 4 Divor	Merried	12. Wes Dec	2. No ive	n U,S. 13.		edent of	Hispenic Original Hispenic Origin Hispenic Original Hispenic Origina Hispenic Origin	gin? (Spo , Puerto	ecify Yes or N Rican, etc.)		ce - America ck, White, e y: Wh			
0200-61212	5	Completed t	15. Dece (Specify only hi	dent's Edi	ucation de completed)	)	(Give	edent's Usu e kind of w	ork don	e durina most	t of work	ing	16b. Kind of Business/Industry				
	be filed within tal Hygiene. d other than event, the Mar		Elementery/Secondery (0-1 5 17. Fether's Neme (First, Mid	heavy equipment opera								or construction (First, Middle, Meiden Sumerne)					
maryland	0 5 5 0	To Be	Harry Ir						(0)	Sadi	ie E	lizabe	th Strub	e			
	nd 2 saith ar 27 is r trau		19e. Informent's Name/Relet Chrissy E.				9419	Myer	svi.	lle Rd.		yersvi	ber, City or Town,	217	73		
paillinore,	F is		20a. Method of Disposition 1 ☐ Buriel 2 ☐ Cremeti 4 ☐ Donetion 5 ☐ Othe	on 3 🗆	Removel trom		b. Plece of Disp cemetery, cre Smithsbu					Dete 5/23	20c. Location Smiths	,			
Dai	permit. Par Departmen Important: any injury		21. Signeture of Funarei Sen	ice (Com	was		I	Donal	d B.		oson		al Home	21769	)		
f	Physician /Medical Examiner		23e. Pert1. Enter the disease shock, or haert tailure.  Immediete Causa (Final disease or condition resulting in deeth)				MYOCA  (or as a conse  Ry All  of or es e conse	iter the mo	de of d	ylng, such es	cardiec	or respiretory	errest,		Approximete Intervel Between Onset end Deeth		
00,000,00	n certificate be executed anding physician and use as the buriel-trensit	n/Medical Examiner	Sequentielly list conditions, if eny, leeding to immediata cause. Enter Underlying Cause (Disease or Injury that initiated evants resulting in deeth) Lest	{		pent	Ry file of or es e conse	N		disc	25	e		/	JEARS		
9	that the death of hed by tha etten datached for u	Physician	Pert II. Other significant con-	ditions co	ntributing to d	leath but not	resulting In the	underlying	causa	givan In Part I.		23b. Die	d tobacco use co	entribute to	the cause of death		
_	The law requiras that the state of the search signed by pege 2 should be data	by	Chronic o	B57	RYCT	rive	PULMO	NARY	2	15e45	6	24a. We	s en autopsy formed?	eva	re eutopsy findings lleble prior to		
VII DECOIDS,	The law rate hes be pege 2 sh	Completed										10	Yes 2 No	ot d	eeth?		
	sician: certifica irector,	o Be C	25. Wes case reterred to med axaminar? 1 ≥ Yes 2 □ No		Hospitel:		-6-			Whor		h (Check only					
	afing Ph. After thi funeral	Certification: To	TE impatient 2 GOV Outpetient 3 DOX 4 DIVISING							No	28d. Describe	sidence 6 Oth how Injury occur	rred				
	pital or Attendurs effer death		4 ☐ Homlcida del	ermined	build	ling, etc. (Sp	ecify)					City or T	(Street end Numi				
	the Hospital hin 24 hours the Funeral hipletely filled	ledicai	(Check only 2 Madi	cal Exami	ner: On the b	a best ot my basis ot exem- nner steted.	knowledge, deel Inetion end/or Ir	rvestigetlo	n, In my	opinion, deel	d place, th occurr	and due to the	e causa(s) end m e, dete end plece,	enner as ste and due to	eted. the cause(s)		
	To the within: To the comple	W	29b. Signature and Mar of cor	H	1	5,/	7. D.	29	oc. Lice	7024			29d. Deta signe	20	1996		
	Sta		30. Name and addrass of persons of persons of the second o	R	990/	sa of death (  M CA  Registrer's Si	Itam 23e) (Typa	Print)	EL	DRI	10	Roc	kville	Ma	1996 1. 20850		

DHMH 16 Rav 6/95

176.

FOR STATE

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR		CERTIF	CATE OF	DEATH	REG	NO.		
	1. DECEDENT'S NAME (First, Middle, Lest)  ELMER LOUIS	BEVERUNGEN				June 1	1996	YEAR	1:15 P.M
	4. SOCIAL SECURITY NUMBER 212-05-7074	12 M 2 □ F 86	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTI (Month, Day, Ye OCTODET	26,1909	B. BIRTHPLA Country) Mar	cyland
TOR	90. FACILITY NAME (If not institution, give s 20015 Cherry Hill RESIDENCE OF DECEDENT			Hagerst	OWN	EATH	111.00	ingto	
DIRECTOR		ngton		gerstown					I. INSIDE CITY LIMITS?  YES 2 X NO
FUNERAL	100. STREET AND NUMBER 20015 Cherry Hill	Circle		101	21742			EN OF WHAT	COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	NIC ORIGIN? (Specifier, Puerto Rican, etc.) y:	y Yee or No 1	Black, W	American Indian, hite, atc. White			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 10 Years	CATION completed)  College (1-4 or 5+)		Electri		npany			
	17. FATHER'S NAME (First, Middle, Last) Unknown	Ber	verungen		18. MOTHER'S NA Augusta	ME (First, Middle, Ma	W • .	Herm	lan
TO BE	190. INFORMANT'S NAME (Type/Print) Georgette R. Smit		19b. MAILING		nd Number or Rural	Route Number, City o	Town, State, Zip C	Code)	21742
	20e. METHOD OF DISPOSITION 1 □ Buriel 2 ※ Genetion 3 □ Remid 4 □ Donation 5 □ Other (Specify)	oval from State SI	b. PLACE AND DATE Of the state of the state	redisposition (Na her clace) Cremato	ry June	DATE 20	Smiths	burg,	State Maryland
	21. BIGNATURE OF FUNERAL SERVICE LIC			22. NAME AN	S A. Fie	ery Funer	al Home		id. 21742
	23. PART T. Enter the diseases, or canock, of heart feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. Core	d the deeth. Do noted line.  Low Var. A CONSEQUENCE OF	cular			espiratory arre	at,	Approximate Interval Between Onset and Daath Mon fty
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	D	A CONSEQUENCE OF						
DICAL	PART II. Other algoriticent condition	24				1 YE	S AN AUTOPSY RFORMED? S 2 JAIO	AMA COI OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
PHYSICIAN: ME	DID TOBACCO USE CONTR	RIBUTE TO CAUSE C	26. PLACE OF DEAT		UNCERTAIL				
YSIC	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Out		OTHER: 4 Nursing Home	6 Residence	6 Other (Specify)			
ВУ РН	27. MANNER OF DEATH  1 Maturel 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME	M 1 V	RK? ES 2 NO	28d. DEŞCRIBE H	OW INJURY OCCU	RED	
	3 Suicide 6 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, term, st cify)	treet, factory, office		28t. LOCATION (St City or Town, S	reet and Number of late)	r Rural Route	Number,
COMPLETED		CIAN: To the best of my known: R: On the basis of examination							f menner ee stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	my			29c. LICENSE NUN	ABER	29d. DATE !	SIGNED (Mol	nth, Day, Year)
	ABOUL WATER	COMPLETED CAUSE OF OR		Print) OAKH	41( A	VIZ. HA	GERIT	SWN	·mg
	31. DATE FILED (Month, Day, Year)  JUN 0 4 1996	32. REGISTRAR'S SIGN	ATURE						101
		V							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. **BALTIMORE, MARYLAND 21215-0020** 

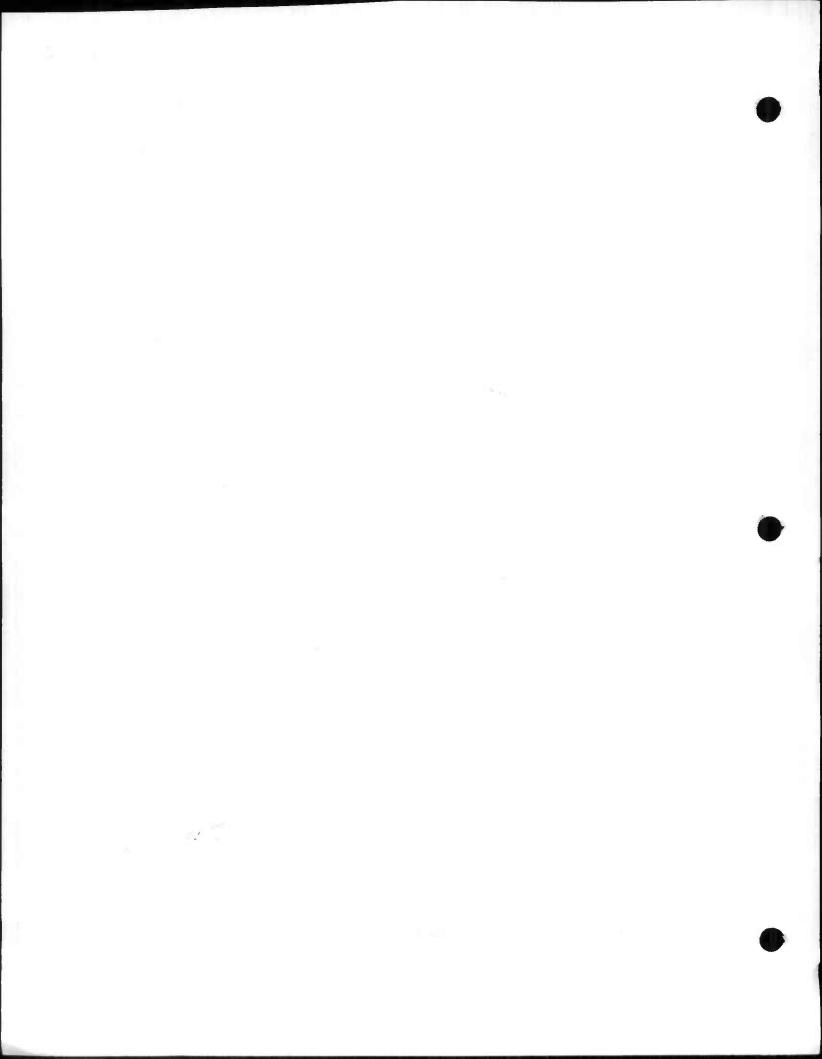
DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

JUN 0 4 1996

DHMH-16 Rev 1/89



State of Maryland / Department of Health and Mental Hygiene

17993

					Cer	tificate	of Death		Reg. No.		11770	
Physici	ian	1. Decedant's Nama (First, Middla, Le	ist)				-	2. Date of D Month	eeth Day	Year	3. Tima of Death	
/Medic		Orpha	Virg	inia		Bigel	OW	May 11		1 out	1240	
Examir		4a. Facility Neme (If not institution, given					4b. City, Town	or Location of Dea	th 4c. County	of Death		
Funeral Director				ospita (In yrs. last 72		if Under 1 Y	eer if Under 24	Hrs. 8. Dete of B Min. Septemb		9. Birthpl Count Mary	aca (Stata or Forei ny) and	
š =		10a. State 10b. County		10c. City, To	own or Loc	cation				10	d. Inside City Limit	
28a-1sh	rector	Maryland Kent			Ches	tertow 10f. Zip Co			10g. Citizen of	What Count	1 ☐ Yes 2X N	
38.0	ō	7245 Pomona Road				2162			U.S.A.	VVIIII 000III	., ,	
thygiene.  thygiene.  thygiene.  thy ine Medical Examinet must be not ad at	by Funeral Director	11. Maritel Stetus  1 Naver Married 2 Merried  3 X Widowed 4 Divorced	12. Was Decedant E Armed Forcas? 1 ☐ Yas 2 ☒N If Yas, Giva Yeer or Datas:	Ever In U,S.		-	of Hispanic Origin Cuban, Maxican, P No Specify:	? (Specify Yes or N uerto Rican, atc.)	o- 14. Rad Ble	ce - America ck, White, e	etc.	
Seal	Completed	15. Decedent's E		16	Sa. Deced	ant's Usual O	ccupation lona during most of etired)	undina	16b. Kind of B	usinass/Ind	ustry	
	nple	Elementary/Secondary (0-12)	Collega (1-4or 5-	+)				Working				
ygier r. m	Co	11		Se	ecret	ary/Bo	okkeeper		Lumber	-	iny	
Mental H arked off	To Be	17. Fethar's Nama (First, Middla, Last Herman F. Jacob	)					Nema (First, Middla, Maidan Surname) K. Joiner				
alth end 27 is m er traum		19a. Intormant's Name/Raiationship (Gerald D. Bigelov								or Town, Stata, Zip Code) aryland 21620		
The part of the							r place)	Data ay 14, 19	20c. Location 96 Rock I			
Departr Imports eny inju		21. Signatura of Funeral Sarvice Lice	411-				ddrass of Facility	Newnam Fun ertown, Mar	eral Home	P.A.		
hysician /Medical xaminer	er	23a. Part1. Entar tha disaasa, or com shock, or haart tailure. List only Immediata Causa (Final disease or condition resulting in death)	e. in 4 0 C		o not ente	ferc	dying, such as car	diac or respiretory	érrest,		Approximeta intervsi Between Onset and Death	
y the attending physician end ached for use as tha burial-transit	Ical Examiner	Sequentially list conditions, if sny, leading to immediate cause. Enter Undarfying Cause (Disease or Injury that Initiated ovants	c	Oua to (or as								
nding use a	n/Medical	rasulting in death) Last	d	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						1		
e attendi	sicla	Part II. Other significant conditions of	ontributing to death bu	t not rasulting	ı İn tha un	dariving caus	a givan in Part I.	23b. Did	I tobacco use co	entribute to	the cause of deat	
signed by the atte	by Physician/	congestive	heart fa	ilure	,		a gran in air i		Yes 25 No		ably 4 ☐ Unkno	
shoul	Completed b		ascular	accid	en t			24a. Wa	s en eutopsy ormad?	eva	re sutopsy findings ilable prior to aplation of causa leeth?	
ate h	Con							10	Yes 20No	1□	Yes 2□ No	
s certificate hes director, page 2	Be	25. Wes casa referred to medical axaminar?					28. Placa of	Daath (Check only	ona)			
0 0	2	1 ☐ Yas 2 ☐ No	Hospital: 1   Inpatier	-	Outpetient			ng Home 5□ Res			)	
After	Certification:	27. Mannar of Death  1			o. Tima of Injury	М	Injury at Work? 1 ☐ Yas 2 ☐ No		how injury occur			
ins after death	Certif	4 ☐ Homicida datarmined	28a. Place of Inju- building, atc.	y - At noma, (Specify)	uarm, stre	et, tactory, of	1108		(Street and Numi own, State)	or Mural	noute Number,	
within 24 hours of To the Funeral Completely filled	edical	29a. Cartifier (Check only one)	ysician: To the best of niner: On the basis of and manner stat	axamination a	ga, daath and/or Inv	occurred at the astigation, in the second	na tima, data and p my opinion, daath o	lace, and dua to the occurred at the time	a causa(s) and mand and place,	annar as sta and dua to	ated. tha cause(s)	
within 2 To the comple	2	29b. Signatura and titla of certifier	001				cansa number		29d. Data signe			
		m B	enentall			0:	33514		5-13	3-96		

State of Maryland / Department of Health and Mental Hygiene 96

					Cer	tificate c	of Death			Reg. No.		
		1. Decedeni'e Neme (First, Middle, La	ist)						2. Deie of De			3. Time of Death
Physici		MELISSA	CIITA NINI	T		POCT	DΛ		Month	Dey	Yeer	2215 DM
/Medic		4e. Facility Neme (If not institution, gir	SUZANN			BOSL		wn. or Loc	JUNE ailon of Deei		996	2315PM
Examir	ier	and the second second										
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Funeral			Sex 7.7	Age (In yrs. last	Yrs.	Months De		Min.	8. Dete of Bi (Month, D	9, 1979	9. Birthp	piece (State or Foreign ntry) nnecticut
Director		043 70 0300		17	118.				May 2	9,19/9	Cor	nnecticut
		Usuel Residence of Decedent  10a. Stete 10b. County		10- Chi T	aum ant a							
ms 23a or 28a-f show	_			10c. City, T	OWN OF LO						1	10d. inside City Limits
28a-f	양	Maryland C	ecil			Po	rt Depo	sit				1 ☐ Yes 2XXVo
Or 28	10	10e. Street end Number				10f. Zip Cod	0			10g. Citizen of	What Cour	ntry?
23a c	Funeral Director	98 Nantucket Dri	ve			219	904			U.	S.A.	
2 2	era	11. Merijei Siejus	12. Wes Deceder	ni Ever in U.S.	13. V	Ves Decedent	of Hispenic Orl	oin? (Spec	ify Yes or No		ce - Americ	can Indian.
	5	Never Merried 2 Married	Armed Force	s?	if	Yes, specify C	uben, Mexicar	, Puerto R	lican, eic.)		ck, White,	
0 0	by I	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yeer or Deter		1	☐ Yes XX	No Specify:			Specif	y: WI	hite
					0. 0		- C- Det -			101 101 1 1 1		
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marked other than imatic event, the Ma	d'L	Elementery/Secondery (0-12) Eleven Years	College (1-40	or 5+)	IIIe. L		(Ired)					
ě.	S					N/A				N/		
event,	Be	17. Fether's Name (First, Middle, Last					18. Mothe	er's Neme	(First, Middle	, Meiden Surner	ne)	
a c	2	Gary C	. Bosley					Rhoda	a M. To	ecci		
other traumatic		19e. informent's Neme/Reletionship	Type, Print)		19b. Mellin	g Address (Str	eet end Numb	er or Rural	Route Numb	er, City or Town	, State, Zip	Code)
trai	i	Gary C. Bosley		9	8 Nan	tucket	Drive.	Port	Depo	sit, Mar	vlan	d 21904
important: If itsm 27 is any injury or other tra once.	ŀ	20e. Method of Disposition		20b. Plec	e of Dispos	sition (Neme of		1	Dete	20c. Locailon	-	
5 5		X⊠ Buriai 2 ☐ Cremeilon 3 ☐	Removei from Ste	re l		netory or other		1				
any injury once.		4 Donetion 5 Other (Speci	5/)	bro	OKV16	w Ceme	tery	6/	/6/96	Kising	Sun,	Maryland
any in		21. Signature of Funeral Service Lice	nsee		1.c	Name end Ad	dress of Fecilit	ty & S	Son Fu	neral Ho	me	
* a		M. mere m	ATHERS	177X S		rryvil					me	
~		23a. Part1. Enter the disease, or com shock, or heart feliure. List only	plicetions thet caus	sed the deeth. I	Do not ente	or the mode of	dving, such es	cardiec or	respiratory a			Approximaie
iminer	Examiner	disease or condition resulting in deeth)  Sequentially list conditions.	e. Mu	Due to (or es	s e conseq	uence or):						
s the buriel-transit	Medical Ex	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	c	Due to (or es	e consequ	uence of):						
use a		L	d								i	
ed for	Physician	Pert ii. Other significant conditions	oniributing to death	but not resultin	ng in the un	derlying cause	given in Pert i		23b. Dfd	tobacco une co	ontribute to	o the cause of death
detached	th.								1□	Yee 2 No	3 Pro	bably 4 Unknow
be del	by P									-7		
2 should	Completed b									an eutopsy ormed?	9V	ere autopsy findings vallable prior to impletion of cause deeth?
rector, page	5								12	Yes 2□No	18	Yes 2□ No
tor,	Bec	25. Wes case referred to medical					26. Place	of Death	(Check only	one)		
by the funeral director,	ToB	examiner? 1 X Yes 2 No	Hospiiei: 1 ☐ Inpa	ijeni 2∏ED	Outpetion	3□ DOA	Other			dence 6 XOt	nor (Specif	M AM CODA
<u></u>		27. Menner of Deeth	28a. Dete of Ir		b. Time of					how injury occu		MAT SCEN
tue tue	io	1 Netural 5 Pending investigation	(Month, L	Dey Year)	injury	OM !	njury et Work? I ☐ Yes 21 🖼			- aus		las collisa
5	ca	2 Accident investigation 3 Suicide 6 Could not be			10.13			- /-				70
IIIed III Dy	Certification:	4 Homicide determined	building,	injury - At home etc. (Specify)	4				Rt Z	wn, Stete) . 75		al Route Number,
completely filled in	edicai		yefcian: To the besing information on the besing and manner	of examinetion								
completely filled	Σ	29b. Signature and [Itie.of-certifier	011.			29c. Lic	ense number			29d. Dele signe	ed (Month,	Dey, Year)
		· E	1666				C.M.E			JUNE C	3, 1	1996
	-	30. Name end eddress of person who	- /									
		NOWIN R	Powler			Penn S	Street	, Ва	ltimo	ore, Ma	aryla	and 21201
Sta	te	31. Dete filed (Month, Day, Year)		strar's Signeture	9							
Registr	ar	JUN 06 1996	gulia Bu	ridon-A	MAR							
6 Rev 6/0		/	U									

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Amended #20b, 6/1/96 Mas, Allegany Count

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State of Maryland / Department of Health and Mental Hygiene

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Physician	ı
/Medical	ļ
Examiner	ı
	ı

Director

Funeral

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Completed

**Funeral** 

Director with the Maryland 7 is marked other than "naturel", or itema 23s or 28a-f show traumade event, the Medical Examinal must be nomined at deeth

Pages 1 and 2 should be filed within 72 hours after one of Health and Mental Hygiene.
Int: If fem 27 is marked other than "naturel", or les inty or other traumals event, The Medical Empiries inty or other traumals event, The Medical Empiries.

Saitimore, Maryland 21215-0020 Be 2 permit. Page Department of Important: If ony Injury or once. **Physician** /Medical Examiner Examiner that the death certificate be executed attending physician and for use as the burial-trensit P.O. Box 68760, Physician/Medical signed by the all Id be detached for Division of Vital Records, þ been signated by the special properties of t Completed certificata Attending Physician: Be 2 To the Hospital or Attending Phys within 24 hours after death.

To the Funerel Director: After this completely filled in by the funeral di Certification: Medical

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Dev DAVID BRANDENBURG June 4, 1996 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Memorial Hospital Allegany Cumberland If Under 1 Yeer | If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 6. Sex 1 M 2 □ F 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthpiece (State or Foreign Country) Months 72 Yrs. 216-16-1770 Dec.7,1923 MARYLAND Usual Residence of Decedent 10e State 10c. City, Town or Location 10b. County 10d. Inside City Limits MD ALLEGANY CUMBERLAND 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? BALTIMORE PIKE 21502 U.S.A. 12. Wes Decedent Ever In U.S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Reca - American Indian, Black, White, etc. 1 Never Merried 2 Merried 1 ☐ Yes 2 💢 No If Yes, Give Yeer or Dates: 1 ☐ Yes 2 No Specify: WHITE 3 Widowed 4 D Divorced 15. Decedent's Education (Specify only highest grade completed) Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry ALLEGANY Elementery/Secondery (0-12) Coilege (1-4or 5+) TEST CAR DRIVER BALLISTICS LAB. 12 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) MARY ELLEN REESE LAWRENCE BRANDENBURG 19e. Informent's Name/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) JOHN STEWART RD.-FLINTSTONE, MD 21530 DOROTHY CLINGERMAN 20b. Plece of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Steta 1 ☐ Buriei 2 ☐ Cremetion 3 ☐ Removel from Stete HOPE CEMETERY 4 ☐ Donetion 5 ☐ Other (Specify) FLINTSTONE, MD 21. Signeture of Funeral Service Licensee 22. Name and Address of Feclity GEORGE-UPCHURCH FUNERAL HOME, P.A. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart feilure. List only one cause on each line. 202 GREENE ST., CUMBERLAND, MD 21502 Approximate Interval Between Onset and Death Immediate Cause (Finel disease or condition resulting in deeth) Pneumonia 5 days Due to (or as e consequence of): Bronchospasm 5 days Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or as a consequence of) Diabetes Mellitis 5 years Due to (or es e consequence of)

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown Prior CVA 24b. Were autopsy findings available prior to completion of cause of deeth? 24e. Wes en eutopsy performed? 1 🗆 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Wes casa referred to medical examiner? 28. Piece of Deeth (Check only one) Hospitel: 1□ Yes 2N No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA 27. Menner of Deeth 28a. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 1 Naturel 5 Pending Investigetion 1 ☐ Yes 2 ☐ No 2 ☐ Accident 3 Sulcide 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the past of my knowledge, deeth occurred et the time, dete end pleca, end due to the cause(s) and manner as stated.
2 Madical Examiner: On the pasts of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier

29b. Signeture and fitle of

29c. License number MA D 36766 29d. Dete signed (Month, Dev. Year) 1996

10:50

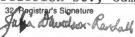
1 ☐ Yes 2 No

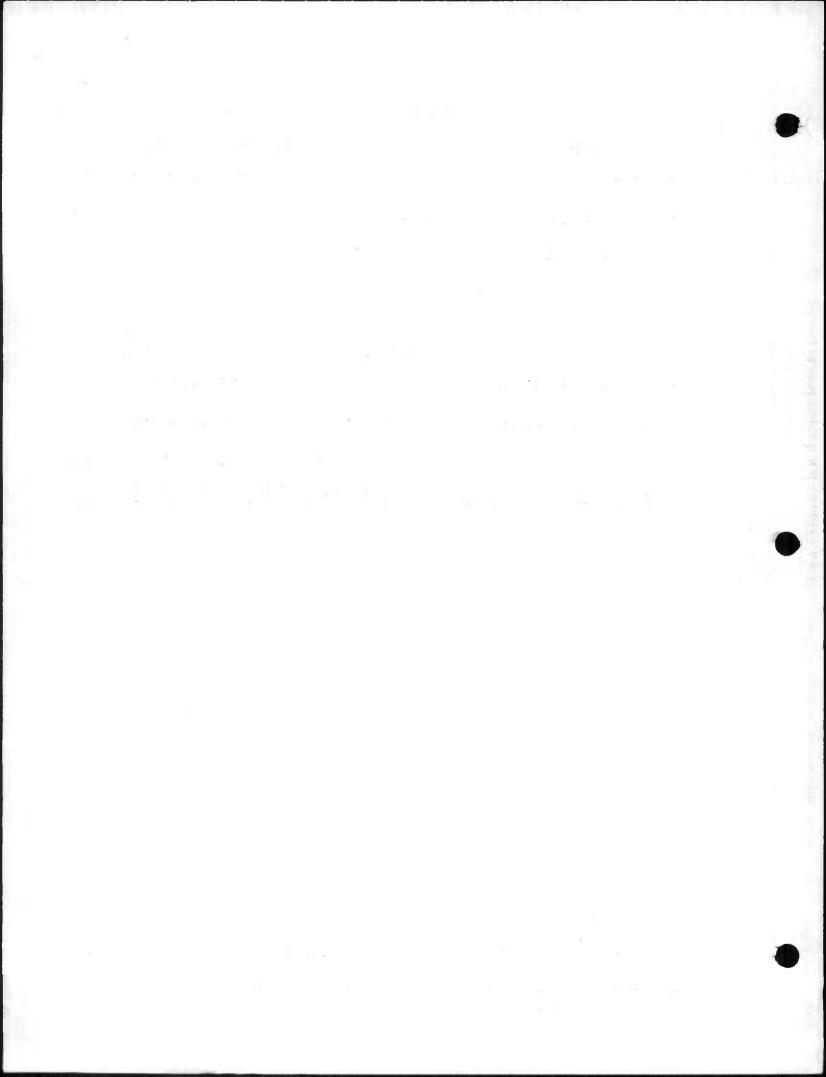
AM

30. Neme end address of person who completed cause of deeth (Item 23e) (Type, Print)

Dr. V. Poonai, 955 Frederick St., Cumberland, MD 21502

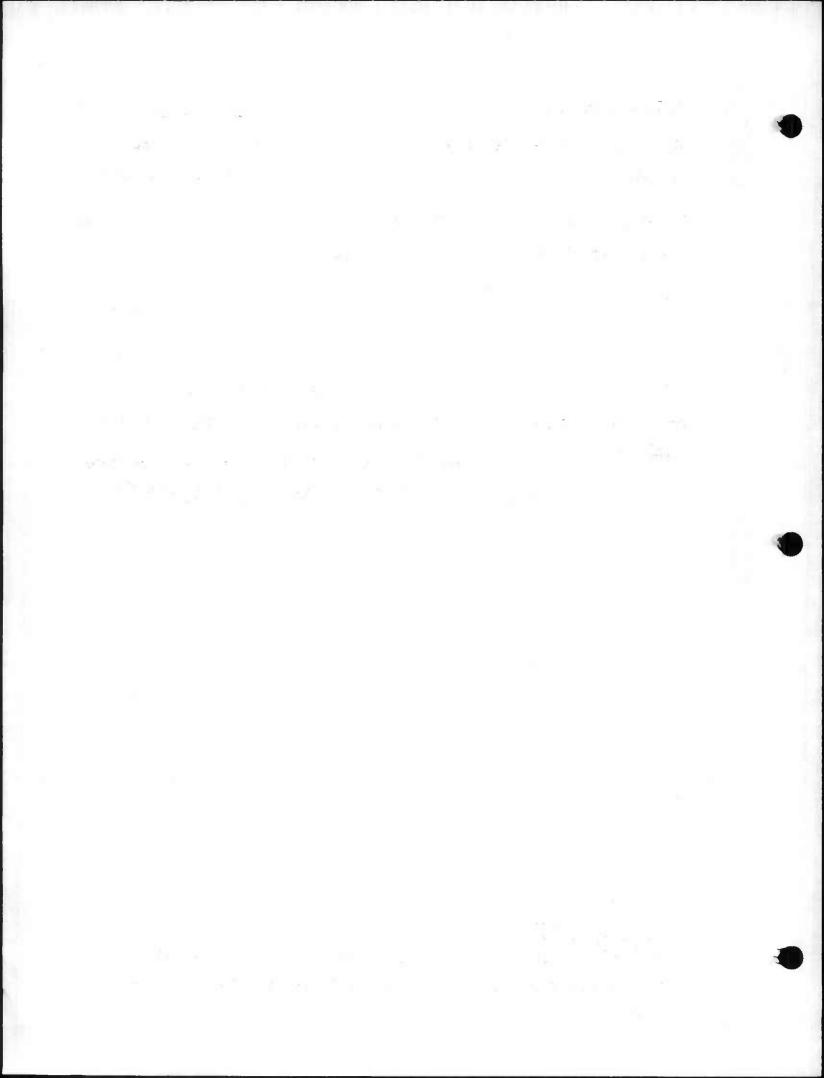
State Registrar





State of Maryland / Department of Health and Mental Hygiene 96

							Certifi	icate of	Death		Reg	J. No.		
			1. Decedant's Nama (First, Middla,	Last)							ta of Death	a la	No.	3. Tima of De
	/sicia:		William Henry H	Breen						Apr	onth	Day 199	Year 6	6:55 a
·4	ledica amine		4a. Facility Nama (If not Institution,		umber)				4b. City, Town,			4c. County		10,77 9
LAC	A111111C		5854 Williams S	troot (	A+ Home	)			Pools	น. 11				
					_	rs. last birth	day! If	Under 1 Year	Rock		te of Birth	Ke		alana (Ctata au E
Fune				6. Sax 1ADM 2□ F	75		Mc	onths Days		Ain. (Mo	ta of Birth onth, Day, Y	(ear)	Cour	olaca (Stata or Fo
Direc	tor	-	215-20-4916 Usual Rasidence of Decedant		/ -	,			1	Mai	cen o,	1921	Mary	Tand
and w		h	10a. Stata 10b. County		10c.	City, Town	or Locatio	n					- 1	Od. Insida City L
Aary	2	5	Maryland Kent			Rock	Ha1	1						1) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
tha 1	TO TO	8	10e. Sfreef and Number	•		HOCK		Of. Zlp Coda			40-	O'M	A ( ) - 1 ( ) - 1 ( )	1111
s 1 and 2 should be filed within 72 hours after death with the Maryland 4 Health and Mental Hygiena. Item 271 smrked other than "naturel", or items 23a or 28s-f show	8 8	Funeral Director	5854 Williams S	Stroot			''	216	61		-	U.S.A		ntry?
ath a 23	THE STATE OF	20												
e de		S	11. Maritai Status	Armed F	cedent Evar Ir forces?	n U,S.	13. Was if Yas	Dacedant of I s, specify Cub	Hispanic Origin' an, Maxican, P	? (Specify Ya uarto Rican,	as or No- atc.)		ca - Amaric ck, Whita,	an Indian, atc.
or afte			1 Navar Married 2 Marrie	d 1 ☐ Yas If Yas, G	2.000		10	Yas 2 No	Specify:			Specifi		
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d within 72 hours af glena. ir than "naturel", or	850	ě e	15. Decedant's (Specify only highast	Education	0	16a. D	ecedant's	s Usual Occup	pation	working	16	b. Kind of B	usiness/In	dustry
filed within Hygiena. ther than		ğ	Elamentary/Secondary (0-12)	Ī	(1-4or 5+)	- i	fa. DO N	VOT use retire	during most of d)	Working				
filed with Hygiena. ther than		5	5				P1	umber				Plum'	bing	
d 2 should be file th and Mental Hy 7 Is marked othe		Be	17. Fathar's Nama (First, Middla, L	est)					18. Mothar's	Nama (First,	Middla, Ma	idan Suman	na)	
Mental		0	William Breen						Agnes	Pinder	Bree	en		
2 should and Men			19a. Informant's Name/Ralationshi	p (Typa, Print)		19b. N	Neiling Ad	ddrass (Streat	and Number o	r Rural Route	a Number, (	City or Town,	Stata, Zip	Code)
and 2 paith a			Brenda Rhodes/n	iece		126	Walı	nut. St	reet, C	hurch	Hill.	Marv	land	21623
# Health		1	20a. Mathod of Disposition		201	b. Placa of D	isposition	n (Nama of		Date		c. Location		
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t Put	Conf	-	4 Donation 5 Other (Spe		un				Center/Ma			ester, 1		
permit. Pag Department Important: I	OUCe.		21. Signatura of Funaral Sarvice Li	censae	1		Fello	ma and Addra	iss of Facility fenbein 8	Newnan	Finer	al Home	. P.A.	
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d by	á		Chironn ()	os bus	P		Dia	rlas			1 XY00	2 □ No	3 Pro	bebly 4 Uni
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Hospital or 24 hours after Funeral Directory	pedical	Sa	(Check only 2 Medical E)	Physician: To the laminer: On the l	a best of my le	nowledge, d	leeth occ	urred et tha tio	ma, data and pi	ace, and du	a to tha cau	se(s) and ma	annar as s	tated.  the cause(s)
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To the Hospital or Atte within 24 hours after de To the Funeral Directo complately filled in by the	3	4	29b. Signature and title of certifier					29c. Licens	sa numbar		290	l. Data signe	d (Month,	Day, Year)
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4		1	30. Nama and addrass of person w	no complated gau	use of death (i	tam 23a) (T)	pe, Print	-				-	, -	
	6	21	Wayne D. Benjan						hestert	own. I	Maryla	and 21	620	
	State		31. Date filad (Month, Day, Year)							,	J			
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Deeth 3. Time of Death **Physician** Month Day BROWN bosno Edward 1996 2 9:58PM JUNE /Medical 4a. Facility Nema (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner THE MEMORIAL HOSPITAL AT EASTON EASTON TALBOT 7. Aga (In yrs. last birthdey)

OR

Yrs.

| If Under 1 Yeer | If Under 24 Hrs. | 8. Deta of Birth (Month, Day, Year) | 9-9-1900 6. Sax 1 → M 2 → F 5. Social Security Number Birthplace (Stata or Foreign Country) **Funeral** 212-10-1034 Director VA Usual Residence of Decedant the Maryland permit. Peges 1 and 2 should be filed within 72 hours efter death with the Marylar Department of Health end Mental Hygiene. Important: if Item 27 is merked other than "natural", or items 23s or 28s-f show with injury or other traumetic event, the Medical Examples may be notified at once. 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits MD Kent Rock Hall Director XXYas 2□ No 10e. Street end Number 10f. Zip Coda 10g. Citizen of What Country? Chesapeake Villa U.S.A. Funerai 21661 12. Wes Decedant Ever in U,S. Armed Forces? 14. Race - American Indian, Black, Whita, atc. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) 1 Navar Married 2 Married 1 ☐ Yas 2 ☑ No If Yas, Give Year or Datas: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: À Specify: **Black** 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Decedant's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) 7 th Collega (1-4or 5+) Waterman Seafood 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Meldan Sumama) Samuel Brown Mary Carter Brown 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) 6486 Lansen St., Philadelphia, PA 19119 19a. Informant's Name/Ralationship (Type, Print) George E. Brown 20b. Placa of Disposition (Nema of cemetery, crematory or othar place) 20a. Mathod of Disposition 20c, Location - City or Town, Stata ₩ Burial 2 Cramation 3 Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Sharptown Cemetery 6/8/96 Rock Hall, MD 22. Name and Addrass of Facility James A. Perkins Funeral Service 21. Signature of Funaral Sarvice Licensea James a Perkins P. O. Box 143, Rock Hall, MD 21661 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata interval Between Onset and Death **Physician** b. Congestive heart Re, lone

Due to (or as a consequence of):

Die to (or as a consequence of):

Die to (or as a consequence of): /Medical Immediate Cause (Final disease or condition rasulting in death) HOURS Examiner YEARS physician and s the burief-transit The law requires that the deeth certificete be executed Sequentially list conditions, if any, laading to immadiata causa. Enter Underlying Cause (Diseasa or injury that initiated events rasulting in daath) Lest P.O. Box 68760. Physician/Medical Dua to (or as a consaquanca of): signed by the a Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? COPD, anemia, 1 Yea 2 No 3 Probably 4 Unknown Records, þ Completed 24a. Wes en autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? 1450 Kirena certificate hes birector, page 2 s 1 Yas 2 No 1 ☐ Yas 2 ☐ No Division of Vital To the Hospital or Attending Physician: I within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, p 25. Was casa rafarred to medical examinar? Be 28. Placa of Death (Check only one) 1 Yas 2 No Othar: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) P 1 ☐ Inpatiant 2 ☐ ER/Outpetient 3 ☐ DOA 27. Manner of Death 28a. Data of Injury (Month, Day Year) Medical Certification: 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred 5 Panding invastigation 1 Natural 1 ☐ Yas 2 ☐ No 2 Accidant 3 Suicida 6 Could not be 28f. Location (Street and Number or Rural Routa Number, City or Town, Stete) 28a. Place of Injury - At homa, farm, streat, factory, offica building, atc. (Specify) 4 ☐ Homicida 29a, Cartifiar 152 Certifying Phyalcian: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. 29b. Signeture end titla of certifier 29c. Licansa number 29d. Data signed (Month, Dey, Year) us, D33768 30. Nama and addrass of person who complated causa of death (Item 23a) (Type, Print) P.O. Box 660 Denton, Md. 21629 James E. Corwin, M.D.

Registrar

State

31. Date filed (Month, Day, Year) JUN 05

32. Registrary Signature

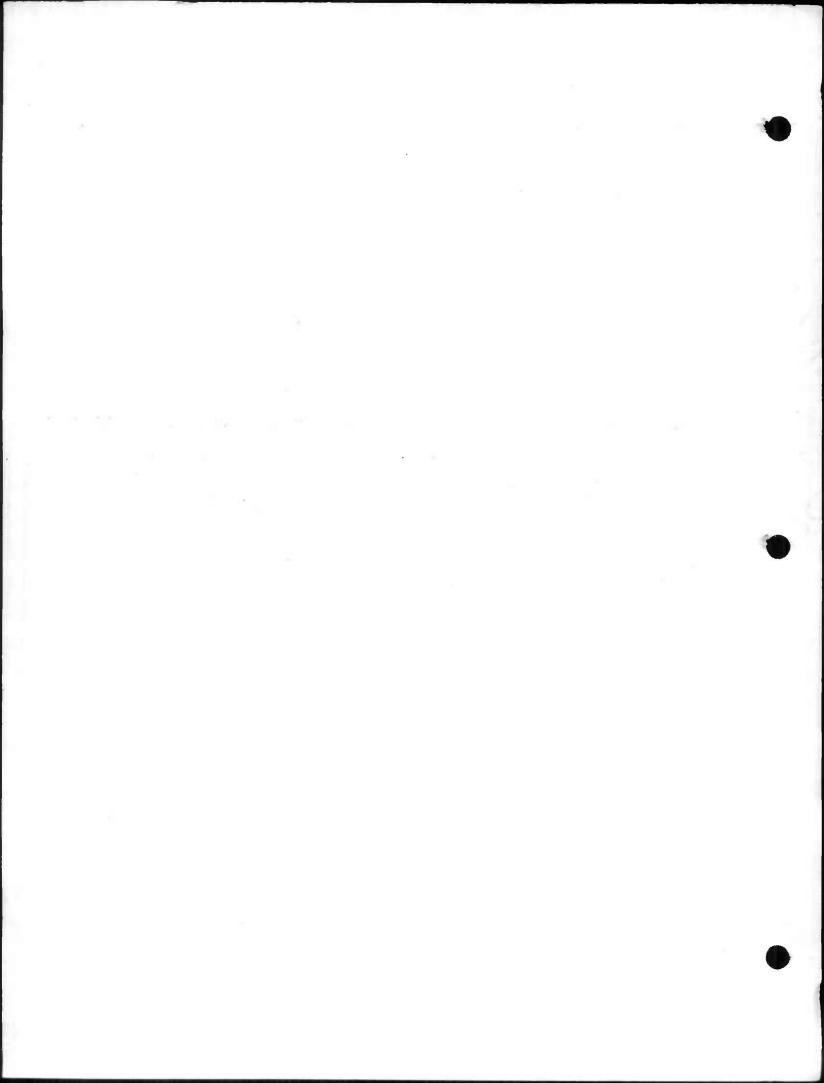
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L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	the State Dept. of Health and Mental Hygiene prior to	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSI	TO THE FUNERAL DIRECTOR: After this o	be filed within 72 hours after death with	IMPORTANT: If item 28 is marked,

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)		-			2. DATE OF	DEATH			TIME OF DEATH	
	Maisy S. Bromwell					April 29, 1996 YEAR 4:15 a.m. M					
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, I	BIRTH	8. [	BIRTHPLA Country)	CE (State or Foreign	
	216-03-2730 1 M 2 XF 76  9a. FACILITY NAME (If not institution, give street and number)			January 4,				1920 Maryland			
8	Laurelwood Nursing Home				Elkton				Cecil		
5	RESIDENCE OF DECEDENT										
FUNERAL DIRECTOR	Maryland Cecil			Earleville			10d. INSIDE CITY LIMITS? 1 VES 2X NO				
	10e. STREET AND NUMBER 430 Hazelmore Drive			21919				U.S.A.			
	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARI							ecify Yes or No — 14. RACE — American Indian,			
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced    Never Married 2 Married   FORCES? 1 YES 2 N			0 If yes, specify Cuban, Mexican, Puerto Ric 1 ☐ YES 2 X NO Specify				Somothy:			
	15. DECEDENT'S EDUC	444 DECEDENTIO	NT'S USUAL OCCUPATION 16b. KIND OF				White				
COMPLETED	(Specify only highest grade completed) (Give kir			NOT use retired.)			. KIND OF BUSINESS/INDUSTRY				
PL	12 Homemal			er Do			omestic/Own Home				
Š	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NAME (First, Middle, Maiden Surname)						
BE	Earl Brown				Anna Eckert						
2	19a. INFORMANT'S NAME (Type/Print)	11/11 1 1			and Number or Rural					J 21010	
	Charles A. Bromwe				l Drive,	······································	_		_		
-	1 (XBurlet 2 Cremetton 3 Removal from State Scientific Commetory or other place of the Capacity) Farleville, Maryland										
	21. SIGNATURE OF FUNERAL SERVICE LICENSES  22. NAME AND ADDRESS OF FACILITY Fellows, Helfenbein & Newnam Funeral Home, P.A.										
	130 Speer Road, Chestertown, Maryland 21620										
	23. PART I. Enter the diseases, or c shock, or heart fellure. I	complications that cause List only one cause on a		not enter the me	ode of dying, suc	th ss cardle	c or respi	ratory srrest		Approximats Interval Between	
	IMMEDIATE CAUSE (Final disease or condition	2.4	success A Louis					Onset and Death			
CERTIFICATION	resulting in desth) s. Due to (or as a consec			o corcinoma of Liver						3 monts	
	Transitional Call Covernous effect minus 9 mond									9 mondle	
	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury								THUNTED		
S											
E	that initiated events  DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST										
CE	d										
AL	PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Per					Pert I. 2	PERFORMEO? AMILABLE PRIO		RE AUTOPSY FINDINGS NLABLE PRIOR TO		
Sign										MPLETION OF CAUSE OEATH?	
×							1 [	YES 2 NO			
PHYSICIAN: MEDICAL	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO WUNCERTAIN 125. WAS CASE REFERRED TO MEDICAL 28. PLACE OF GEATN (Check only one)										
SICI	EXAMINER?	HOSPITAL:		отнея:	ne 5 🗆 Realdence	& □ Other /	Spaciful				
Ä	27. MANNED OF DEATH	26e. DATE OF INJURY	28b. TIM	E OF 28c. IN	JURY AT	-		NJURY OCCUR	ED		
ВУ Р	1 P Natural 5 Pending (Month, Day, Year) 2 Accident Investigation 3 Suicide 6 Could not be 28e. PLACE OF INJURY — At houlding, etc. (Specify)			M 1 YES 2 NO							
				ome, farm, street, factory, office		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
ETE	4 Nomicide determined										
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner as stated.										
ПСС	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUMBE			29d. DATE StGNED (Month, Day, Year)				
0	Wallard Charhain m?						129 129 6			~ 94	
5	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETEO CAUSE OF DE	EATN (ITEM 27) (Type	, Print)				17/21/10			
	WALLACE			MO	D Cecition, md. 21913						
12	MAY 0 3 '96	Fulia Davidson									



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Tima of Death **Physician** Month Dey Veer Warner Lillie 1996 Bridges June 12:30PM /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner The Pines Easton Talbot If Under 1 Yaer | If Undar 24 Hrs. | 8. Dete of Birth (Month, Day, 5. Social Sacurity Number 6. Sex 7. Age (In yrs. lest birthday) **Funeral**  Birthplece (State or Foreign Country) Days 1 M 28 F Yes 95 Director 214-28-8263 USA Usual Rasidence of Decedent Pages 1 and 2 should be filed within 72 hours after death with the Maryland tent of Health and Mental Hygiene. 10a. Stata 10h County 10c. City, Town or Location 10d. Inside City Limits rail, or flems 23s or 28s-f show Examiner must be notified at 1 Dyes 2 □ No Director MD TALBOT EASTON 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 29681 DOVER RD. 21601 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forcas? 11. Marital Status Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. Rece - American Indien, Biack, White, etc. 1 ☐ Never Merried 2 ☐ Married 1 ☐ Yas 2 No If Yes, Giva Yaar or Detas: Baltimore, Maryland 21215-0020 "natural", or 1 ☐ Yes 2 No Specify: ğ Specify: WHITE 3 DXWidowed 4 □ Divorced Completed The Medical 16e. Decedent's Usuei Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Eiemantery/Secondary (0-12) Coilage (1-4or 5+) HOUSEWIFE OWN HOME 7 is marked other traumatic event, it 17. Fethar's Nema (First, Middle, Last) 18. Mother's Neme (First, Middla, Maiden Sumema) Be 2 JOSEPH J. WARNER LAURA BERRIDGE 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) of Health a AUDREY R. HENRY 29681 DOVER RD. EASTON, MD 21601 20a. Method of Disposition 20b. Piece of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, Stete Dete important: If the any injury or o once. 1 Burial 2 □ Cremetion 3 □ Removal from State permit. Page Department of SPRING HILL CEMETERY 4 ☐ Donetion 5 ☐ Other (Specify) 6 - 5EASTON, MD 21. Signetura of Funarai Service Licensee 22. Name and Addrass of Facility FELLOWS, HELFENBEIN & NEWNAM FUNERAL HOME 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heert feilure. List only one ceusa on each line. 200 S. HARRISON ST. EASTON, MD Approximeta interval Batween Onset and Death **Physician** immediate Cause (Final disease or condition resulting in deeth) /Medical Examiner Examiner The law requires that the death certificate be axecuted bunial-transi Sequantially list conditions, if any, laeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initieted events resulting in deeth) Lest physician s the burial P.O. Box 68760, Physician/Medical Due to (or as e consequence of) 82 980 s certificate has been signed by the a director, page 2 should be detached i Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 Ø Unknown Records, g Completed 24b. Were autopsy findings eveilebla prior to completion of cause of deeth? 24a. Wes an eutopsy performed? After this certificate has 1 ☐ Yes 2 Ø No Division of Vital 25. Wes case referred to medical examiner? Be 28. Place of Deeth (Check only one) 1 Yas 2 No Other: 

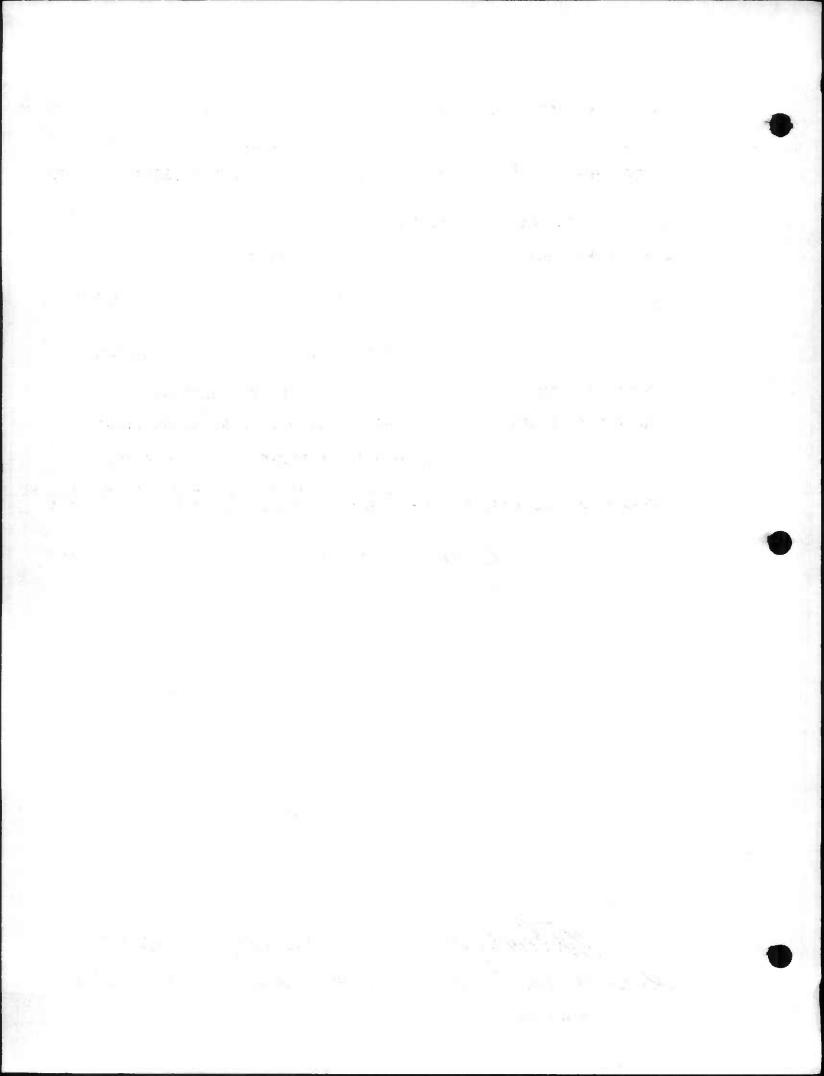
Nursing Homa 5 ☐ Residence 6 ☐ Other (Specify) 2 1 ☐ inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Megner of Deeth 28e. Date of Injury (Month, Day Year) 28c. injury et Work? 28d. Dascribe how injury occurred Certification: 28b. Tima of Neturei 5 Pending invastigation al or Attending safter death. I Director: Aft 1 Yes 2 No 2 Accident 3 Suicide 8 Could not be 28e. Plece of injury - At homa, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 ☐ Homicide • Hospital on 24 hours af Certifying Physician: To the best of my knowledge, deeth occurred at the time, data and pieca, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the bests of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) and manner stated. 29a. Certifier Medical To the To the To the 29b. Signatura and title of certif 29d. Dete signed (Month, Day, Year) 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) 508 Idlewild Avanue Easton, MD 21601 rowley, MD. 31. Dete filed (Month, Day, Year) 32. Registrer's Signeture State

Lulia Davidson-Randass

JUN 041996

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Day 9 **Physician** opert 11/1 MISCOR une /Medical 4e. Facility Nama (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 3105 Brinkley Road, Apt. T1
7. Age (In yrs. lest birthday) Temple Hills
If Under 24 Hrs. 8. Deta
Hours Min. (Mont Prince George's If Under 1 Year 8. Deta of Birth (Month, Day, Year) Birthplaca (Stata or Foreign Country) **Funeral** Months Days 1 M 2□ F Yrs **Director** 38 216-82-7210 Usual Rasidanca of Dacedant January 23, 1958 Maryland permit. Pages 1 and 2 should be filed within 72 hours effer deeth with the Maryland Depertment of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or item 23a or 28a-f show any Injury or other traumetic event, the Medical Examinal must be notified at 10a. Steta 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 □ No Maryland Prince George's Temple Hills Direct 10e. Street and Numbar 10f. Zip Code 10g. Citizan of Whet Country? Funeral 3105 Brinkley Road, Apt. Tl 20748 USA 11. Maritel Stetus 12. Was Dacedent Ever In U,S. Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Maxican, Puerto Rican, etc.) 14. Reca - American Indien, Armed Forcas' Bieck, White, etc. 1 Nevar Married 2 Merried 1 Yas 2 No If Yas, Give Yeer or Datas: Baltimore, Maryland 21215-0020 1□Yes 2⊋No by Specify Specify: Black 3 Widowed 4 Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Coilega (1-4or 5+) 12 Maintenance Engineer Public Works 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maiden Surnama) Be 2 George Briscoe Delia Barber 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 20748 19a. Informent's Neme/Raiationship (Type, Print) Brenda Johnson - Wife 3105 Brinkley Road, Apt. T1 Temple Hills, Maryland 20b. Placa of Disposition (Nama of cemetery, cramatory or other place) 20e. Method of Disposition 20c. Location - City or Town, State Data 1 Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 □ Donetion 5 □ Other (Specify) St. Joseph's Cemetery June 6, 1996 Pomfret, Maryland 22. Nama and Addrass of Fecility Adams Funeral Home Aquasco, Maryland 23a. Oart 1. Entaytha disaasa, or complications that coused tha daath. Do not enter the mode of dying, such es cardiec or respiratory arrest, shock, or heart failure. List only one ceusa on each line. Approximata Intarval Between Onset and Death Physician Immediata Causa (Final diseasa or condition rasulting in daath) /Medical arterios elevetre Cardio Vasculos deser **Examiner** Dua to (or as a consequance of) Examiner that the death certificeta be executed physician and the buriel-transit Sequantially list conditions, if eny, laading to immadieta causa. Entar Undarfying Cause (Disaase or Injury that initiated evants rasulting in daath) Last Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760. Physician/Medical Dua to (or as a consequence of) 88 950 Po signed by the a Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 No 3 Probably 4 Unknown þ 24b. Ware autopsy findings pege 2 should Completed 24a. Wes an autopsy eveilable prior to completion of cause of death? performed? has After this certificate 1 Yas 2 No 1 ☐ Yas 2 ☐ No Physician: 25. Was case refarred to madical axamiper?

1 7 as 2 No Be 26. Placa of Death (Check only one) Othar: 4 Nursing Homa Hospital: 2 1 Inpatient 2 ER/Outpatient 3 DOA 5 Rasidance 6 □Othar (Specify) 28a. Data of Injury (Month, Day Year) funeral 27. Manner of Death 28c. Injury at Work? 28d. Dascribe how injury occurred Certification: Attending 1 Natural 5 Panding invastigation 1 Yas 2 No 2 Accidant after death Director: 6 Could not be datermined 3 Suicide 28a. Place of Injury - At homa, farm, street, fectory, offica building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida 8 Pours / Hospital 1 Cartifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar as stated.
2 Madical Examiner: On tha bests of axamination and/or invastigation, in my opinion, daath occurred at tha tima, data and placa, and due to tha cause(s) and mennar stated. 29a. Certifier Medical (Check only one) 8 To the within 2 To the 29b. Signature and title of certifier Licansa number 29d, Data signed (Month, Dey, Year) 30. Name and addrass of person

Ragistrar's Signetura

1996

State

Registrar

31. Date filed (Month

